

Client Perceptions of an FASD-Informed Indigenous Restorative Justice Program

Katherine Flannigan, Benjamin Rollans, Melissa Tremblay, Sandra Potts, Teresa O'Riordan, Carmen Rasmussen and Jacqueline Pei

Volume 14, Number 2, 2023

URI: <https://id.erudit.org/iderudit/1106674ar>

DOI: <https://doi.org/10.18584/iipj.2023.14.2.14843>

[See table of contents](#)

Publisher(s)

Scholarship@Western (Western University)

ISSN

1916-5781 (digital)

[Explore this journal](#)

Cite this article

Flannigan, K., Rollans, B., Tremblay, M., Potts, S., O'Riordan, T., Rasmussen, C. & Pei, J. (2023). Client Perceptions of an FASD-Informed Indigenous Restorative Justice Program. *The International Indigenous Policy Journal*, 14(2), 1–19. <https://doi.org/10.18584/iipj.2023.14.2.14843>

Article abstract

Individuals with fetal alcohol spectrum disorder (FASD) can experience multiple layers of adversity that increase vulnerability to justice involvement. Given the systemic overrepresentation of Indigenous Peoples in the justice system, community-based interventions are important for supporting Indigenous individuals with FASD who are justice-involved, yet little is known about individual experiences with such interventions. In this community-based study, we conducted interviews with 12 adults in an FASD-informed Indigenous justice program, revealing stories of coping, growth, and hope. Findings suggest that blending FASD assessment with restorative justice approaches can contribute to physical, human, family/social, and community/cultural resources that support wellbeing. We describe tangible strengths and processes to leverage in practice and policy for supporting justice-involved individuals with FASD across settings and communities.

© Katherine Flannigan, Benjamin Rollans, Melissa Tremblay, Sandra Potts, Teresa O'Riordan, Carmen Rasmussen and Jacqueline Pei, 2023



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

érudit

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>



August 2023

Client Perceptions of an FASD-Informed Indigenous Restorative Justice Program

Katherine Flannigan

Canada Fetal Alcohol Spectrum Disorder Research Network, Canada, katy.flannigan@canfasd.ca

Benjamin Rollans

University of Alberta, Canada, brollans@ualberta.ca

Melissa Tremblay

University of Alberta, Canada, mkd@ualberta.ca

Sandra Potts

Yellowhead Tribal Community Corrections Society, Canada, sandrapotts239@gmail.com

Teresa O'Riordan

Yellowhead Tribal Community Corrections Society, Canada, tlor1313@gmail.com

Carmen Rasmussen

University of Alberta, Canada, carmen@ualberta.ca

Jacqueline Pei

University of Alberta, Canada, jpei@ualberta.ca

Recommended Citation

Flannigan et al., (2023). Client perceptions of an FASD-informed Indigenous restorative justice program. *The International Indigenous Policy Journal*, 14(2). <https://10.18584/iipj.2023.14.214843>

Client Perceptions of an FASD-Informed Indigenous Restorative Justice Program

Abstract

Individuals with fetal alcohol spectrum disorder (FASD) can experience multiple layers of adversity that increase vulnerability to justice involvement. Given the systemic overrepresentation of Indigenous Peoples in the justice system, community-based interventions are important for supporting Indigenous individuals with FASD who are justice-involved, yet little is known about individual experiences with such interventions. In this community-based study, we conducted interviews with 12 adults in an FASD-informed Indigenous justice program, revealing stories of coping, growth, and hope. Findings suggest that blending FASD assessment with restorative justice approaches can contribute to physical, human, family/social, and community/cultural resources that support wellbeing. We describe tangible strengths and processes to leverage in practice and policy for supporting justice-involved individuals with FASD across settings and communities.

Keywords

fetal alcohol spectrum disorder, Indigenous community-based research, recovery capital theory, assessment and diagnosis, restorative justice, intervention

Acknowledgements

The authors would like to express their gratitude to the individuals who participated in this research, and in the FASD Justice program more broadly. We are also deeply grateful to the late Evelyn Potts for her support for this research and the invaluable knowledge she offered to the larger project. Funding for this study was provided by the Alberta Network Environments for Aboriginal Health Research.

Correspondence concerning this article should be addressed to Katherine Flannigan, PO Box 11364 Wessex PO, Vancouver, BC, Canada, V5R 0A4, Email: katy.flannigan@canfasd.ca

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

Client Perceptions of an FASD-Informed Indigenous Restorative Justice Program

Fetal alcohol spectrum disorder (FASD) is a lifelong neurodevelopmental disability stemming from prenatal alcohol exposure (PAE) and characterized by difficulties with cognition, behaviour, health, and social and adaptive functioning (Cook et al., 2016). Many individuals with FASD experience complex trauma, victimization, instability, and other environmental adversities across their lifespans (Flannigan et al., 2020; McLachlan et al., 2020a). For individuals with FASD who are Indigenous, the impacts of colonialism, historical and contemporary trauma, and systemic discrimination can further exacerbate marginalization and risk for adverse outcomes (Blagg et al., 2017; Samaroden, 2018). One of the most problematic adverse outcomes associated with FASD is conflict with the justice system (McLachlan et al., 2020a; Streissguth et al., 2004). Justice involvement can have profound impacts on individuals with FASD, their families, and broader communities (Pei et al., 2016; Petrenko et al., 2019). Despite these challenges, individuals with FASD who are justice-involved often demonstrate notable resilience; many have strong social and community connections and possess hope for the future, which may support recovery following adversity (Hamilton et al., 2020; Pei et al., 2016; Rogers et al., 2013; Samaroden, 2018).

Justice Policy and Intervention

For years, there have been calls for FASD-informed reform in justice legislation, policy, and practice (Canadian Bar Association [CBA], 2010, 2013; Canadian Intergovernmental Conference Secretariat, 2016; Institute of Health Economics, 2013; Truth and Reconciliation Commission of Canada [TRC], 2015), yet individuals with FASD, especially those who are Indigenous, remain overrepresented and under-supported in the criminal justice system both in Canada and internationally. Important research has been conducted to better understand the needs of individuals with FASD who are justice-involved (Brintnell et al., 2019; McLachlan et al., 2018, 2019; Rojas & Greton, 2007), and to improve aspects of the justice process for this population (Longstaffe et al., 2018; McLachlan et al., 2020b). However, few of these initiatives have been conducted in community-based settings or focused on supporting Indigenous individuals and their communities. There remains a critical scarcity of evidence-based interventions for justice-involved individuals with FASD (Flannigan et al., 2018b), and even fewer developed specifically for individuals with FASD who are Indigenous. Culturally grounded, community-led, and strengths-based justice responses are urgently needed, not only to begin to address the overrepresentation of Indigenous individuals with FASD in the justice system, but also to promote individual and community healing (Blagg et al., 2015, 2019).

Alexis Nakota Sioux Nation FASD Justice Program

The Alexis Nakota Sioux Nation FASD Justice Program is a unique FASD-informed restorative justice program established to support Indigenous community members who experience repeated conflict with the legal system (Allen, 2003). The program facilitates a pathway for justice-involved community members suspected of having FASD to complete a multi-disciplinary assessment, the results of which are shared with the court to inform judicial decision-making and supportive intervention. Shortly after the establishment of the FASD Justice Program, Alexis Nakota Sioux community members and program stakeholders reached out to researchers to explore program impacts. Early findings indicated that the

program had a range of positive impacts for participants, service providers, and the broader community (Flannigan et al., 2018b). However, these findings were based on the perspectives of service providers, and very little is known about how the program is experienced by individuals with FASD.

Current Study

Using a community-based research approach, the current study was designed to provide a platform for the voices of individuals who participated in the Alexis Nakota Sioux Nation FASD Justice Program. Our goal was to better understand participants' experiences with and perceptions of program impacts. Exploring the perspectives of justice-involved individuals with FASD can increase our understanding of their unique needs and assist with the development of more effective support (Hamilton et al., 2020). Moreover, amplifying the voices of justice-involved individuals with FASD may reveal areas of strength, resilience, and hope (Hamilton et al., 2020; Pei et al. 2016) which may be built upon through intervention and policy to promote wellbeing and opportunities for healthier outcomes.

Conceptual Framework

This study was conceptually informed by recovery capital theory, which originated as a model of substance use recovery and emphasizes the personal, social, and contextual resources an individual may draw upon to overcome addiction (Cloud & Granfield, 2001). The model has expanded over the years and has been applied to better understand many complex issues such as mental health, trauma, homelessness, and criminal justice involvement (Cloud & Granfield, 2008; Hennessy, 2017; Ross-Houle & Porcellato, 2021). It has recently been applied in research with justice-involved youth with FASD as an important strengths-based model for understanding the experiences of this population (Hamilton et al., 2020). We chose this framework because its emphasis on ecological influences reflects the community context within which this study took place as well as the individual and sociocultural layers of adversity that impact individuals with FASD who are Indigenous. This framework complements the growing literature on resilience among justice-involved individuals with FASD and reflects a broader shift in FASD research and practice to focus more intentionally on strengths and thriving (Flannigan et al., 2021a; Petrenko et al., 2021). Although our research questions were not focused on recovery, *per se*, we applied this model as a framework for interpreting our findings and examining potential mechanisms through which recovery, broadly, may be fostered through practice and policy for justice-involved individuals with FASD.

Method

This study was part of a larger project designed to explore the impacts of blending FASD clinical services with the Alexis Nakota Sioux Nation restorative justice program. The current study was focused specifically on participant experiences and perceived program impacts.¹ The research team for this study included members from the Alexis Nakota Sioux Nation community and justice program administrators, as well as both Indigenous and non-Indigenous scholars with backgrounds in psychology, neurodevelopmental pediatrics, and community-grounded research, with extensive experience

¹ For more detailed history and context about the project, see Flannigan et al. (2022).

conducting community-based research and evaluation with Indigenous communities, including the Alexis Nakota Sioux Nation.

Ethical approval for the larger project was obtained from the University of Alberta Research Ethics Board, in accordance with the institution's ethical procedures for conducting research with Indigenous Peoples, including community consultation and agreement around participant identification, recruitment, and consent; data access, ownership, and sharing; and dissemination of research findings.

Research Approach

A community-based research approach (Israel et al., 1998; Minkler & Wallerstein, 2003) was used in the overarching study. Consistent with this approach, our research questions originated from the Alexis Nakota Sioux community and the research process was guided by community knowledge and priorities. The research partnership was rooted in early conversations between community members, program stakeholders, and researchers, and maintained through ongoing connections via project-specific discussions as well as deeper engagement such as researchers' attendance at community events. Our research team also prioritized community collaboration and consultation throughout the project by maintaining ongoing informal communication as well as regular formal meetings with community members and Elders. These communication channels provided space for community wisdom and expertise to guide the project and ensured that the research direction and decisions remained relevant and appropriate within the community context. Data collection occurred in the community, led by two researchers with the support and guidance of individuals who lived in the community and worked in the program. Both academic and community partners were involved in knowledge mobilization stemming from the project, including developing presentations and co-presenting findings at conferences and meetings with project stakeholders and other community members. Community partners were involved in all aspects of interpreting and reporting the findings from this project by contributing to and reviewing drafts of manuscripts and other knowledge translation resources as co-authors. Community leadership has provided final approval for project publications.

Data Collection

Participants in this study were 12 individuals (8 male, 4 female, mean age 27.7 years, range 21 to 42) who took part in the first three years of the Alexis Nakota Sioux Nation FASD Justice Program.² These individuals experienced complex clinical, psychosocial, and criminogenic needs, which have been described in detail elsewhere (Flannigan et al., 2022). For the purpose of this study, participants completed individual oral surveys and interviews which took place in community spaces with a flexible schedule to maximize convenience for participants. Program mentors scheduled research sessions once participants completed their FASD assessments. Each participant met twice with a member of the

² The program was funded for 16 clients over three years, however four clients either did not complete the FASD assessment or were unavailable to participate in the research.

research team, once an average of six months after their FASD assessment, and once an average of nine months later. During these sessions, participants answered the same set of questions.³

Oral Survey and Interview Protocol

The oral survey and interview items used in this study were developed based on an early evaluation of the Alexis Nakota Sioux Nation restorative justice program (Allen, 2003). Items were designed to assess the extent to which common participant needs and expectations were met, and the perceived impacts the program had on participants' lives (see appendix for protocol). Sessions began with 16 dichotomous (yes/no) survey items followed by a series of open-ended interview questions to explore participant perspectives more deeply. Sessions were audio recorded with participants' permission and transcribed verbatim.

Data Analysis

Descriptive statistics were used to calculate overall scores on survey items, using IBM SPSS Statistics Version 27 for Mac. These scores were converted from raw scores to proportions in each section. Analysis of qualitative interview data was completed in alignment with the interpretive description method (Thorne et al., 1997; Thorne, 2016), which is "a strategy for excavating, illuminating, articulating, and disseminating the kind of knowledge that sits somewhere between fact and conjecture..." (Thorne, 2016, p. 15). Interpretive description provides an accessible, theoretically flexible framework for generating new knowledge by discovering associations, relationships, and patterns in phenomena related to the human experience (Thorne, 2016). It is best suited for experience-based, practical research questions that are of interest to applied disciplines.

Qualitative data analysis began with one researcher (BR) immersing themselves in the data by reading and re-reading interview transcripts and verifying the accuracy of the transcripts against the original interview recordings. With another researcher (MT), a working code chart was created using the information from the initial transcript readings, and a deep reading of the first transcript. The code chart consisted of categories, sub-categories, and codes, with representative quotes accompanying each code. Three researchers (BR, MT, KF) then collaboratively discussed and revised the code chart, which was subsequently applied to the other transcripts. The same researchers reviewed the coding to ensure that it accurately reflected participants' experiences. Next, after data was coded, categorized, and adjustments were made based on iterative discussion, findings were synthesized in alignment with the recovery capital framework.

³ The original goal of collecting data at two timepoints was to examine trends over time, but due to the small sample size, variability in data collection timepoints, and difficulty measuring extraneous factors that may have impacted experiences and outcomes, interview data was merged across timepoints and analyzed together for the purpose of this study. A paired-samples *t*-test comparing scores on oral survey responses between baseline and follow-up revealed no significant differences over time, so the average of these scores was taken for each item.

Synthesis Approach

Drawing on four broad domains of recovery capital, we synthesized and organized our findings according to physical, human, social/family, and community/cultural capital (Cloud & Granfield, 2008; White & Cloud, 2008). *Physical capital* encompasses physical health and financial or material resources, including having basic needs met. *Human capital* includes a diverse range of skills, knowledge, and strengths that enable a person to live effectively within society and achieve their goals. *Social/family capital* refers to resources derived from a person’s network of intimate, family, and kinship acquaintances and relationships that support recovery. *Community/cultural capital* entails broader community factors (e.g., attitudes, policies, and resources) and personal values, beliefs, and perceptions that stem from membership in a cultural group. We also considered *negative recovery capital* across domains to acknowledge the challenges that participants experienced during their participation in the FASD Justice Program. Where possible, we blended results from the oral survey items with open-ended interview responses to identify trends and patterns across the data.

Findings

As illustrated in Figure 1, we organized participant responses into 11 inter-related categories spanning the four domains of recovery capital.

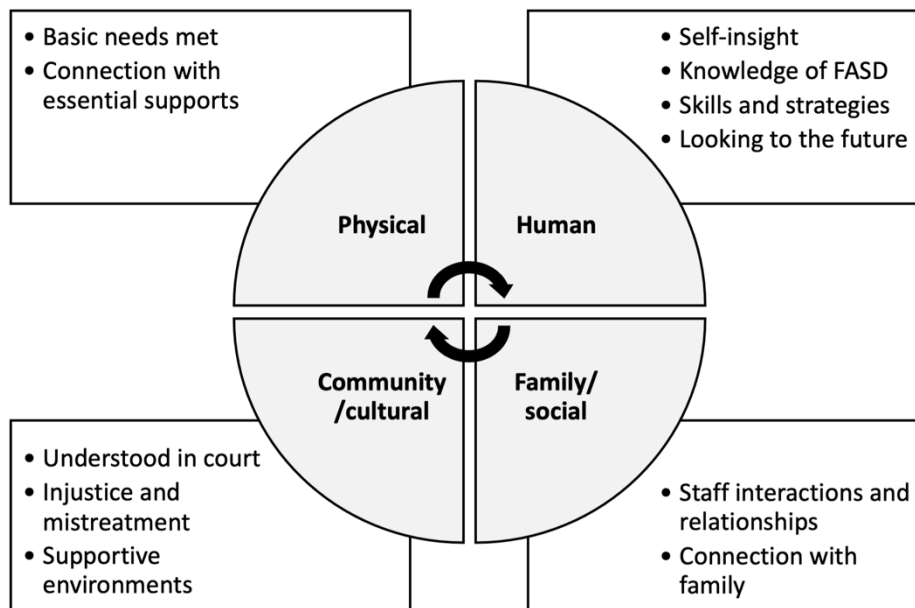


Figure 1. Elements of recovery capital related to the Alexis Nakota Sioux Nation FASD Justice Program.

Physical Recovery Capital

With consideration of physical recovery capital, we categorized participants’ perceptions around how the FASD Justice Program helped them in *meeting their basic needs* and facilitating *access to essential supports*. Participants often spoke of the ways in which their basic needs were met with the help of

program staff. For example, one participant noted that program staff supported him with an upcoming operation, and another shared that the program helped him get “back on track” with his doctor. Participants noted that program mentors were especially helpful in meeting their needs, including providing transportation and helping more generally: “Things I need to get done, she’s there to help me.” Several participants noted that the program facilitated access to financial resources through income assistance and disability support. Alongside these important positive impacts, some participants experienced physical barriers during the assessment process, including physical discomfort during testing, such as feeling sick or hungry, which made it difficult to perform assessment tasks.

Participants also discussed how the FASD Justice Program facilitated *access to essential supports* which may contribute to their physical recovery capital through improved health and wellbeing. Essential supports often involved services to address mental health and substance use needs. One participant shared that she started trauma counselling based on the recommendation of assessment staff, and another explained that the program “helped me reach out to the resources out there . . . like detox treatment. I went to treatment and stuff like that with the help of the court. And . . . I learned quite a bit from that.”

Several logistical challenges were described that, although somewhat tangentially related to physical recovery capital, overlap with basic needs and may have impacted participants’ capacity to fully benefit from the program. Several participants expressed that their FASD assessment started too early, causing them to be tired during testing. Although some participants noted that the assessment took too much time, one individual shared it “flew by,” which he attributed to taking regular breaks. Participants similarly reported scheduling challenges related to court, with one participant noting that multiple court appearances made it difficult for him to attend work.

Human Recovery Capital

Participants discussed several concepts that we interpreted in terms of human recovery capital, including *increased self-insight, knowledge of FASD, new skills and strategies, and looking to the future*. Many participants spoke about gaining understanding of their capacities and limitations, especially through their FASD assessment, with 86% (10 of 11 individuals at baseline, 9 of 11 at follow-up) reporting that it helped them to learn more about themselves. One participant learned that she was “good at hands-on things” but struggled with communication. Many participants described learning about their cognitive limitations, reporting that they were “dumb,” had a “slow mind,” or that their “grade level is really low.” Importantly, however, almost all participants (91%; 10 of 11 individuals at baseline and follow-up) reported that they also learned they have strengths, and 82% (9 of 11 individuals at baseline and follow-up) learned that these strengths could help them to do better. Participants also discussed how the assessment process increased their understanding of past challenges, especially their behavioural difficulties. Most (77%; 7 of 11 at baseline, 10 of 11 at follow-up) participants noted that the program helped them to better understand why they do the things they do, with one explaining, “Why was I failing? Why was I smoking? Why was I this bad kid? . . . I knew right off the bat as soon as this test was taken.”

Individual reactions to the FASD assessment process and to their increased self-insight were varied. For instance, one participant reported being frustrated by cognitively challenging assessment tasks, while another noted that she enjoyed the challenge and learning about herself. Some participants found it uncomfortable to answer personal questions about themselves, and for others, the process of learning more about themselves was difficult and painful. One participant described feeling “shocked and surprised” when he learned that he had FASD, and also shared that it was a “big challenge” to hear from assessment staff that he might consider applying for income support. Another participant shared a concern that her high IQ score would disqualify her from accessing income support. One participant indicated that it was “hurtful” to learn about her limitations, but that she ultimately appreciated having a better understanding of herself.

Participants also described experiencing increased *knowledge of FASD*. Most participants (77%; 10 of 11 individuals at baseline, 7 of 11 at follow-up) indicated that the program taught them about FASD, which, for some participants, helped them better understand themselves and others:

I always figured it was a bad thing. But it's not a bad thing and it's basically my own, being biased . . . I have to get over that, and doing this program helped me learn a little more about it, and maybe now I can teach other people a bit more about it. You know, it's not really a bad thing . . . you're not dumb. I'm not dumb, and neither is anybody else, it's just something that happened that we had no control over.

Building on their increased self-insight and knowledge of FASD, many participants reported that the program helped them to *develop new skills and strategies*. One participant spoke about the problem-solving skills he learned through working on assessment tasks, and another participant learned that “I have to write stuff down in order to remember.” Other important human capital was gained through improved communication and advocacy skills. Through their increased ability to explain their needs and behaviours, several participants reported that they were better able to ask for help and advocate for themselves. When asked what good things came from the assessment, one participant responded: “Explaining things differently to people, that they understand me so that they know that I have a disability.”

For many participants, learning about themselves and FASD, and acquiring new skills and strategies, encouraged them to *look toward the future* in more confident, hopeful, and goal-oriented ways. Several participants explained that the assessment helped them to feel more positive about their future, with one individual noting that it “helped me look forward in life . . . I don't want to look back, I like the way I'm going right now” and another explained that it “helped me to keep trying and move forward in life, think positive.” For many participants, looking to the future involved renewed motivation to set and achieve realistic goals. As one participant noted, “I have a better understanding of . . . what I can achieve and what I can't, and how to go about it.” Another participant similarly explained that his FASD assessment “helped me with my self-respect . . . It just made me feel better about myself, knowing that I – I do have the potential to do stuff. Be a better father.” For one participant, working through the assessment tasks reminded him about what he “missed out on” in school, which inspired him to take part in a life skills program. However, this hopeful vision for the future was not universal, and one participant expressed that being diagnosed with FASD made her feel like she would not be able to achieve her goals: “It makes

me feel that I can't—not strong enough to change my life now because of this diagnosis, so it's really hard on me.”

Social and Family Recovery Capital

Through the lens of social and family recovery capital, we found that participants spoke frequently of their *interactions and relationships with program staff* and the ways in which the FASD Justice Program impacted their *connections with family*. Participants' *interactions and relationships with program staff* were described, for the most part, as pleasant and helpful, and led to several positive perceived impacts. Almost all participants (86%; 10 of 11 individuals at baseline, 9 of 11 at follow-up) felt program staff were there to help, 82% (9 of 11 at baseline and follow-up) felt cared for, and 82% (8 of 11 individuals at baseline, 10 of 11 at follow-up) felt respected. One participant described his experience of feeling supported by program staff, noting that in the past, “people didn't understand me right, so it was always stressful and struggling. To find that people actually understood me, it was like, ‘alright, nice to have a conversation.’” Other participants appreciated that program clinicians created a safe environment that made them more comfortable during the FASD assessment:

I didn't feel as bad as I thought I was going to feel . . . or as upset . . . when I talked to [clinician], he made me feel totally at ease and all the staff together all made me feel totally at ease. And that really, really helped... me get better in touch with myself... and made me want to apply myself more.

Numerous participants described interactions with program clinicians that were positive and encouraging, and almost all (91%; 9 of 11 individuals at baseline, 11 of 11 at follow-up) reported that staff believed they could do better. One participant shared that, “I remember saying stuff to them that were . . . kind of personal . . . And they helped me through that. Helped me be the better man I am today.” Another participant described a similarly encouraging conversation:

...he was saying... keep my head up... the person that hurt you... Don't let it drag you down. He said the best thing to do is just speak about it, talk about it. Lifted some weight off my shoulders, but it's still there.

However, not all interactions with program staff were positive. One participant reported that he felt some providers expected him to be “stupid” and expressed discomfort with staff asking him personal questions: “They're under my skin... but I controlled my anger and I just sat back, and I let them say what they had to say.” In contrast, the same participant described a positive connection with his program mentor, noting that he could open up to his mentor about personal issues. In fact, many participants emphasized positive relationships with mentors, with one explaining that her mentor had “. . . a heart, she's got soul, she's committed to her work, and I love [her] for that.”

Several participants spoke of interpersonal impacts that extended outside of the program context, specifically related to *connecting with family*. One participant discussed how the program had “gotten me in contact with my daughter. She's two years old. And I got a visit with her tomorrow . . . I'm looking real forward to that.” Other participants explained that the program helped them to garner more support

from their family, and one noted that he learned to “be a better role model” for his family through the program. Similarly, for one participant, learning that he had FASD helped him explain his behaviour to his children: “My boys like watching what I do, right? They watch everything I do now . . . So now it’s kind of a good thing that I—I found out . . . so that it can help them . . . explain differently to them.” In contrast, one participant noted that her family was not supportive when she shared the results of the assessment: “They don’t even try [to understand me]. They don’t believe you guys; they don’t believe the system—they think you guys are telling me lies.”

Community and Cultural Recovery Capital

Numerous participants described experiences and perspectives that we interpreted as community and cultural recovery capital. Often, individuals reported that their participation in the FASD Justice Program made them feel better *understood in court*. However, some participants also experienced *injustice and mistreatment* within the justice context, potentially serving as significant negative recovery capital. Importantly, many participants spoke about aspects of their community or cultural contexts that contributed to (or deterred from) *supportive environments* that are conducive to recovery. Although these latter experiences were not always directly connected to the FASD Justice Program, they reflect the higher-level challenges participants face more broadly, which may impact recovery potential.

The majority of participants (86%; 9 of 11 individuals at baseline, 10 of 11 at follow-up) reported that the FASD Justice Program helped service providers to better understand them, including justice professionals (91%; 9 of 11 individuals at baseline, 11 of 11 at follow-up). Several participants expressed that the sharing of their FASD assessment results helped them to feel better *understood in court* with respect to their needs, experiences, and behaviours. Participants often felt they received more appropriate sentences because of this improved understanding:

The judge was so understanding, and he was very interested. Especially when they did a presentence report about my life and how I came to be the way I was . . . I could have been in jail for two to three years but because of the presentence report and because of this program . . . It did a lot for me. So, I really appreciate it and I’m very thankful.

Relatedly, many participants (77%; 8 of 11 individuals at baseline, 9 of 11 at follow-up) noted that the program helped them to better understand what was expected of them and 86% (11 of 11 individuals at baseline, 8 of 11 at follow-up) reported that their conditions “made sense.” Many participants (68%; 6 of 11 individuals at baseline, 9 of 11 at follow-up) perceived their court program to be a better fit following FASD assessment, and most (86%; 10 of 11 individuals at baseline, 9 of 11 at follow-up) indicated that they did or could complete their conditions.

Contrasting these positive perceptions, some participants discussed experiences of *injustice and mistreatment* they faced in the justice context. Several individuals expressed that they were falsely accused of crimes they did not commit. Another participant discussed experiencing racism during the court process: “A lot of it has to do with . . . my skin colour. . . . You can just see the way people look at you and the way they . . . talk to you.” One participant spoke more broadly of the tensions within his community around non-Indigenous law enforcement, noting that non-Indigenous officers should not

“work in Native communities, cause it’s not going to work.” Another participant described experiences of interpersonal conflict in court, and of not feeling supported by officers: “when you talk to a peace officer or an RCMP about what was going on there, all they do is just, ‘well there’s nothing we can do about it’.”

Several participants described the ways in which their community or cultural contexts contributed to *supportive environments*. One participant discussed the importance of being in the best community for her circumstances, explaining that she struggled with substance use where she used to live, but “when I was gone in [a different community] working two jobs, having my own place, budgeting my own money, I learnt a lot, I learnt that on my own. I think I can do it again . . . I’m willing to do that life again.” Another reflected on the changes in the “culture” of his friend networks as he began to maintain a more stable lifestyle, “as I was growing more mature, more stable for myself, I started to lose friends, but I saw who my real friends were and the ones that stayed.” Another participant emphasized the important influence of community dynamics on long-term wellbeing, noting that, “We’re all going to be around each other for the rest of our lives, so what’s the point of trying to judge someone?”

Turning Points

White and Cloud (2008) describe “turning points” on the path to recovery, during which there is an accumulation of recovery capital that catalyzes significant positive change in an individual’s life. Within the context of this study, participants’ accumulation of recovery capital seemed to translate into tangible change across several areas of their lives. Broadly, participants reported that through their participation in the FASD Justice Program, they were better able to cope with challenges and make better decisions, and for many participants, this was reflected in a reduction in substance use. As one participant explained, with the support of the program, they “quit everything, like I put everything away. I used to . . . drink like every day, but now I don’t even drink at all.” For another participant, the program similarly inspired him to stay sober:

The way I was before that, I could drink every day and not have reason to think of it, and think about the program and stuff, I’d rather just not drink at all and stay away from everything . . . I look forward to the program.

For several participants, recovery extended into other parts of their lives, including parenting, maintaining employment, making positive choices, and helping their community. One participant explained that because of the program, she did not “get in trouble anymore, I don’t drink and I don’t do drugs, and I just stay home with my baby, and I work. Just work and go home.” Another participant described a renewed perspective, explaining that “Everybody’s got their problems in life, nobody’s better than nobody . . . this is a life experience that I don’t regret at all. And I just hope that I make the right choices, that’s all, do the right thing.” Notably, several participants reported that they used what they learned through the FASD Justice program to give back to their community. One individual spoke about how she hoped to share her experience and knowledge with others:

I think that it did help, even just showing that I’m willing to take part in something like this. Like, that’s why I’m doing it, because I know that there’s a lot of kids and adults in this community

that are affected by FASD, and they don't know or, they just would rather not think about it or whatever.

Another participant noted that “when I was done [with the program], I looked at the people walking around the reserve and I was thinking maybe there was a way I could help these people.” Similarly, one participant explained how the knowledge he gained through his assessment helped him to set up a youth recreation program in his community. These notable shifts in coping, adaptive choices, and giving back to the community reflect a clear capacity for resilience and recovery across life domains.

Discussion

Individuals with FASD experience conflict with the justice system at disproportionately high rates (Bower et al., 2018; McLachlan et al., 2019). Conventional approaches to justice, which are rooted in colonialism, are neither appropriate nor effective for addressing the needs of justice-involved individuals with FASD who are Indigenous (Blagg et al., 2015, 2017; Canadian Intergovernmental Conference Secretariat, 2016). Changes to legislation, policy, and practice are critically needed to better address the needs of criminally involved individuals with FASD, and unique considerations, grounded in lived experience, are required to reduce over-representation of Indigenous individuals in the justice system (Canadian Intergovernmental Conference Secretariat, 2016; Clark, 2019; TRC, 2015). It is incumbent on those of us working within or alongside the justice system to effect this change. In Canada, the recent discovery of hundreds of unmarked graves at the sites of former residential schools have served as a painful and palpable reminder of how urgently this change is needed, in Canada and elsewhere. In the current study, we contribute to a roadmap for such change by exploring the lived experiences and perceptions of participants in an FASD-informed Indigenous restorative justice program in western Canada. Our findings reveal the wide-ranging perceived impacts the program had on participants, who shared powerful stories of coping, growth, and hope for the future. Findings contribute knowledge to a scarce but growing literature on the impacts of FASD assessment and diagnosis for individuals who are justice-involved, and more broadly help to guide policies for better addressing the needs of Indigenous people with FASD who are justice-involved.

According to participants in this study, the Alexis Nakota Sioux Nation FASD Justice Program helped to meet their needs and improve their interactions with the justice system in numerous ways, which we interpreted through the lens of recovery capital. Through various mechanisms, the program was perceived by participants to increase their physical recovery capital, supporting a range of basic needs and expanding their connections to essential services. Importantly, these basic resources serve as a foundation for broader support and should be promoted for encouraging an individual's pursuit of recovery and overall wellbeing (Cloud & Granfield, 2008). In justice contexts, consistent engagement in rehabilitative interventions, as well as having one's basic needs met, have been shown to significantly improve justice-related outcomes (Wooditch et al., 2014). Therefore, critical priorities within practice and policy for justice-involved adults with FASD should be to reduce service barriers and address essential needs such as acute physical and mental health concerns, safe and stable housing, financial security, and opportunity for gainful employment (Flannigan et al., 2022). These priorities should also be considered within the wider context of other biopsychosocial vulnerabilities that may impact justice-involved adults with FASD (Pei et al., 2016), which underscore the necessity for policies that support

coordinated and cross-disciplinary services for this complex population (Masotti et al., 2015; Pei et al., 2021). Moreover, FASD workforce training and screening policies within settings and populations where individuals with FASD are over-represented, such as those who are justice-involved, navigating substance misuse, or experiencing homelessness, would help to identify and support individuals who may benefit from FASD-informed services.

A common trend identified across domains of recovery capital was the variability with which participants perceived and experienced the FASD Justice Program. Although many participants reflected positively on their experiences of increased insight, interactions with program staff, connections with their families, and the support they received within their community and cultural contexts, this was not the case for all participants. This variability in participant perceptions demonstrates the dynamic nature of the influence of recovery capital on an individual's ability to overcome adversity (Cloud & Granfield, 2008) and should be considered within the context of one's recovery journey to ensure a balance between potential or perceived benefits and harms. The variability in participant experiences and perceptions may also reflect the heterogeneity of needs among justice-involved individuals with FASD that has previously been reported in the literature (Currie et al., 2016; Flannigan et al., 2021b; Mela et al., 2020) and indicates that individually-tailored and flexible practices and policies for supporting those who are justice-involved are more likely to be effective than "one size fits all" approaches (Public Safety Canada & Ma Mawi Wi Chi Itata Centre, 2010). Relatedly, the diversity in participant experiences suggests that the ways in which "progress" or "success" are defined and measured for individuals with FASD, including those who are involved in the justice system, may vary, and should therefore be established *with*, rather than *for*, each individual (Pei et al., 2019b).

Across domains of recovery capital, participants often discussed the quality of their relationships, ranging from appreciation for the kindness and support of assessment staff to the tensions and evolving relationships that exist within their families, social networks, and broader community. These results speak to the importance of creating social connections that align with an individual's needs and priorities and that are supportive and conducive to recovery and healing (White & Cloud 2008). The emphasis on interpersonal connection and support was especially apparent in participant discussions of their program mentors, which builds on evidence of the importance of relational approaches to FASD work within Indigenous communities (Pei et al., 2019a). Moreover, our findings parallel evidence of the critical role that social support plays in the reintegration of individuals who have been involved in the justice system (Denney et al., 2014) and point to a need for human-centered justice responses that prioritize high quality, respectful, and trusting relationships. For all individuals with FASD, including those who are justice-involved, establishing a person-centered system of support will not only help to address the challenges they may experience, but also create opportunities for strength, thriving, and improved quality of life (Petrenko et al., 2021). Moreover, rehabilitation policies that prioritize establishing and strengthening relational, community-grounded support networks for justice-involved individuals with FASD who are Indigenous may help to promote community reintegration and healing.

Finally, participant perceptions related to community and cultural contexts were varied, both with respect to their experiences with the FASD Justice Program as well as their life experiences more generally. Participants discussed the important influence of supportive environments, and although

many reported positive impacts and justice-related responses that better addressed their needs and circumstances, others experienced injustices that were perceived as deeply harmful. Participant perceptions of injustice, racism, and lack of support are a form of negative recovery capital that may deeply undermine an individual's motivation and capacity to heal (Cloud & Granfield, 2008). These findings underscore the need for policies aimed at reducing systemic discrimination and facilitating wrap-around and individually tailored intervention responses, as well as culturally respectful contexts, communities, and systems of support that promote wellbeing, recovery, and social justice more broadly.

Limitations and Future Research

Despite the notable contributions of this study, several limitations must be acknowledged. First, although verbal interviews provide an important platform for participant voices, considering the potential challenges with verbal expression and comprehension related to FASD, this method may have limited participants' ability to fully share their experiences. Future research with justice-involved individuals with FASD should include diverse data collection approaches that allow participants to express themselves in different ways, such as visually, through means like photovoice or other arts-based methods. Second, the gap in time between participants' FASD assessments and their interviews may have made it difficult for participants to recall their experiences, which was expressed by some participants during interviews. Additionally, because interview timelines were varied, it was not possible to analyze trends or changes in participant perceptions of the short-term and long-term impacts of the program. Finally, our study comprised a relatively small sample size in a highly specific setting, which precludes our ability to compare, contrast, and deepen our understanding of the experiences of justice-involved individuals with FASD more broadly. Additional research employing longitudinal designs with complementary methods for data collection (e.g., caregiver perspectives, recidivism data) would provide a more complete picture of the long-term and diverse impacts of FASD-informed restorative justice initiatives and broader policy implications, both in Canada and internationally.

Conclusion

The Alexis Nakota Sioux Nation FASD Justice Program is a unique and innovative initiative perceived by participants to have numerous positive impacts across life domains. Rooted in the strengths-based recovery capital model, findings from this study suggest that FASD-informed restorative justice programs can substantially improve an individual's physical, human, social, and community resources that facilitate positive coping and wellbeing. This study provides preliminary but critical evidence for the notable potential of community-based approaches to supporting individuals with FASD who experience complex biopsychosocial vulnerability, as well as important knowledge to advance FASD-informed justice research, intervention, and policy. Importantly, FASD-informed community-based practice and policy are likely to not only benefit justice-involved individuals with FASD from Indigenous backgrounds, but also individuals with other diverse and complex needs, extending the valuable impacts of these approaches.

References

- Allen, B. (2003). Alexis restorative justice model: An evaluation. Barbara Allen & BIM Larsson & Associates.
- Blagg, H., Tulich, T., & Bush, Z. (2015). Diversionary pathways for Indigenous youth with FASD in Western Australia: Decolonising alternatives. *Alternative Law Journal*, 40(4), 257–260. <https://doi.org/10.1177/1037969X1504000409>
- Blagg, H., Tulich, T., & Bush, Z. (2017). Indefinite detention meets colonial dispossession: Indigenous youths with foetal alcohol spectrum disorders in a white settler justice system. *Social & Legal Studies*, 26(3), 333-358. <https://doi.org/10.1177/0964663916676650>
- Blagg H., Tulich, T., & May, S. (2019). Aboriginal youth with foetal alcohol spectrum disorder and enmeshment in the Australian justice system: Can an intercultural form of restorative justice make a difference? *Contemporary Justice Review*, 22(2), 105-121. <https://doi.org/10.1080/10282580.2019.1612246>
- Bower, C., Watkins, R.E., Mutch, R.C., Marriott, R., Freeman, J., Kippin, N.R., Safe, B., Pestell, C., Cheung, C.S.C., Shield, H., Tarratt, L., Springall, A., Taylor, J., Walker, N., Argiro, E., Leitao, S., Hamilton, S., Condon, C., Passmore, H.M., & Giglia, R. (2018). Fetal alcohol spectrum disorder and youth justice: A prevalence study among young people sentenced to detention in Western Australia. *BMJ Open*, 8(2), e019605. <https://doi.org/10.1136/bmjopen-2017-019605>
- Brintnell, E.S., Sawhney, A.S., Bailey, P.G., Nelson, M., Pike, A.D., & Wielandt, P. (2019). Corrections and connection to the community: A diagnostic and service program for incarcerated adult men with FASD. *International Journal of Law and Psychiatry*, 64, 8-17. <https://doi.org/10.1016/j.ijlp.2018.12.005>
- Canadian Bar Association. (2010). *Resolution 10-02-A: Fetal Alcohol Spectrum Disorder in the criminal justice system*. <http://www.cba.org/cba/resolutions/pdf/10-02-A.pdf>
- Canadian Bar Association. (2013). *Resolution 13-12-A: Accommodating the disability of FASD to improve justice services*. <http://www.cba.org/cba/resolutions/pdf/13-12-A.pdf>
- Canadian Intergovernmental Conference Secretariat. (2016). *Final Report to Federal/Provincial/Territorial Ministers Responsible for Justice and Public Safety*. <https://scics.ca/en/product-produit/final-report-to-federalprovincialterritorial-ministers-responsible-for-justice-and-public-safety/>
- Clark, S. (2019). *Overrepresentation of Indigenous People in the Canadian criminal justice system: Causes and responses*. Research and Statistics Division, Department of Justice Canada. <https://www.justice.gc.ca/eng/rp-pr/jr/oip-cjs/oip-cjs-en.pdf>

- Cloud, W., & Granfield, R. (2001). Natural recovery from substance dependency: Lessons for treatment providers. *Journal of Social Work Practice in the Addictions, 1*, 83–104.
https://doi.org/10.1300/J160v01n01_07
- Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance Use & Misuse, 43*(12-13), 1971–1986.
<https://doi.org/10.1080/10826080802289762>
- Cook, J.L., Green, C.R., Lilley, C.M., Anderson, S.M., Baldwin, M.E., Chudley, A.E., Conry, J., LeBlanc, N., Look, C.A., Lutke, J., Mallon, B.F., McFarlane, A.A., Temple, V.K., & Rosales, T. (2016). Fetal alcohol spectrum disorder: A guideline for diagnosis across the lifespan. *Canadian Medical Association Journal, 188*(3), 191-197. <https://doi.org/10.1503/cmaj.141593>
- Currie, B.A., Hoy, J., Legge, L., Temple, V.K., & Tahir, M. (2016). Adults with fetal alcohol spectrum disorder: Factors associated with positive outcomes and contact with the criminal justice system. *Journal of Population Therapeutics and Clinical Pharmacology, 23*(1), E37-E52.
- Denney, A.S., Tewksbury, R., & Jones, R.S. (2014). Beyond basic needs: Social support and structure for successful offender reentry. *Journal of Qualitative Criminal Justice & Criminology, 2*, 39-67.
<https://doi.org/10.21428/88de04a1.d95029f6>
- Flannigan, K., Kapasi, A., Pei, J., Murdoch, I., Andrew, G., & Rasmussen, C. (2020). Characterizing adverse childhood experiences among children and adolescents with prenatal alcohol exposure and Fetal Alcohol Spectrum Disorder. *Child Abuse & Neglect, 112*, 104888.
<https://doi.org/10.1016/j.chiabu.2020.104888>
- Flannigan, K., Pei, J., Rasmussen, C., Potts, S., & O’Riordan, T. (2018a). A unique response to offenders with fetal alcohol spectrum disorder: Perceptions of the Alexis FASD Justice Program. *Canadian Journal of Criminology and Criminal Justice, 60*(1), 1–33. <https://doi.org/10.3138/cjccj.2016-0021.r2>
- Flannigan, K., Pei, J., Stewart, M., & Johnson, A. (2018b). Fetal Alcohol Spectrum Disorder and the criminal justice system: A systematic literature review. *International Journal of Law and Psychiatry, 57*, 42-52. <https://doi.org/10.1016/j.ijlp.2017.12.008>
- Flannigan, K., Tremblay, M., Potts, S., Nelson, M., Brintnell, S., O’Riordan, T., Rasmussen, C., & Pei, J. (2022). Understanding the needs of justice-involved adults with fetal alcohol spectrum disorder in an Indigenous community. *Behavioral Sciences & The Law, 40*(1), 129–143.
<https://doi.org/10.1002/bsl.2554>
- Flannigan, K., Wrath, A., Ritter, C., McLachlan, K., Harding, K.D., Campbell, A., Reid, D., & Pei, J. (2021). Balancing the story of fetal alcohol spectrum disorder: A narrative review of the literature on strengths. *Alcoholism: Clinical and Experimental Research, 45*(12), 2448–2464.
<https://doi.org/10.1111/acer.14733>

- Hamilton, S.L., Maslen, S., Best, D., Freeman, J., O'Donnell, M., Reibel, T., Mutch, R.C., & Watkins, R. (2020). Putting 'justice' in recovery capital: Yarning about hopes and futures with young people in detention. *International Journal for Crime Justice and Social Democracy*, 9(2), 20-36. <https://doi.org/10.5204/ijcjsd.v9i2.1256>
- Hennessy, E.A. (2017). Recovery capital: A systematic review of the literature. *Addiction Research & Theory*, 25(5), 349-360. <https://doi.org/10.1080/16066359.2017.1297990>
- Institute of Health Economics. (2013). *Consensus statement on legal issues of Fetal Alcohol Spectrum Disorder (FASD) (Volume 5)*. https://canfasd.ca/wp-content/uploads/publications/2013_consensus_statement_legal_issues_fasd.pdf
- Israel, B.A., Schulz, A.J., Parker, E.A., & Becker, A.B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173-202. <https://doi.org/10.1146/annurev.publhealth.19.1.173>
- Longstaffe, S., Chudley, A.E., Harvie, M.K., Markesteyn, T., Neault, D., & Brown, T. (2018). The Manitoba Youth Justice Program: Empowering and supporting youth with FASD in conflict with the law. *Biochemistry and Cell Biology*, 96(2), 260-266. <https://doi.org/10.1139/bcb-2017-0078>
- Masotti, P., Longstaffe, S., Gammon, H., Isbister, J., Maxwell, B., & Hanlon-Dearman, A. (2015). Integrating care for individuals with FASD: Results from a multi-stakeholder symposium. *BMC Health Services Research*, 15(1), 457. <https://doi.org/10.1186/s12913-015-1113-8>
- McLachlan, K., Amlung, M., Vedelago, L., & Chaimowitz, G. (2020a). Screening for fetal alcohol spectrum disorder in forensic mental health settings. *Journal of Forensic Psychiatry & Psychology*, 31(5), 643-666. <https://doi.org/10.1080/14789949.2020.1781919>
- McLachlan, K., Flannigan, K., Temple, V., Unsworth, K., & Cook, J.L. (2020b). Difficulties in daily living experienced by adolescents, transition-aged youth, and adults with fetal alcohol spectrum disorder. *Alcoholism-Clinical and Experimental Research*, 44(8), 1609-1624. <https://doi.org/10.1111/acer.14385>
- McLachlan, K., Gray, A.L., Roesch, R., Douglas, K.S., & Viljoen, J.L. (2018). An evaluation of the predictive validity of the SAVRY and YLS/CMI in justice-involved youth with fetal alcohol spectrum disorder. *Psychological Assessment*, 30(12), 1640-1651. <https://doi.org/10.1037/pas0000612>
- McLachlan, K., McNeil, A., Pei, J., Brain, U., Andrew, G., & Oberlander, T.F. (2019). Prevalence and characteristics of adults with fetal alcohol spectrum disorder in corrections: a Canadian case ascertainment study. *BMC Public Health*, 19(1), 43. <https://doi.org/10.1186/s12889-018-6292-x>

- Mela, M., Flannigan, K., Anderson, T., Nelson, M., Krishnan, S., Chizea, C., Takahashi, S., & Sanjanwala, R. (2020). Neurocognitive function and fetal alcohol spectrum disorder in offenders with mental disorders. *The Journal of the American Academy of Psychiatry and the Law*, 48(2), 195-208. <https://doi.org/10.29158/JAAPL.003886-20>
- Minkler, M., & Wallerstein, N. (2003). *Community based participatory research for health*. Jossey-Bass/Wiley.
- Pei, J., Carlson, E., Tremblay, M., & Poth, C. (2019a). Exploring the contributions and suitability of relational and community-centered fetal alcohol spectrum disorder (FASD) prevention work in First Nation communities. *Birth Defects Research*, 111(12), 835-847. <https://doi.org/10.1002/bdr2.1480>
- Pei, J., Kapasi, A., Kennedy, K.E., & Joly, V. (2019b). Towards healthy outcomes for individuals with Fetal Alcohol Spectrum Disorder. *Canada FASD Research Network in collaboration with the University of Alberta*.
- Pei, J., Leung, W.S.W., Jampolsky, F., & Alsbury, B. (2016). Experiences in the Canadian criminal justice system for individuals with fetal alcohol spectrum disorders: Double jeopardy? *Canadian Journal of Criminology and Criminal Justice*, 58(1), 56-86. <https://doi.org/10.3138/cjccj.2014.E25>
- Pei, J., Poth, C.-A., Tremblay, M., & Walker, M. (2021). An integrative systems approach to enhancing service delivery for individuals with complex needs. *Current Developmental Disorders Reports*, 8(2), 57-68. <https://doi.org/10.1007/s40474-021-00223-3>
- Petrenko, C.L.M., & Kautz-Turnbull, C. (2021). From surviving to thriving: A new conceptual model to advance interventions to support people with FASD across the lifespan. In N.R. Riggs & B. Rigles (Eds.), *International Review of Research in Developmental Disabilities* (pp. 39-75). Academic Press. <https://doi.org/10.1016/bs.irrdd.2021.07.002>
- Petrenko, C.L.M., Alto, M.E., Hart, A.R., Freeze, S.M., & Cole, L.L. (2019). "I'm doing my part, I just need help from the community": Intervention implications of foster and adoptive parents' experiences raising children and young adults with FASD. *Journal of Family Nursing*, 25(2), 314-347. <https://doi.org/10.1177/1074840719847185>
- Public Safety Canada & Ma Mawi Wi Chi Itata Centre. (2010). *Fetal Alcohol Spectrum Disorder and the Criminal Justice System*. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ftl-lchl-sptrm/index-en.aspx>
- Rogers, B.J., McLachlan, K., & Roesch, R. (2013). Resilience and enculturation: Strengths among young offenders with Fetal Alcohol Spectrum Disorder. *First Peoples Child & Family Review*, 8(1), 62-80. <https://doi.org/10.7202/1071407ar>

- Rojas, E.Y., & Gretton, H.M. (2007). Background, offence characteristics, and criminal outcomes of aboriginal youth who sexually offend: A closer look at aboriginal youth intervention needs. *Sexual Abuse-a Journal of Research and Treatment*, 19(3), 257-283. <https://doi.org/10.1177/107906320701900306>
- Ross-Houle, K., & Porcellato, L. (2021). Recovery capital in the context of homelessness, high levels of alcohol consumption, and adverse significant life events. *Drugs: Education, Prevention and Policy*, 1-12. <https://doi.org/10.1080/09687637.2021.2014402>
- Samaroden, M. (2018). Challenges and resiliency in Aboriginal adults with Fetal Alcohol Spectrum Disorder. *First Peoples Child & Family Review*, 13(1), 8-19. <https://doi.org/10.7202/1082386ar>
- Streissguth, A.P., Bookstein, F.L., Barr, H.M., Sampson, P.D., O'Malley, K., & Young, J.K. (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *Journal of Developmental and Behavioral Pediatrics*, 25(4), 228-238. <https://doi.org/10.1097/00004703-200408000-00002>
- Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice* (2nd edition). Routledge.
- Thorne, S., Kirkham, S.R., & MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health*, 20(2), 169-177. [https://doi.org/10.1002/\(SICI\)1098-240X\(199704\)20:2<169::AID-NUR9>3.0.CO;2-I](https://doi.org/10.1002/(SICI)1098-240X(199704)20:2<169::AID-NUR9>3.0.CO;2-I)
- Truth and Reconciliation Commission of Canada [TRC]. (2015). *Calls to action*.
- White, W., & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor*, 9(5), 22-27.
- Wooditch, A., Tang, L.L., & Taxman, F.S. (2014). Which criminogenic need changes are most important in promoting desistance from crime and substance use? *Criminal Justice and Behavior*, 41(3), 276-299. <https://doi.org/10.1177/0093854813503543>

Appendix

Client Interview

Oral Survey Items:

Self-learning

- I learned more about myself
- I learned about FASD
- I better understand why I do the things I do
- I understand that I have some strengths
- I learned that my strengths can help me do better

Appropriateness of services

- I feel the people who worked with me understand me
- I feel my _____ [judge, lawyer, PO] understands me better now
- I feel I can do things differently now
- I feel my program was a better fit for me
- I feel I better understood what people wanted from me
- My conditions made sense
- I feel like I could/did complete my conditions

Supportive service providers

- People respected me
- I felt cared for
- People were there to help me
- People believed I could do better

Open-Ended Items:

- What were you expecting from this process?
- What successes have resulted from this process?
 - How did combining assessment and court services meet your needs?
- In what way did the information you learned about your functioning help to ensure that you had proper supports?
- What were some of the challenges of this process? What needs or expectations were not met?
- What information that you gained in the assessment process is most useful/practical to you?
- In what ways was your experience at the clinic useful? What would you want to do differently?
- Can you tell me about a time when the information you learned from the clinic helped you?
- If you had a magic wand and could change the (1) assessment process and (2) court process in any way you wanted, what would you do?