

Strengths Among Individuals with FASD

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Issue:

The vast majority of FASD research is focused on the challenges and impairments associated with the disability, as well as the burden of FASD on families and the broader community. This type of research can help to validate the experiences of individuals with FASD and their families, and to inform where services and supports might be needed the most. However, the simultaneous *lack* of strengths-based studies can perpetuate a sense of shame, suffering, and victimization, and contribute to the stigma already associated with FASD. By neglecting to explore the successes of individuals with FASD, we fail to recognize their immense potential and celebrate the unique contributions that each individual has to offer. The goal of the current issue paper was to review the existing strengths-based FASD literature and highlight the need for more studies to fill this critical gap.

Background:

Many researchers and service providers agree that both the challenges *and* capabilities of those with FASD should be examined in order to best understand and meet their needs. In the non-academic literature, individuals with FASD are often reported to be friendly, likeable, and affectionate; helpful and generous; outgoing, verbal, and good storytellers; insightful and bright in some areas; artistic and musical; mechanical and athletic; determined, hard-working, willing, and persistent; forgiving, non-judgmental, and caring; and good with children and animals.¹ Individuals with FASD are also said to be strong hands-on learners, and may excel in non-traditional learning environments. Unfortunately, very little research has been conducted with this population to explicitly document strengths, skills, and abilities.

Current Research:

A review of the literature on strengths, resiliency, success, and positive outcomes in FASD reveals a clear paucity of research in these areas. However, a small number of strength-based FASD studies have been conducted in the last several years. Most of this research has come directly from the experiences of individuals with FASD, as well as their caregivers and services providers, particularly in the contexts of the education and justice systems.

School success. One group of researchers conducted a study with seven children with FASD and 11 parents, and found that caring teachers and appropriate services and supports were important contributors to school success.² The researchers also noted that children and their parents endorsed various personal strengths and interests including art, vocabulary, work habits, and sports. In a later study, the same researchers examined high school persistence

among adolescents with FASD and reported that high school completion was a source of pride for students, and that school persistence and success were greatly influenced by family factors, especially parental support and advocacy.³

More recently, another group of Canadian researchers shared the lived school experience of a young adult with FASD through the use of Photovoice.⁴ This case study revealed four themes related to finding success in school: striking a balance between support and independence, self-awareness of strengths and challenges, attitude and adaptation to navigating life with FASD, and self-identified needs and advice for others. These themes extended across categories of learners, teachers, milieu, and resources. The young man in this study noted that his personal strengths included visual and hands-on learning, spatial memory, as well as being adaptable and observant of others. Importantly, he explained that being aware of these strengths informed career goals and fostered a sense of motivation, and that having an attitude of optimism and persistence is crucial for success.

In another small study, Knorr et al.⁵ explored the school and life experiences of four adults with FASD and found that although these adults reported some negative school experiences and patterns of intergenerational abuse, alcoholism, and addiction, they also identified important sources of resilience. For these individuals, strength was derived from asking for help, having FASD-informed teachers, being involved in school activities that fit their interests and abilities and create opportunities for friendship, participating with youth groups and engaging in elder support, reaching out to help others, and gaining self-insight through FASD diagnosis. The authors also identified a number of critical elements for success and resilience, including knowledgeable and caring teachers, supportive caregivers and adults, and youth groups and community programs.

Justice-related outcomes. Several studies have been conducted to identify individual strengths and explore factors that contribute to positive outcomes among adults with FASD who are involved in the justice system. In 2016, Pei and colleagues⁶ interviewed adults with FASD and their service providers about their experiences in the justice system. Although participants identified numerous factors that primed adults with FASD to enter the system and hindered them once involved, they also reported on strengths that helped to move adults with FASD through the system, including hope, willingness to change, and resilience.

In a similar study, Currie et al.⁷ explored the experiences of justice-involved adults with FASD through interviews with adults and their support workers. These researchers found that all participants with FASD were able to identify personal strengths such as being helpful, kind-hearted, artistic, and successful with hands-on, visual, and physical activities. Support workers reported that they changed the way they work based on clients' personal strengths. Moreover, early FASD diagnosis and lack of substance abuse were associated with more positive justice outcomes among these individuals.

In a recent case study of two paroled adults with FASD and psychiatric issues, Tait et al.⁸ described the complex challenges and vulnerabilities experienced by these individuals, but also highlighted their remarkable strength and resilience in the face of such adversity. They identified several key factors that support success among individuals with FASD who are justice-involved and experience psychiatric issues: having a positive relationship with a psychiatrist, optimal medication regime, safe and stable home, consistent social support, and mentorship.

Recommendations:

1. There is an urgent need for more research to highlight the strengths and gifts of individuals with FASD. The challenges that exist for individuals with FASD should be acknowledged and addressed as deficits-based research is valuable in creating a pathway of understanding. However, focusing solely on challenges can perpetuate a sense of stigma that surrounds the disability. Therefore, another research pathway should be created to highlight strengths and abilities, and to understand how best to promote and build on the unique abilities of each individual with FASD to facilitate their full and successful participation in society.
2. It is critical that the voices of individuals with FASD are included in future strengths-based research. Larger-scale studies will help us to explore a profile of strengths among individuals with FASD, and this research should be conducted across the lifespan to identify strengths and abilities at various ages and life stages.
3. Some strengths-based interventions exist for the FASD population, however, there are no published studies to document the effectiveness of these programs to date. Evidence-based interventions and accommodations that reduce barriers while also encouraging an individual's strengths to emerge are needed. As such, another research priority should be to determine whether and how strengths-based interventions improve outcomes for individuals with FASD and their families.
4. Although the focus of this issue paper is on the strengths of *individuals with FASD*, it will also be important to explore and build on the strengths of families caring for these individuals. As well, many Canadian communities – especially those in rural and remote locations – excel at harnessing existing resources and knowledge to best meet the needs of individuals with FASD and their families. Additional research on strengths-based community approaches would shed light on effective ways of responding to local needs.
5. The use of innovative methods of data collection, such as Photovoice, may help to capture strengths of individuals, families, and communities in creative and unique ways.

Summary:

FASD consultant and motivational speaker, Myles Himmelreich, urges us to think differently about FASD as not only Fetal Alcohol Spectrum Disorder, but also as Faith, Ability, Strength, Determination.⁹ Indeed, individuals with FASD are anecdotally known to possess many strengths and abilities, but there is a lack of scientific evidence in this area. Because empirical research is often required to elicit practice and policy change, it is imperative that researchers begin to prioritize strengths-based studies to balance our understanding of FASD and more accurately represent individuals with the disability. Moreover, changing the deficits-based FASD narrative will help to reduce stigma and shame, and instill a stronger sense of hope, optimism, confidence, self-advocacy, and positive identity for individuals with FASD and their families.

References:

1. FASD Network of Southern California. (2018). *Strengths of people with FASD*. Retrieved from <https://sites.google.com/site/socalfasdnetwork/about-fasd/symptoms/positive-terms-for-fasd-behaviors>
2. Duquette, C., & Stodel, E. (2005). School experiences of students with Fetal Alcohol Spectrum Disorder. *Exceptionality Education Canada, 15*(2), 51-75.
3. Duquette, C., Stodel, E., Fullarton, S., & Hagglund, K. (2006). Persistence in high school: Experiences of adolescents and young adults with Fetal Alcohol Spectrum Disorder. *Journal of Intellectual & Developmental Disability, 31*(4), 219-231. doi:10.1080/13668250601031930
4. Brenna, B., Bures, M., Holtslander, L., & Bocking, S. (2017). A school curriculum for Fetal Alcohol Spectrum Disorder: advice from a young adult with FASD. *International Journal of Inclusive Education, 21*(2), 218-229. doi:10.1080/13603116.2016.1193565
5. Knorr, L., & McIntyre, L. J. (2016). Resilience in the face of adversity: Stories from adults with Fetal Alcohol Spectrum Disorders. *Exceptionality Education International, 26*(1), 53-75.
6. 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. doi:10.3138/cjccj.2014.E25
7. 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.
8. Tait, C. L., Mela, M., Boothman, G., & Stoops, M. A. (2017). The lived experience of paroled offenders with Fetal Alcohol Spectrum Disorder and comorbid psychiatric disorder. *Transcultural Psychiatry, 54*(1), 107-124. doi:10.1177/1363461516689216
9. Himmelreich, M. (2010). *FASD = Faith, Ability, Strength, Determination* [Video file]. Retrieved from [http://www.myleshimmelreich.com/index.php/14-portfolio/video/12-room-at-the-illville-hotel#prettyPhoto\[pp_gal\]/7/](http://www.myleshimmelreich.com/index.php/14-portfolio/video/12-room-at-the-illville-hotel#prettyPhoto[pp_gal]/7/)