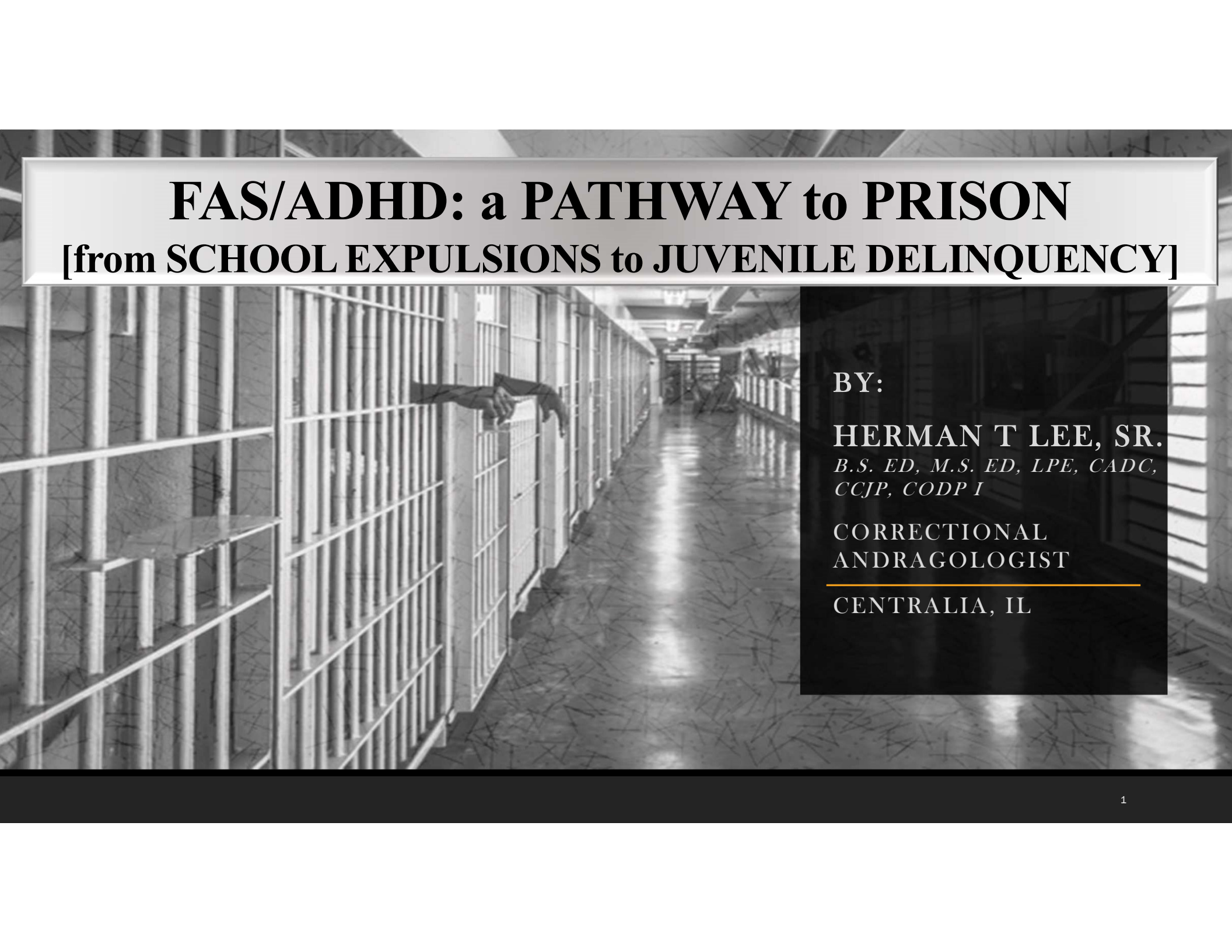




FAS/ADHD: a PATHWAY to PRISON

[from SCHOOL EXPULSIONS to JUVENILE DELINQUENCY]

BY:

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*B.S. ED, M.S. ED, LPE, CADC,
CCJP, CODP I*

**CORRECTIONAL
ANDRAGOLOGIST**

CENTRALIA, IL

His Name is Today

“We are guilty of many errors and many faults, but our worst crime is neglecting the fountain of life. Many of the things we need can wait, the child cannot. *Right now, is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer ‘Tomorrow,’ his name is today.*”

*Gabriela Mistral,
Nobel Prize in Literature*

Description of Presentation

The damaging effects of alcohol, opioids, and other chemicals, such as lead poisoning, on parts of a child's brain negatively affects the child's learning and behavior. This can be diagnosed as:

Fetal Alcohol Syndrome

OR

Attention Deficit Hyperactive Disorder.

Under Zero Tolerance and school expulsion, students with FAS/ADHD are treated as juvenile delinquents.

AND there is a subtle, implicit, cultural and systemic bias towards students of color with such impairment; therefore

FAS/ADHD becomes a PATHWAY to PRISON.



Learning Objectives

By the end of the session, participants will be able to:

Recognize the cognitive long term effect FAS/ADHD has on a child's **learning and memory**

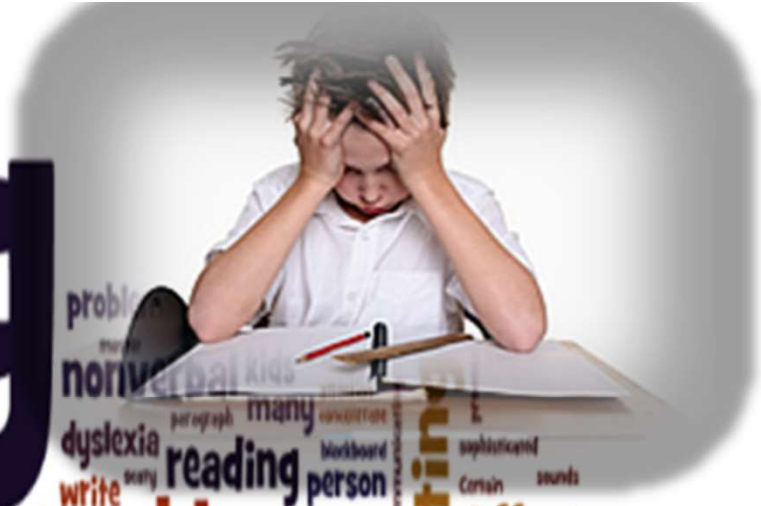
Identify the damaging effect FAS/ADHD has on a **juvenile's brain development**

Identify Gateway (amphetamine) **Drugs Prescribed** to youth with ADHD

Recognize how FAS/ADHD have a correlating effect on **high risk behavior and delinquency**

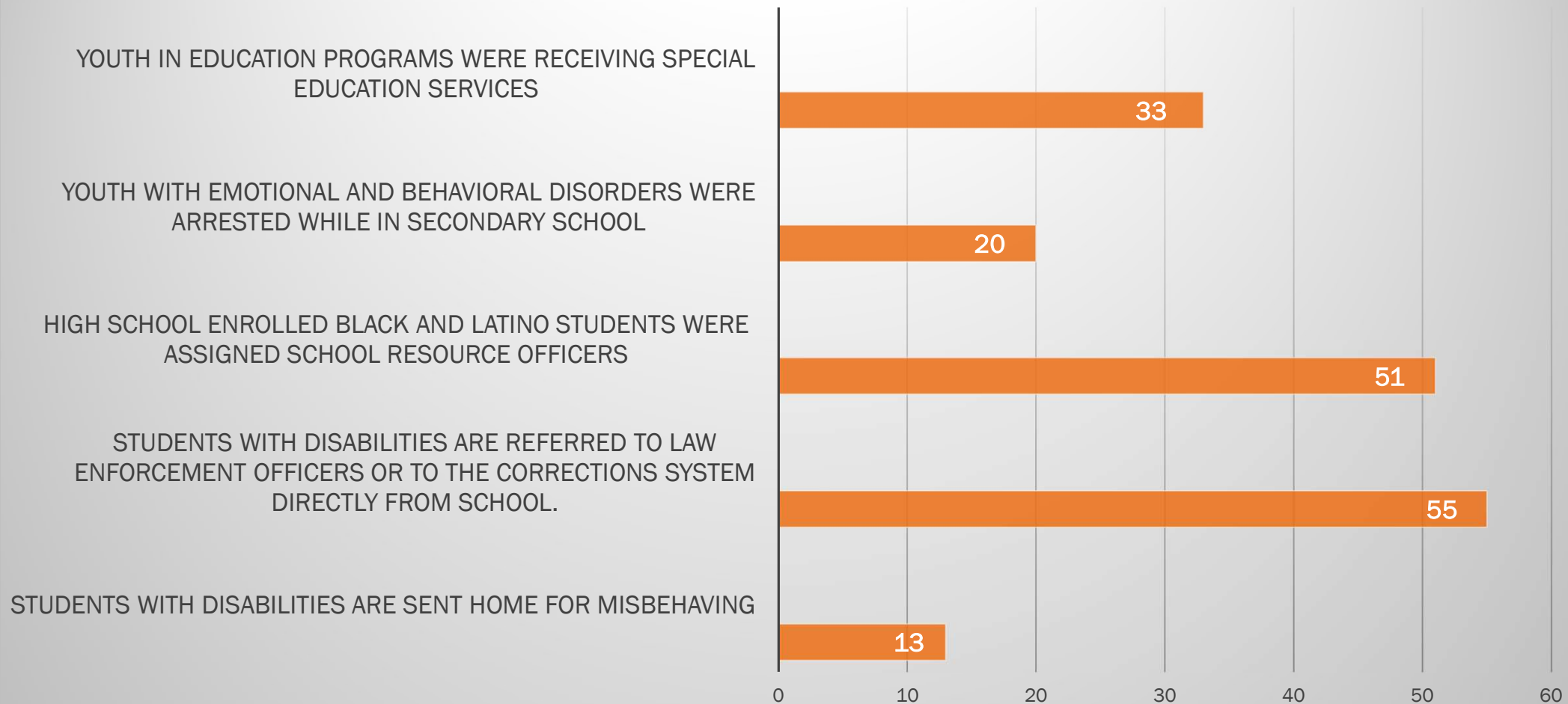
Recognize the harmful relationship between children with **ADHD and Lead poisoning**

learning

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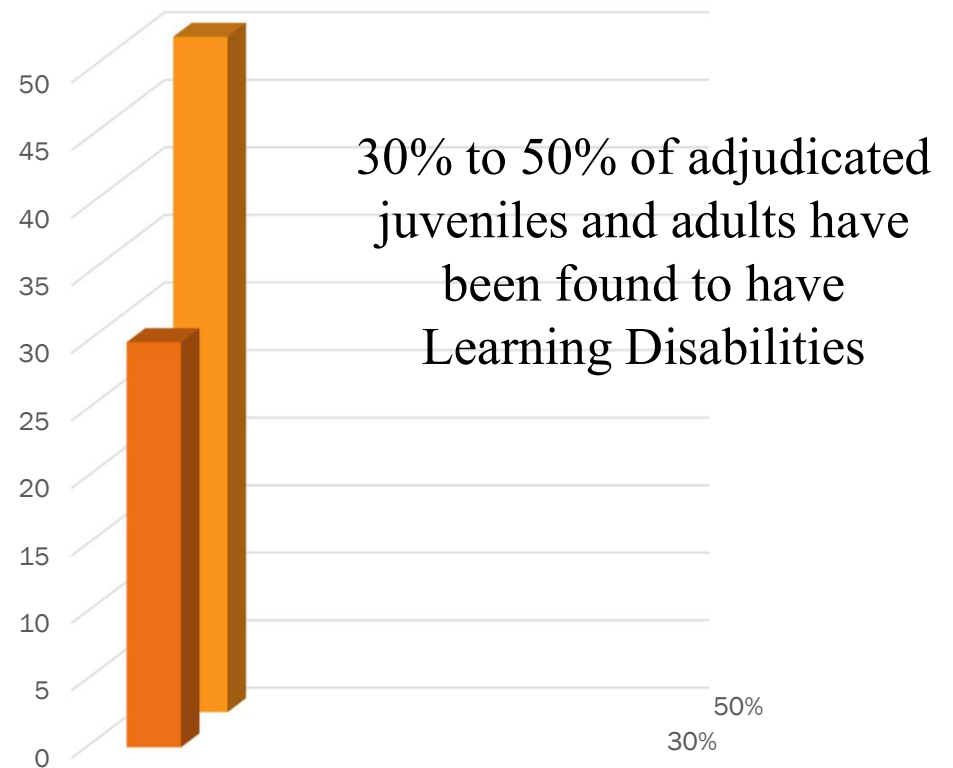
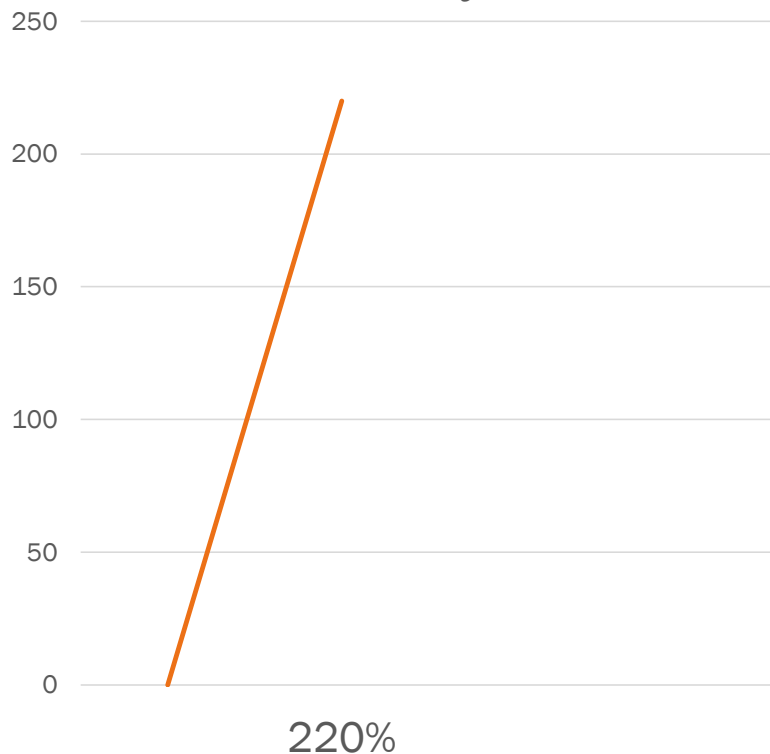
Aa Bb Cc
Dd Ee Ff
Gg Hh
Ii Jj

A 2005 national survey of education services in juvenile correction found on average:



Numerous studies showed that ***Black, Latino*** and **Special Education** students with emotional or behavioral disorders or learning disabilities are arrested and incarcerated at a higher rate than their **White and Nondisabled** peers.

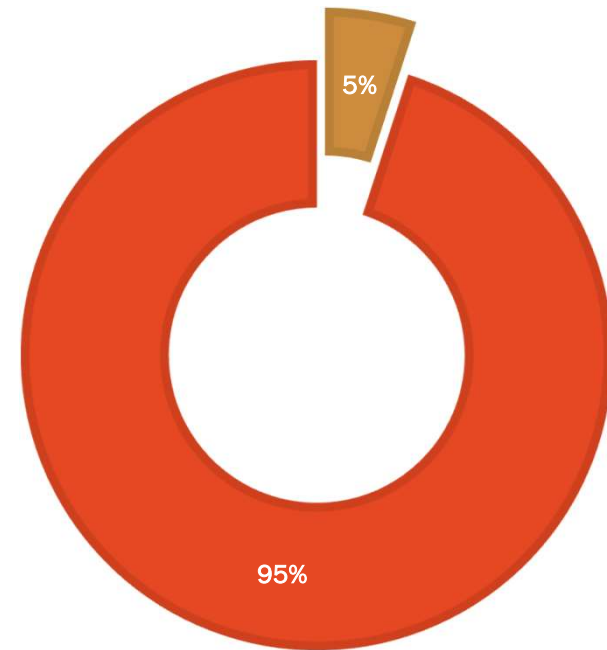
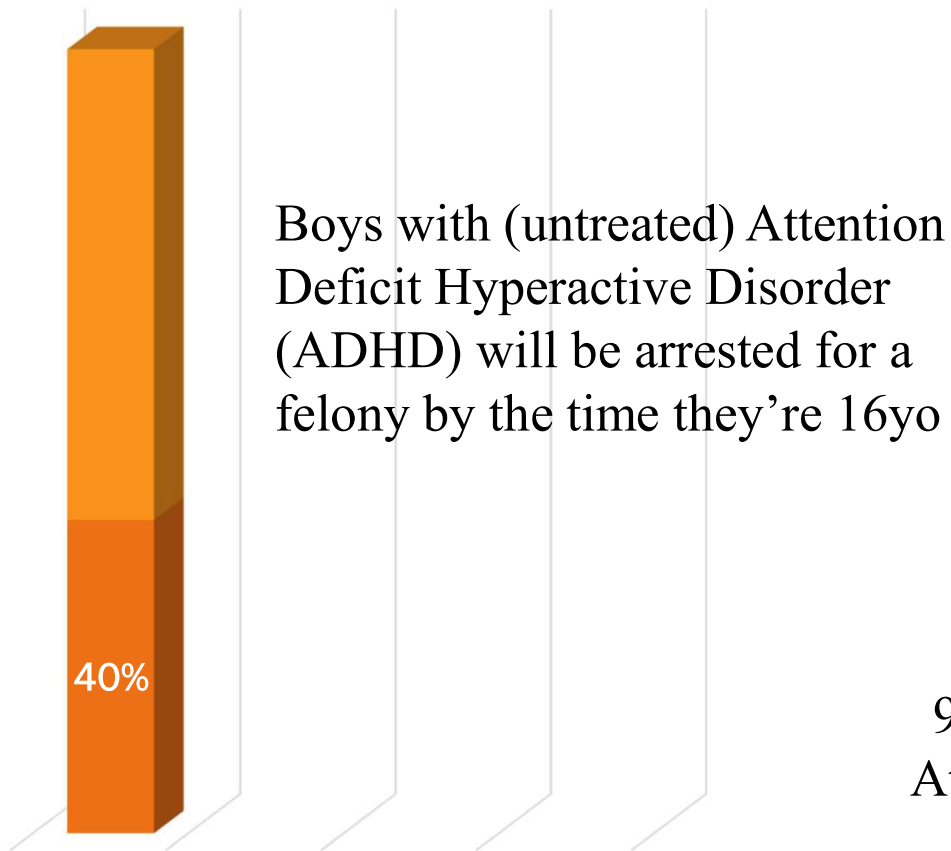
Learning Disabilities increases a child's risk of adjudication



**In 2016
the U.S. Department of Education and the Civil
Rights Data Collection
announced that:**

- more than 50,000 young people under the age of 21 are confined in juvenile justice facilities on any given day.
- Only 15% of released ninth graders graduate from high school in four years
- Almost half of all youth released from juvenile justice facilities return to confinement within three years.

The Centers for Disease Control and Prevention (CDC) estimates somewhere between **800 and 8,000 babies** could be born each year in the United States with Fetal Alcohol Syndrome (FAS).

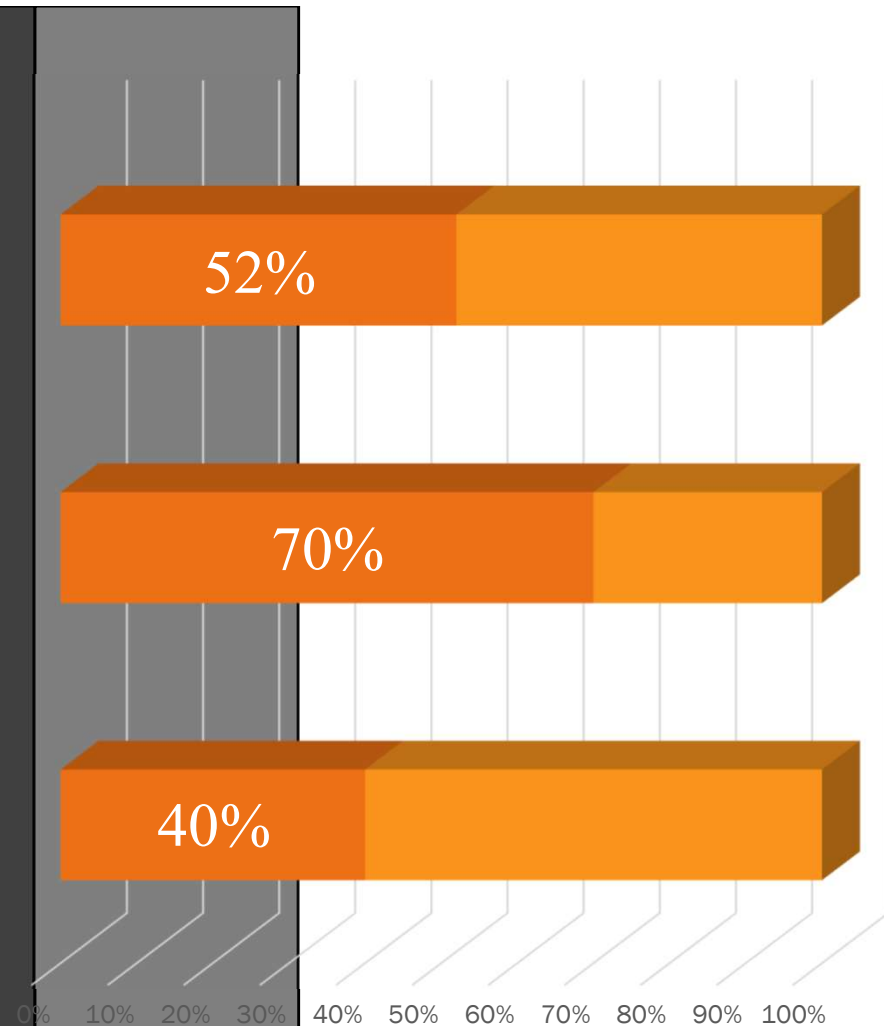


90-95% of all cases of Fetal Alcohol Syndrome and Attention Deficit Hyperactive Disorder (FAS/ADHD) are either undiagnosed or misdiagnosed

52% with (Untreated) FAS/ADHD
will have drug or alcohol problems

Up to 70% of juvenile offenders
may have FAS/ADHD

Upwards of 40% of medium
security male offenders have classic
symptoms of ADHD



Historical Overview

For centuries, people have known that alcohol can harm a fetus.

1899

- Dr. William Sullivan, a British physician, identified a specific link between the consumption of alcohol and a high rate of infancy mortality.

1957

- Jacqueline Rouquette, a medical student, wrote a thesis on Parental alcohol Exposure.

1968

- Dr. Paul Lemoine, a French physician, published a study describing children with distinctive facial features and other symptoms related to Prenatal alcohol Exposure.

1973

- David Smith and Ken Jones, pediatrician researchers in Seattle, published findings of a similar study, naming the condition Fetal Alcohol syndrome (FAS)

Historical Overview cont'd

1957

- The condition known today as Attention Deficit Hyperactive Disorder (ADHD) was first named **Hyperkinetic Impulse Disorder** (HID) by Maurice Laufer, Eric Denhoff and Gerald Solomons

1968

- **HID** symptoms were first recognized by Dr. Leon Eisenberg and the American Psychiatric Association (APA) in the second edition of the Diagnostic Statistical Manual (DSM) as a mental disorder.

1980

- The APA changes the name of HID to ADD in the third edition of the DSM

Historical Overview cont'd

1987

- ADD was renamed to Attention Deficit Hyperactive Disorder (ADHD) in the revised version of the DSM-III-R.

2009

- Leon Eisenberg revealed that *ADHD* was a *Fictitious Disease*

2013

- **Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE)** was introduced into the Diagnostic and Statistical Manual of Mental Disorders, *Fifth Edition (DSM-5)* by the American Psychiatric Association

Diagnostic Statistical Manual Published

By: The American Psychiatric Association



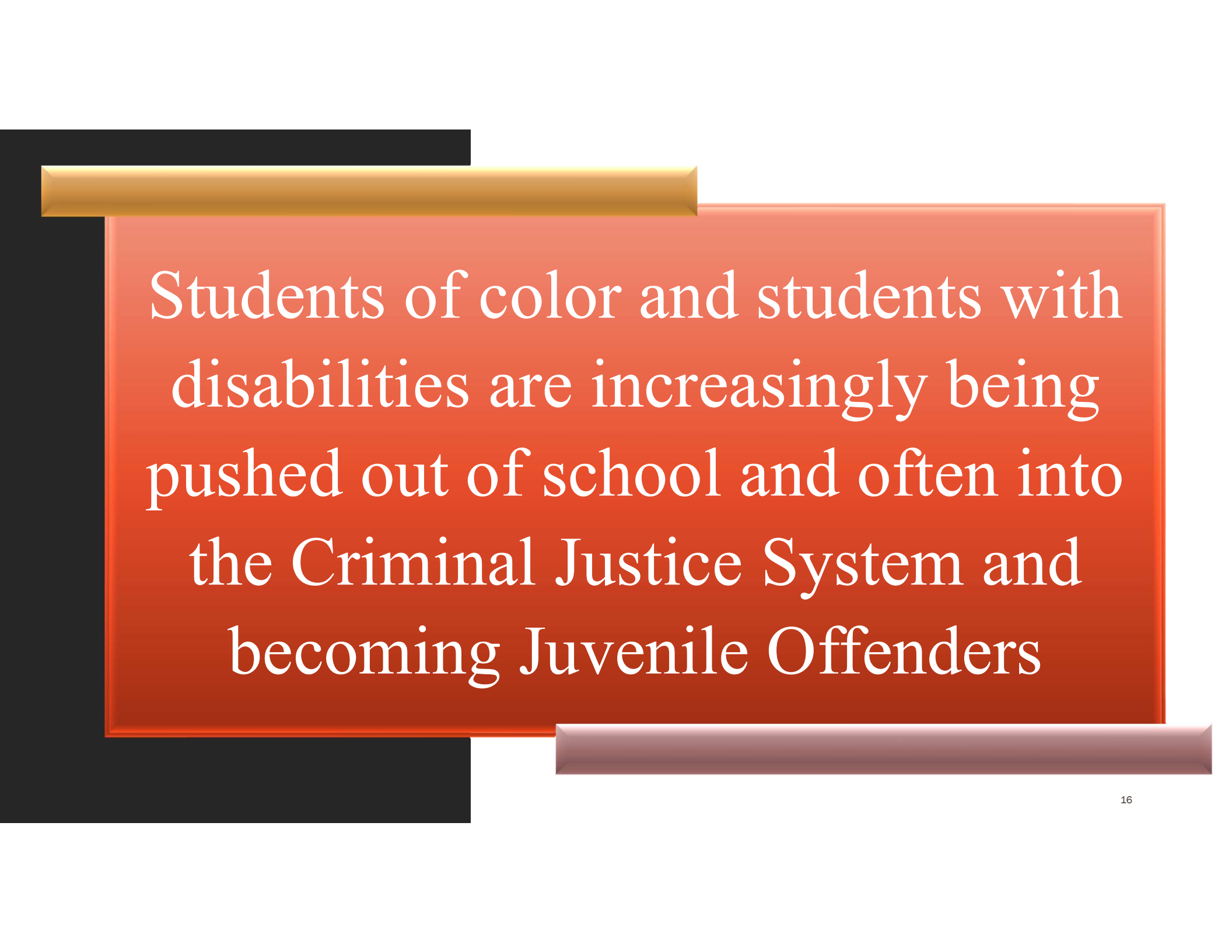
DSM-5

A system of classification which divides recognized mental disorders into clearly defined categories based on sets of objective criteria

Although Fetal Alcohol Syndrome is not a recognized diagnosis in the DSM-5, FAS share the same symptomatic characteristics as ADHD under Disruptive/Impulsive-Control Behaviors found in the DSM-5.

A deeper look at behaviors in the classroom related to mental illness

- (NA-PAE) Neurobehavioral Disorder Associated w/ Prenatal Alcohol Exposure
- (FAS) Fetal Alcohol Syndrome
- (ADHD) Attention Deficit Hyperactive Disorder
- (ODD) Oppositional Defiant Disorder
- (CD) Conduct Disorder



Students of color and students with disabilities are increasingly being pushed out of school and often into the Criminal Justice System and becoming Juvenile Offenders



JUVENILE
DELIQUENCY



FETAL
ALCOHOL
SYNDROME



BEHAVIORAL
&
CONDUCT
DISORDERS



FETAL ALCOHOL SPECTRUM (FAS) IS AN UMBRELLA TERM DESCRIBING THE RANGE OF EFFECTS THAT CAN OCCUR IN AN INDIVIDUAL WHOSE MOTHER DRANK ALCOHOL DURING PREGNANCY. THESE EFFECTS MAY INCLUDE PHYSICAL, MENTAL, BEHAVIORAL, AND/OR LEARNING DISABILITIES WITH POSSIBLE LIFELONG IMPLICATIONS.

Fetal Alcohol Spectrum (FAS)

What are fetal alcohol spectrum disorders?

Fetal alcohol syndrome FAS

Fetal alcohol effects FAE

Alcohol-Related
Neurodevelopment disorders
ARND

Alcohol-Related Birth Defects
ARBD

FAS

refers to conditions such as:

Adverse Childhood Experiences (ACE)

Many JUVENILES entering the criminal justice system may have encountered psychological or emotional induced traumatic lifestyles or un-diagnosed behavioral disorders prior to incarceration

Between 1995 & 1997 a study known as Adverse Childhood Experiences (ACE) was conducted by the Kaiser Permanente and Center for Disease and prevention, an American health maintenance organization. The study describes a traumatic experience in a person's life occurring before the age of 18 is remembered as an adult and these experiences have a tremendous impact on probable future violence and victimization.

Juvenile Delinquency

Is used to refer to children usually between the ages of 10 and 17, who exhibit a persistent behavior of mischievousness or disobedience, to be considered out of parental control, becoming subject to legal action by the juvenile court system.

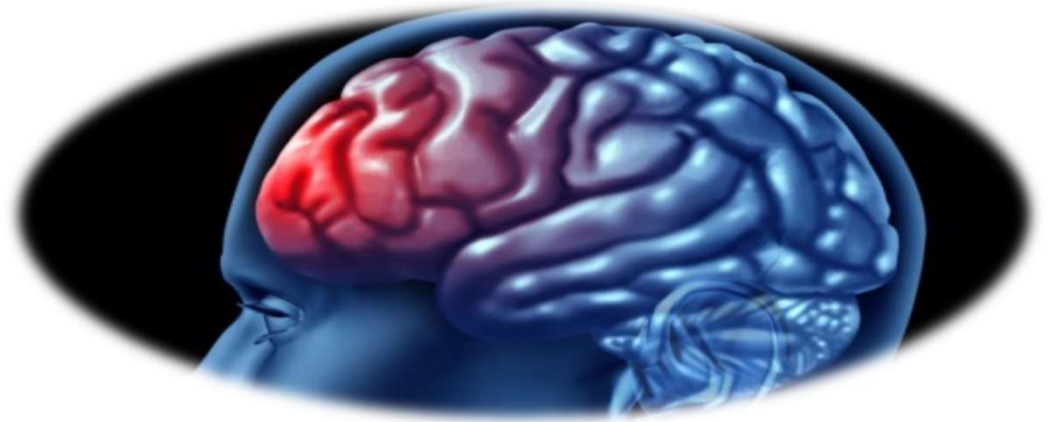




Juvenile Brain Development

The *Frontal Lobe* is an important part of the juvenile's brain. It is the last section of the brain to develop and doesn't finish developing until around age 25.

Frontal Lobe



Damage here can cause increased irritability, which may include a change in mood and an inability to regulate:

- Interpreting and processing sensory information
- Decision-making
- Problem-solving capabilities and
- Engaging in high-risk behaviors even though they understand the dangers

ADHD/FAS Diagnostic Features

Inattention

- ☞ Often fails to give close attention to details
- ☞ Often has difficulty sustaining attention in tasks
- ☞ Often quickly loses focus in following through on instructions
- ☞ Often has difficulty organizing and managing tasks and activities
- ☞ Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ☞ Often loses things necessary to tasks or activities to have a legitimate excuse.
- ☞ Is often easily distracted by extraneous stimuli
- ☞ Is often forgetful in daily activities

ADHD/FAS Diagnostic Features

Hyperactivity and Impulsivity

- ☞ Often fidgets or squirms in seat.
- ☞ Often leaves seat in situations when remaining seated is expected
- ☞ Often runs about or climbs when it is inappropriate.
- ☞ Often talks excessively.
- ☞ Often blurts out an answer before a question has been completed
- ☞ Often has trouble waiting his or her turn.
- ☞ Often interrupts or intrudes on other people's conversations or things without asking or receiving permission.

Oppositional Defiant Disorder

The essential feature of oppositional defiant disorder is a **FREQUENT AND PERSISTENT** pattern of:

- ✓ Angry/irritable mood
- ✓ Argumentative/defiant behavior
- ✓ Vindictiveness



Conduct Disorder

FEATURES

- Resorts to bullying
- Often initiates physical fights
- Physically cruel to others
- “Cons” others
- Truant from school before 13 years of age



Some or all of these common symptoms happen to children with

FAS/FAE - ADHD



- Defiance
- seems picky
- make off the wall comments about little things
- show irritability, “stubbornness”

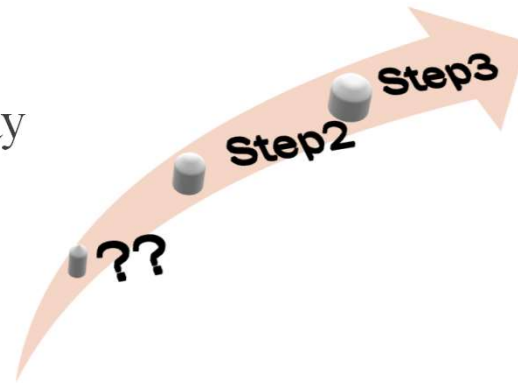


- Distracted
- ultra sensitive to noise, light, texture
- avoid eye contact

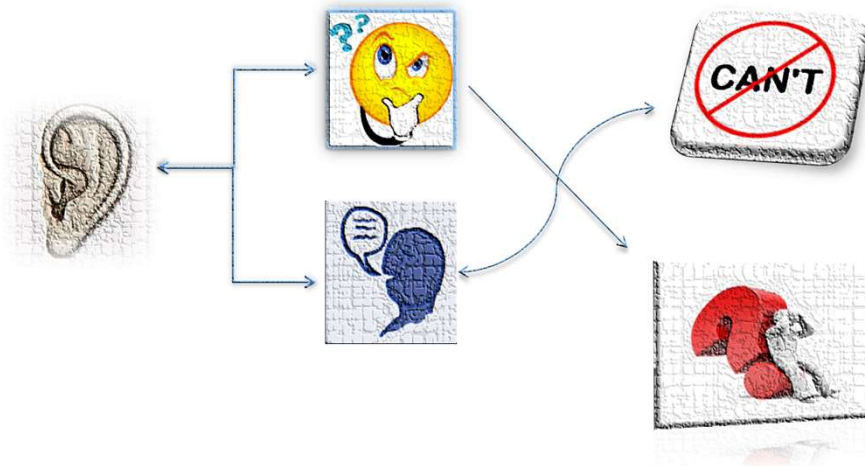


Problems with differentiating, prioritizing information

Though interested in a project, may
not know how to start



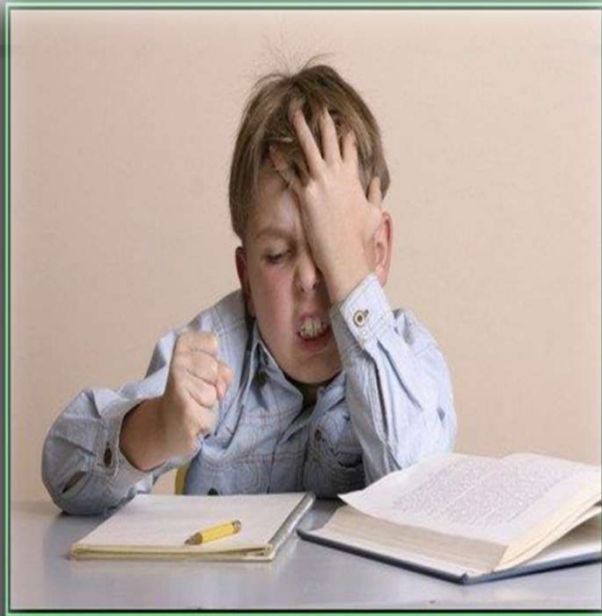
Auditory Processing Deficits & Information Processing Deficits



Difficulty with verbal instructions.

Though they hear them and can even repeat them back.

May appear to have understood, only to miss inferential
aspects necessary to task completion.



*"I work just as hard on a 'D' test,
as I do on the days I get an 'A',
so the grades don't mean
anything."*

Memory deficits

Need more re-teaching or seems as though starting from scratch. They tend to hide, not wanting to look different from other kids or be teased.

Sporadic Mastery

**Master task one day then unable to retrieve same skills a few days later.
This cause distress.**

FAS/ADHD a Juvenile's Life Sentence

- 20% (one out of five) of children are estimated at being prescribed *Ritalin*
- Brookhaven National Laboratory determined that Ritalin is pharmacologically similar to *Cocaine* and damaging to a child's brain
- 17 million or more Americans are estimated to be effected by ADHD
- *Many educators and criminal justice personnel are not trained* to identify and appropriately consider the needs of juveniles and adults with FAS/ADHD.

FAS/ADHD a Juvenile's Life Sentence CONT'D

- Majority of individuals with FAS/ADHD are *not properly diagnosed*
- Juveniles with FAS/ADHD typically are *impulsive* and have trouble foreseeing the consequences of their actions.
- Many are susceptible to peer pressure and can be *easily misled*.
- Their judgement is often poor.
- Having FAS/ADHD may increase a juvenile's *chance of breaking the law*.
- Juveniles with FAS/ADHD are often misunderstood in court and *can be victimized in jails*.
- Juveniles with FAS/ADHD present *challenges to those who work in schools and the criminal legal system*.

ADHD is over diagnosed

as well as its prescription of drugs

According to Harvard Psychologist Jerome Kagan,
a world leading expert in child development:

- Dr. Kagan states that a 7 year-old child who was bored or disruptive in school 50 years ago was called lazy
- ADHD is today's diagnosis for that same child
- A Doctor in the U.S. will make a corresponding diagnosis and prescribe 1 out of 10 boys approximately 10 years of age a medication for ADHD.

Most commonly used drugs to treat ADHD

Adderall
Dexedrine
Ritalin
Strattera



PROBLEM

The combination of therapeutic drugs with other types of drugs can produce serious problems (e.g. **gateway to substance abuse**).

- First used to treat Narcolepsy (Sleep disorder)
- Adderall and Dexedrine are Amphetamines
- Habit forming, increases risk of dependency
- Ritalin and Strattera Increase risk of suicidal thoughts or actions

Drugs is not always the solution for everything

PATHWAY TO PRISON

LEAD POISONING:

An irreversible potent neurotoxin

LEADING TO

Punishment verses Professional Help

*Lead poisoning has been a problem for
CHILDREN OF COLOR since the 50's.*

Children exposed to Lead

- Lead is a highly toxic metal that may cause a range of ***health problems in young children***
- When absorbed into the body, it can cause ***damage to the brain and other vital organs***
- Lead may also cause ***behavioral and learning disabilities*** in children
- ***Children under the age of 6 years are at risk*** of being contaminated by breathing or swallowing lead dust
- Children of **racial and ethnic groups** are disproportionately affected by lead
- **During the 1950's, Lead Industry wanted to blame lead poisoning epidemic on "uneducable Negro and Puerto Rican" parents and children.**
- **In 1977, the Consumer Product Safety Commission banned toys and furniture coated with lead paint**
- **In 1978, Lead-based paints were banned *for use in housing* by the U.S. Government due to health concerns**
- **Children living at or below the poverty** line in older housing are at risk of lead poisoning
- **More than 4 million of these lead-based dwellings** are homes to one or more young children

ADHD & CHILDHOOD LEAD POISONING

Children exposed to Lead

FOR EXAMPLE

- *Flint Michigan* has the highest poverty rate in the country with a **53% Black Population**
- *Special Education* in *Flint Michigan* grew from 13.1% in 2012-2013 to 20.5% in 2018-2019 due to *Water Lead Poisoning*
- *In 2013-2014* 15.5% of the district's special Education students dropped out of school
- *In 2014-2015* 13% of Flint Michigan's special education students were suspended or expelled for more than 10 days

In Flint, a pathway to prison is occurring due to illness affecting children's learning and behavior that leads to

PUNISHMENT VERSES HELP.

Flint maybe the current national example concerning lead poisoning

BUT

as stated before

***Lead poisoning has always been a PROBLEM for
CHILDREN OF COLOR***

ACCORDING TO:

National Association *of* Special Education Teachers

Mental health is how people think, feel, and act as they face life's situation.

It affects how people handle stress, relate to one another, and make decisions. Mental health influences the ways individuals look at themselves, their lives, and others in their lives. Like physical health, mental health is important at every stage of life. All aspects of our lives are affected by our mental health.



CARING FOR AND
PROTECTING OUR
CHILDREN IS AN
OBLIGATION
AND IS CRITICAL
TO THEIR DAILY
LIVES AND THEIR
INDEPENDENCE.



RESTORATIVE JUSTICE

CAN BE AN ALTERNATIVE APPROACH TO TREATMENT

Ron & Roxanne Classen were first introduced to the concept of Restorative Justice in 1982 while working with juveniles in the criminal justice system. In 2006 Oakland, CA implemented this program as an alternative approach to Zero Tolerance

They found that within 3 years:

Disrespect for teachers **declined**

Schools were **safer**

Students **focused** on their studies

Violence decreased dramatically and

Expulsions became **non-existent**

Restorative Justice is not a new concept

In the mid-1950's Dr. Albert Ellis (a clinical Psychologist) introduced Rational Emotive Therapy (REBT); and, in the 1960's Psychiatrist Aaron Beck introduced cognitive Behavioral Therapy (CBT)

These two concepts formed the basis that:

Thoughts control feelings; Feelings **DO NOT** control thoughts

AND

Human Emotions, or behaviors are the result of what people think.

Many of the behavior disorders that are caused by a neurological defect in the areas of the brain that controls attention span, motivation, and impulsivity as FAS/ADHD most often can be managed by treatment which includes:

EDUCATION
COUNSELING AND
BEHAVIORAL THERAPY

FAS/ADHD ∞ NO CURE

RESTORATIVE JUSTICE
is the
SOLUTION

Invisible Man

I am an invisible man.... I am a man of substance.... I might even be said to possess a mind. I am invisible, understand, simply because people refuse to see me.... When they approach me, they see only my surroundings, themselves or figments of their imagination--- indeed, everything and anything except me.

Ralph Ellison

(New York: Random House 1972).

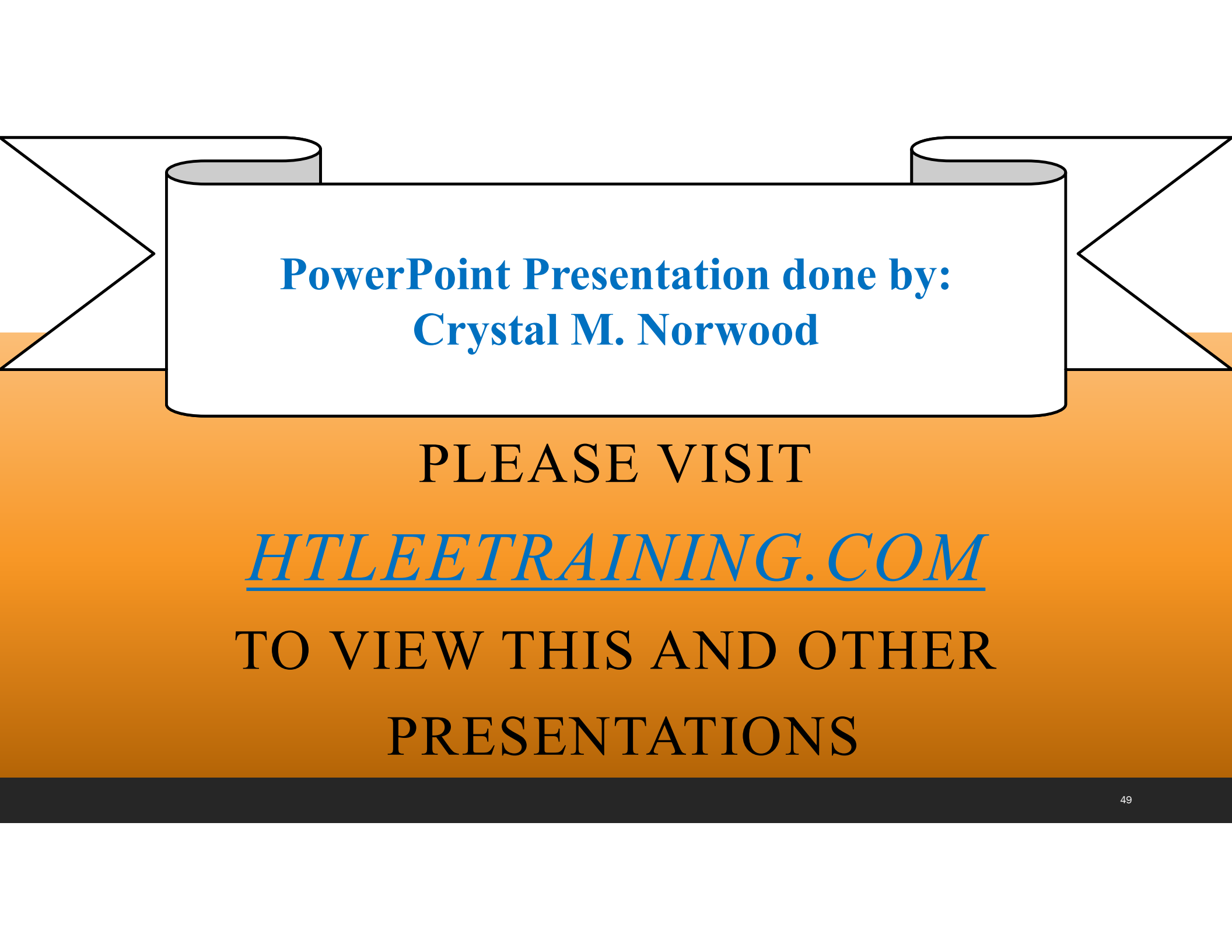
A horizontal red ribbon banner with a gradient from light red to dark red. The left end is rolled up, and the right end has a small circular detail.

Thank You

A white banner with a wavy, ribbon-like shape and a thin blue outline.

THE END

Mr. Lee was a Correctional Andragogist (adult educator) with over 4.5 decades of experience within the Illinois Department of Corrections School where he has taught ABE, ESOL, GED and Life Skills (Substance Abuse and Reentry) classes. In 1982 he authored a 148-page manuscript titled, A Handbook for Teaching Adult Basic Education in the Department of Corrections. This process manual became correctional school district 428's Adult Basic Education Language Arts Curriculum. Mr. Lee has also had the opportunity to teach at community colleges and the university level. Mr. Lee has been presenting papers at regional, national, and international educational conferences for more than 3 decades. In 1983 he was recognized as the Illinois Region III Correctional Education Association Teacher of the Year. As an Addiction Counselor, Mr. Lee provided individual, and group, therapy at a Comprehensive Mental Health Center. He is an appointed member of the Illinois Advisory Council on Alcoholism and Other Drug Dependency. Mr. Lee is a Licensed Professional Educator with a B.S. Ed. (K-12), and an M.S.Ed. (Educational Administration). Mr. Lee is a Certified Alcohol and Other Drugs of Abuse Counselor, Certified Criminal Justice Professional, and Certified Co-Occurring Substance Use and Mental Health Disorder Professional I.



**PowerPoint Presentation done by:
Crystal M. Norwood**

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