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WEBINAR:

FETAL ALCOHOL SPECTRUM DISORDERS

(FASD) A HIDDEN DISABILITY

SEPTEMBER 25, 2014

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>> CART PROVIDER: On standby.

Welcome to the criminal justice and disability webinar. My name is Kathryn Walker and I'm today's facilitator. Before we begin our presentation, I would like to cover a few rules for the Q&A session, or the chat box. If you want your question to stay private, type private before your question. You can also e‑mail questions to nccjdinfoatthearc.org and we'll follow up with you afterwards. This webinar is being recorded and will be posted on our website. We will send you an e‑mail letting you know when it's available. During the presentation, you'll be asked to answer a few polling questions. These questions help us document your involvement so please participate. We have one final request. You will receive a session evaluation after this webinar. Please take five minutes to complete and send it to us. The webinar is funded by the United States department of justice, bureau of justice assistance, thanks for your participation. Today's webinar is the ninth of NCCJD's webinar and features Eileen Bisgard and Dawnmarie Bisgard. Before we introduce them, we would like to do our five polling questions. (New Slide) FASD is a diagnosis given by an MD? The second, true or false. Specific facial features are required for a diagnosis of FASD? The third, 50% of adults with an FASD will be in trouble with the law? Number four. Individuals with FASD may not understand when they are being arrested? And number five, probation is more effective than incarceration than changing the behavior of an individual with an FASD? Can you guys turn on your video? You've got to click the camera. I don't see the camera. All right. We'll just trouble shoot here for just a second. If you can take a look at the little gear in the top right‑hand corner and click on the camera, if not, we'll go on with audio.

>> Got it.

>> Kathryn: Do you see the gear in the top right‑hand corner for set video options?

>> I clicked okay but then it doesn't show me picture.

>> Kathryn: All right, I guess we'll just have to keep moving without video then. We can ‑ if you want to go ahead and get started.

>> Okay.

>> Eileen: We're going to try to cover a lot of material. I want to do an overview of what Fetal Alcohol Spectrum are. Basic information about that and talk about legal issues. Okay.

>> You should be able to move the Power Point. There we go.

>> Urging attorneys and judges, bar associations and law school clinical programs and other agencies to help identify and respond effectively to Fetal Alcohol Spectrum Disorders in children and adults and training and impact on individuals in the child welfare, juvenile justice and adult criminal justice system and the value of collaboration with medical, mental and health experts. To recognize how important this issue is in the judicial system and they further urge passage of laws and adaption of policies at all levels of government and treat the effects of prenatal alcohol exposure and better assist individuals with FASD. What is the impact of FASD? At least 1 in 100 children born in America have an ‑

>> Into the umbilical cord and into the fetus. Whatever part of the fetus is developing at the time that the time the alcohol gets into the fetus may be affected by that alcohol but what we're most concerned about are issues of brain development and in layman's terms, all of the brain is made up of billions of neurons and neuro connectors and they're all formed at the base of the skull where the arrows are pointing. They're held together with fatty tissue and migrate to the parts of the brain that they're supposed to be in and the part that suppresses the brain controls different cognitive functions. What happens when we introduce alcohol into that system? I'm glad we got the video on because I brought an egg. Obviously, I don't carry around a fetus, so I got an egg around my refrigerator and I'm going to break it up so we can take a look at it. So here's the egg and now we're going to add alcohol. Hopefully, you can see that it's already starting to essentially cut that egg. The egg white is turning white ‑ rather than clear. Of the longer we leave it, the worse it will get. So essentially, what that shows is that when alcohol gets into ‑ living tissue it changes the consistency of the living tissue and that's what happens to the brain. If alcohol gets into the bloodstream and gets into the brain of the developing fetus, it affects whatever neurons are developing and affects the fatty tissue that holds the neurons together as they migrate to different part of the brain so that some of the neurons will fall off. Some may go to the wrong parts of the brain and some of them will actually die and so we actually end up with a child who has a smaller brain then they would otherwise be expected to have. This is a picture of a brain of an infant who was diagnosed by autopsy with fetal alcohol syndrome and the brain of an infant about the same size and gestational age of a child that the mother did not drink. You can see that the brain affected by alcohol is smaller. It's missing its mid-section between the sections of the brain. This is not a blank area, but rather it's also of neuro connectors that pass to two sides of the brain to talk to each other. That is the part of the brain that is most commonly missing in children that are affected by prenatal alcohol exposure. You'll also notice that this brain is much less complex than the typical brain and that's because it doesn't have all the rich neurons that it's supposed to have. If the individual does not have the neuroconnecters connecting more analytical part of the brain with the more artistic part of the brain then that individual cannot think and that is key to the way that an individual with Fetal Alcohol Spectrum Disorder thinks and processes. Now, every individual that has a Fetal Alcohol Spectrum Disorder is different. It depends on whether the mother drank, how much she drank, whether she was drinking regularly or binging and also genetic factors. Genetic factors in both the mother and the fetus. Some women can drink in their pregnancy and their child may not be affected. Other women may only have a drink or two or maybe go to one party and drink a couple of glasses of champagne and their child will be affected. So ‑ and then everyone is affected in a different way and this is not something we're trying to blame mothers for because irreversible damage can be caused to the fetus before the mother even knows that she's pregnant. So even if the mother finds out she's pregnant and quits drinking, there can be damage to the child. Any part of the body can be affected. Some of the physical things that we see are premature birth, small size/slow growth. Part of the diagnosis. Vision and hearing deficits, heart problems, problems with other organs, it tends to be in the center part of the body. Improper bone development. That can be any of the bones dyslexia is an issue and lower IQ, however, just a side note that just because someone has a Fetal Alcohol Spectrum Disorder or even if they have fetal alcohol syndrome does not mean that they necessarily have an IQ that would qualify them for intellectual ‑ the average IQ of someone with FASD that is not fetal alcohol syndrome is about 10 points below the average of the typical population and so those with FAS, the average is about 20% or about 80. Go to the next slide here. (New Slide) this slide can say more than I can possibly say about the physical effects. Obviously, the chick on the left, the mother was given alcohol. The chick on the right the mother was not. And you can see that even the claws and its face and everything are affected. (New Slide) has essentially the same facial features when they're exposed to alcohol. So what kind of cognitive effects are we looking at? That's what we're most concerned about. The biggest is difficulty in making decisions. As we said individuals that are affected very often cannot think abstractly. If they can't think abstractly, they cannot understand how the effect or what the results of their behavior will be. If you can't understand what the results of a decision is going to be then you have no way of making a good decision. You have nothing to relate that to. So individuals who can't think abstractly tend to make impulsive decisions rather than decisions that are thought through. Another very prominent issue is poor short‑term memory. It tends to be short‑term, not long‑term memory that's affected. Sometimes that memory comes and goes and one day you can follow directions or remember something specific and the next day they may not be able to do either of those things. The day after, they may be able to ‑ if you have poor short‑term memory you probably will not be able to follow directions. You'll often see these individuals try to follow directions and follow the first one and then can't remember what they were supposed to do next. (New Slide) thinking abstractly is a big issue. Some of the really abstract things in our world are time and money. So these are things that people have a very difficult time with and it's not just telling time it's understanding the concept of time. Understanding how long it is between now and an hour from now or now until the next birthday. They live in a world where there is not a clear understanding of how long it's going to take for anything. Another thing that we see typically in these individuals is that they have wide differences in abilities. Some may think completely visually, others may think completely ‑ some will say things that they really don't understand. They know what they're supposed to say but they don't understand what that means. Others may understand a whole lot but they can't get the words out. They can't express it. A large number of individuals think slowly. Therefore misinterpret the whole conversation. A lot of us for me very often after I'm involved in a conversation or ask a question, I'll go away and think I wish I had said this. Now I'm thinking about it. This happens on a much greater scale with an individual that processes even slower than I do. (New Slide). Very often these individuals have minds that are disorganized and so they can't organize their life either. They tend to be very distractible. They may have trouble paying attention because they're distracted by things around them, like being sensitive to what they see or they hear and that may be stressing. They often have a very difficult time with any type of change whether going through the environment or being around different people or whatever and when they get to middle school or high school it can be devastating for them. And all of these things are magnified when they're under stress. (New Slide)? Sensory issues are acute for this population. They may be either over or under sensitive to any areas of touch, food and textures, even gravity and where they are. Which can cause boundary issues. (New Slide) the things we just talked about are all things that are because of the brain differences in these individuals. Yet, they are things that these individuals can't help. This is the way they are. This is the way their brain is put together and so that's how they respond to the world. Very often we, and the adults misinterpret them and think that they responded the way they did because they're acting out. That they didn't follow directions because they didn't try or they didn't respond right away when we asked them something because they weren't paying attention rather than the way they brain processes. Then they develop learning behaviors. Very often they become angry or violent because they're so frustrated by what is going around them. Others way avoid or another time an individual may avoid the whole situation. They don't understand so they're going to shut is out. They're going to think of something else or they may actually get to the point of becoming slamming the door and wanting to be alone or running away. Another way to avoid a situation. Others may try to take control of their environment it's something they do understand. They may become bossy or bullies and others may become so anxious that they're just fearful of the world around them all the time and they may even become sick or complain of being sick in order to get their needs met because they really don't know the words to ask or to understand their own body to have their needs met. Depression is huge in this population. (New Slide). A lot of diagnosis was given to the population. ADD and ADHD are almost it seems like ‑ kids that I work with it seems like they all get that diagnosis a lot because they're distractible and impulsable and want to move around. They get that diagnosis but it may not be a valid diagnosis because they may create depressions in individuals rather than solving their problems. Attachment disorder is a kind of a diagnosis, depression as I talked about. Sensory innervation. Conduct disorder. Diagnosis of choice is bipolar disorder. My personal lay person's is having their third diagnosis from the same or different therapist, look for something cognitive. Something more overreaching. This is why a lot of these individuals get on a huge number of medications because they get the diagnosis and the medication don't respond. What kind of legal issues are we talking about? (New Slide)? This population tends to confess the crimes. They want to please and if they don't understand and they try to say what they think the person wants to hear or they in order to fit in with a group that's committed a crime they may admit to the crime even though they weren't really the one that committed it. They tend to be poor witnesses because the depression because they may not have totally understood what was going on and they may not be able to remember what happened or what they said about it. So, they may say one thing to the police officer and another to the witness stand and another to the attorney who's trying to prepare them for the witness stand. Confidence issues are huge. Confidence ‑ to plead guilty and then also competency to stand trial although in most states they will not be found incompetent to stand trial under the kinds of requirements that the states have but in fact they aren't competent to help their attorney represent them. Often these individuals have typically ‑ they have a lack of capacity for premeditation. If it's a premeditated type of crime (New Slide) they probably didn't do it. Is with me today and I would like to tell you a little bit about her and then I'm going to talk to her, ask her some questions. Dawnmarie was diagnosed with partial fetal alcohol syndrome when she was 13 years old. At this time she was hospitalized and from there she went into a number of places for treatment, group homes, foster homes before she was able to come back to us. After she was diagnosed with an intellectual ability at age 16, so three years later, she then got into disability services but after she fell apart she was placed out again but this time in a disabilities program. After 13 years in disability services, Dawnmarie has now left these services and is instead working as a staff person in behavioral programs for individuals with intellectual disabilities. She works independently with her boyfriend. Dawn has been arrested and she has agreed to talk to us about what that felt like to her as an individual with partial FAS. ‑ dawn what was the most serious charge you were charged with. What happened?

>> Dawnmarie: Put me in a restraint ‑ put her arm around me. How do we get out of there? I didn't understand what was happening when they were arresting me. I was the victim. They arrested me for assault and put me in jail. When I tried to tell the police what happened, nobody was listen.

>> Have you ever done any other situations where you tried to tell a police officer that you didn't understand why you were being arrested?

>> Dawnmarie: Yes.

>> What happened?

>> Dawnmarie: Threatened me and threw me onto the ground. Threw me in the back of the car and took me to jail. After my roommate came ‑

>> How did you feel about the situation?

>> Dawnmarie: I was afraid of them and I still am.

>> How does it feel to be arrested?

>> Dawnmarie: [inaudible] the handcuffs are a problem and when they put them on me, I didn't know if they were ‑ also, because I have a history of being abused,.

>> What could police officers do rather than arrest a person in a situation like yours?

>> Dawnmarie: Instead call the police when a crime is out of control. They could help the situation rather than arrest someone. Authorities shouldn't press charges. The criminal record is not going to help them. If the person runs away, police help them get home. If they're with a person, they could help them get out of the situation.

>> Since you're working with the staff and disabilities community now do you have any other advice for the police?

>> Dawnmarie: If someone is going to call the police, they should think it is someone with a disability that they are calling about. If you know that crime is ‑ that the client has negative attention, ask the police to talk to staff rather than arrest the client. The person may be afraid and not understand what is happening. After they reassure the client, if you can do what the police did for me when I was a teenager. One woman who always responded and she always reassured me first.

>> Thank you, dawn. Ask you another question or two towards the end. So, in summary, in order to incorporate FASD awareness in arrest situations an officer should look at and ask themselves whether the individual seems to understand the crime that's being charged and why they're being charged with it. Does the person expect to be charged? Or do they think you're someone there to help them. If ‑ if there's suspect and other witnesses telling a consistent story. Ask if there's a support person and the suspect is likely to call and please if there is a support person, believe that support person. So often they don't believe us especially like Dawnmarie who looks perfectly normal. To try to determine if it's an issue. If the suspect in disabilities services, that should be a clue? What ‑ was the suspect in foster care. Listen to the family of support people. Typical crimes related to FASD (New Slide)? By individuals who have an FASD are impulsive crimes such as shoplifting, something for immediate consumption rather than for a long‑term gain. something for personal use. One of my favorite stories, a woman I was working it. She took the keys out of an older car and went into the house to get something to drink out of the refrigerator and was sitting at the kitchen table drinking it. She was arrested for burglary and has no idea what he did wrong. Getting into a fight from overreacting from a mild provocation such as dawn did. Behavior because of panic, actually what happened to her. Secondary involvement in crimes of more sophisticated people. Again, I remember a story of a woman that I worked with who was given money to move into ‑ she was homeless and she was given money to move into a facility from week to week. When she went in and got the room initially, the land lady told her that she would reduce her rent if she would run errands for her and she was happy to do that. Little did she know that the errands were delivering drugs for the apartment unit. She was arrested for drug dealing and the land lady was never convicted of anything because no one believed the individual with FAS. (New Slide) other indicators that this individual might have FASD if they're the only one apprehended in a crime with multiple perpetrators in. If there's a group of teens in the car, the car pulls over and all but one runs away and says the other ones stole the car. Think about that. Repeated minor offenses with most escalation of the severity of crimes. Absence of offenses that require significant planning of premeditation. Again, not likely to be in the mix. Of an individual of FASD and a history of minor (New Slide) offenses before age 18. Behaviors that indicates lack of boundaries or understanding appropriate behavior, such as touching. One issue that can be huge, unfortunately, with teens with FASD is they may be emotionally at a much younger level and we sometimes find teens who are playing what they think is a game of you show me yours, I'll show you mine with a 5 or6‑year‑old or a 5‑year‑old because they have developed an inappropriate behavior for them and it's not appropriate for that teenager and they're going to end up on the sex offender registry. People with a past story of parole based on not being able to follow directions. Not showing up for an appointment or court or curfew. Lack of remorse and lack of understanding with the connection between crimes and punishment. (New Slide). A diagnosis is required in order to be sure if an individual is affected by FASD but unfortunately diagnosis is not readily available in most places and especially not for adults but indications are evidence that prenatal exposure or just coming from a family with a history of alcohol use and/or neuro behavioral deficits are indications that we can look for a neuropsychological evaluation will show if they have the deficit that will not directly lead to a diagnosis of FASD. If it's a serious crime and it's important to have that individual diagnosed. There's a diagnostic team available and you need to contact the university of Washington fetal alcohol and drug unit and they can arrange to come out and diagnosis the adult. (New Slide) some courts will understand issues or accept factors that indicate a likelihood of FASD if you can present sufficient evidence. Things like we just talked about. Family history, substance use, history of adoption or foster care. Siblings who were diagnosed with FASD. Multiple mental health diagnoses, evidence of cognitive or functional deficits. History of criminal behaviors. (New Slide). Individuals are being sentenced they may be less culpable if it was an impulsive crime or they were not the leader in the crime. They are not as culpable if it was something they were planned. And again they may not understand why they're being punished so they can be incarcerated for as long as you want, that's not necessarily going to help them to learn not to do the behavior if they don't understand why they're in jail. Also these individuals tend to be followers, tend to be gullible. What they benefit from. What could really help them in a very structured community‑based sentence like probation not incarceration. They need extra support that can make that probation successful. They need their terms and conditions of probation to be clear and concrete. They need reminders of appointments, of court dates, of curfews and in this day and age they can have help setting their cell phones so they get those reminders as well as maybe a phone call from someone to remind them what they need to do. If he with adolescent offenders who have FASD they should be treated differently. Where everyone is talking about ‑ because that's going to be crucial for these kids. To do something that is a sex offense. They may not have intended it ‑ substance abuse treatment needs to be concrete. House arrest, not being able to get near ‑ it's been long enough. Very concrete programs. One that they get rid of the addiction. Mental health administration ‑ sponsored to. There are two programs that for about six years, three juveniles and a court in Colorado and one in Minnesota. For kid who's are on probation. Here in Colorado, we screened every juvenile that was placed on probation. By taking their picture and interviewing the mothers to see whether they drank during the pregnancy and then getting them diagnosed. But we found is that nearly 16% of all those on probation were diagnosed with some kind of a cognitive deficit and the mother's knowledge that she drank during the pregnancy at least to the probation officer even if she went through the actual evaluation and denied it. They did a similar study in Minneapolis but the difference is they gave ‑ which is a mental health screen and they only did fetal alcohol diagnosis for the individuals. They identified 32% of the population that they were working with that had identifiable FASD. In both cases in both programs, the youth were on probation. They were given intensive services to teach the people ‑ teach the probation officers and the individuals in their lives. Family, teachers, about FASD. So that they could have a very structured environment. Here in Colorado, before the project started there was a baseline recidivism rate of 50% in the first year after completion of probation. 50% reassembled. The youth who were diagnosed and had their terms and conditions of probation services modified based on FASD in the one to three years following successful completion of probation had a recidivism rate of only 15% rather than 50%. So we were able to make a huge difference in the lives of these youths. (New Slide). So what changes do we need to make to these youths. Just going to do a very brief overview of how you work with individuals, not just youth, but adults who have FASD. First of all we need it distinguish whether the behavior is something that because they can't understand or can't do something different or something that they won't do differently. If it's something that they can't do was they're asking them to darks we have to modify their environment. We're not going to be able to change the way their brain is structured but we have to modify their environment and work with what they can do. And modify our expectations so what we're expecting from this individual are things that they are capable of doing and they're basic things to break down the tasks into simple steps. Make them concrete, do it in writing. When Dawnmarie was adolescent taught her to wash her clothes and she could read and write and we wrote out all of the stuff that she needed to do. There were 17 steps that she needed to follow. Very simple concrete steps. Today, not a problem although she still can't separate her whites and her dark clothes. Everything else she can do just fine. Her boyfriend washes them. Talk slowly. Give individuals time to think through their answer and give you a response. So often we move so quickly in our world that we are ‑ we don't give a person time to respond. Understand that this individual may be able to say things that they can't do. Double check, interest.

To get them to tell you what it is that you're asking. Try to be sure that they understand if you can. Be specific. Tell them what you want. If we tell someone don't do something what they hear is what we don't want them to do. If we say don't open that bottle of pop. By the time they hear what we've said they've probably already got it open and then if they do catch it's something we don't want them to do they have to figure out what they are supposed to do. If we just say please put that down, leave it alone, tell them what we want it makes it much easier. Remember, this person's brain is different. Behavior management, logical and natural consequences cannot remove the brain differences. In summary, probation will be much more effective in rehabilitating the population rather than incarceration the terms and conditions of probation should fit the individual's abilities and should be written simply and concretely. Need to get as much supervision and structure as possible to these individuals and if the structure is removed, the individual may reoffend. One of the issues that probation officers and others tend to have is as the individual starts acting more appropriately they think now they've learned and they take away the structure that was helping the individual to do what they needed to do. They need to do the same thing at the same time in the same way every day. They usually have lists. They usually have reminders. They usually have pictures. They need to do role play so that they can learn and that structure needs to continue. If they violate the probation, revocation maybe a good thing for them because the longer they stay with the structure the better they're going to do. (New Slide). So what's the prognosis? If the structure of probation can be continued, they can lead a life free of crime. They can continue in that pattern. They're always going to need support. This isn't going to go away and they're going to be followers. They're going to need a positive peer group so they can overcome addictions and they have treatment and environmental change and they very often can mature into their 30s. One of the things we see with this population is that their brains do develop and continue to develop and mature beyond what others do so they may as they get older move into a more positive life and in that light, dawn, how do you become independent. You're 30 years old now.

>> Dawnmarie: Think positively. I've learned over the years that have to have more independence. After I learned to live on my own, I began to understand I could use those same skills and a good example with the same kinds of needs.

>> I think other thing that has helped is that dawn has learned to understand what her disabilities are and explain them to people close to her. The problem is that people often don't believe her. They don't believe that she has a disability and even for those that know it it's true it's hard to remember that she actually does have a disability. Thank you. I've got some resources for you on this next slide. (New Slide) and then we'll go into more polling questions. Kathryn?

>> Kathryn: All right. Thank you, guys so much for such a wonderful presentation. I'm going to start reading some questions that we've gotten from the Q&A section and those out there listening be ready to submit your questions if you have something. After the webinar we have a short survey for you to fill out so please take the time to do that and now we're going to head back to Eileen and dawn and ask them questions. This first one is from barb. Barb asks do you have any strategies on how to support someone with FAS and ID who is reluctant or refusing services.

>> Structure is the biggest thing to make their life consistent. To giving them the chance. To give them support and my guess is those individuals are going to be more willing to accept help if that help is in a positive way of supporting them to do what they want to do rather than trying to impose on them what we think they need.

>> Kathryn: All right. This next question is from Travis Brevin. How do you identify what an individual is capable of and not capable of and did Dawnmarie surprise you and exceed your expectations and do more than maybe she thought she was capable of so I guess both of you guys can talk about that.

>> Let me answer the first part. It's very difficult identify what a person is capable of and what they're not. That's one of the reasons that we do try to get a psychological evaluation done so that we have some idea so they can ‑ absolutely, Dawn's exceeded my expectations. Dawn, did you exceed yours.

>> Dawnmarie: Yes.

>> She's gone far beyond we thought she could. We've seen it coming and she has more understanding of herself and her issues.

>> Kathryn: That's great. This next question have from Diana Simms. Can you say a bit about how you worked with the Colorado probation department to modify the terms and conditions of probation for an affected individual?

>> Our particular program was in the 17th judicial district. There was a program in Denver for a short period. The main thing we did was educating people. We also had diagnosed but we knew what their cognitive deficits were so when they got the diagnosis that came back saying that this individual speaks slowly. Processes slowly. We would tell everyone that. You don't have say this person has fetal alcohol syndrome or has an FASD but this person processes slowly so we would ask the probation officer to slow down, talk slower. and give the individual reminders and we would go to in our appearance of the kids or the staff where they were living if they weren't living with parent and teach them the same thing but whatever the individual's needs were. If their brains were disorganized then we helped the people structure their lives for them. If they couldn't follow directions we helped the people in their lives to remind them of things so that all people around them were having realistic expectations for these individuals and helping them out when they need to be helped out. Does that answer your question.

>> Kathryn: Absolutely.

This question is for Dawnmarie. Do you think you could ever feel safe with the police again and what would that take? How can we help people with FASD feel safe with the police?

>> Dawnmarie: Is not a bad thing.

>> Ask the police to come in and help out.

>> And not talking to them like they're some criminals.

>> Dawnmarie: Whether they did something wrong or not. If you're talking to them so they don't feel that anger or like ‑ mostly, I feed off of a lot of emotions. Facial features, body language, the more calm voice you need the better they're going to be and I'm going to appreciate them more.

>> Kathryn: All right. That's great and a follow up question ‑ how do we help with the criminal justice system understand that FASD is a legitimate disability and get them to take time to learn about it as well as others. Sometimes we've seen it's a hard sell.

>> Is it. Unfortunately, ‑ it is. Unfortunately it is one of the reasons we're working on it. To get The American Bar Association to pass the resolution and by the way the American Academy of Pediatrics has come out with stuff about FASD as well as the obstetricians. Right now judges are working on putting together a pool of judges that will give them education and information about FASD. We just need to spread the word and educate as many people as we can and I think if the judges can learn to understand, then it will trickle down. If they're asking the questions in court. After six years that happened in our court, but pretty much every time you're in court the judge asked the question ‑

>> Kathryn: That's great news. So we're about to wrap-up for the day. Do either of you have anything you'd like to add?

>> Thank you for having this seminar and get the word out.

>> Kathryn: Absolutely. All right, everyone. Our next webinar will be next month, October 30th at 1:30 p.m. and it will be day employment opportunity for individuals with intellectual and developmental disabilities and forensic and sexual offending behaviors. If you have both of those things and you're wondering about different opportunities in your community, hopefully this webinar will talk about that and answer some questions. Don't forget to sign up to receive our e‑mail alert and use our information referral service and share your story with us at NCCJDinfoatthearc.org. Thank you, Dawnmarie and Eileen, this is wonderful and thank you to everyone who participated. Don't forget to register for our next webinar. See you soon.