

TOWARDS HEALTHY OUTCOMES FOR INDIVIDUALS WITH FASD: A PHILOSOPHY AND APPROACH TO INTERVENTION

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ABSTRACT

Background and objective

Individuals with Fetal Alcohol Spectrum Disorder (FASD) may experience a range of behavioral, cognitive, and physiological difficulties that can result from prenatal alcohol exposure. Intervention approaches for individuals with FASD are required to respond to evolving strengths and needs throughout their lifespan.

Material and methods

In response to these evolving unique needs, best practices were developed by integrating current research findings with the experiences of individuals with FASD and their caregivers. The “*Towards Healthy Outcomes*” approach has been developed to provide an evidence-informed framework to support intervention for individuals with FASD throughout their lifespan.

Results

This framework was developed based on core philosophies that create opportunities for individualized intervention support, including development throughout the lifespan, impact of interacting systems, and a strengths-based approach. These underlying philosophies and core beliefs are actioned throughout the lifespan around the following 12 domains: (1) physical health; (2) attachment; (3) family cohesion; (4) social functioning; (5) mental health and regulation; (6) education; (7) identity development; (8) community engagement; (9) adaptive skills; (10) housing; (11) employment; and (12) parenting skills. To establish its potential use, each of these domains is considered broadly within the context of FASD field, including the new ideas put forward by the studies included in this issue.

Conclusion

The “*Towards Healthy Outcomes*” framework is an intervention approach that facilitates proactive and evidence-informed approaches to foster the development of individuals with FASD. It provides developmental considerations that are specific to the 12 domains and reflect the whole person. Furthermore, the “*Towards Healthy Outcomes*” framework allows for the integration of research with the lived experiences of caregivers and individuals with FASD that bridges existing research gaps.

Keywords: FASD; interacting systems; intervention; lifespan development; outcomes; strengths-based

INTRODUCTION

Fetal alcohol spectrum disorder (FASD) was first identified in the 1970s.¹⁻⁴ Since then, researchers have endeavored to define this population in order to optimize outcomes throughout the lifespan.^{5,6} This identification has often been rooted in the process of diagnosis, in which areas of deficit and need are delineated in order to support identification and differentiation of this population from others.⁵ Building on this important work, researchers have increasingly identified a need to give equal weighting to areas of strength and protective factors, both of which are critical components of intervention planning and developing support systems.^{7,8}

Concurrent with this growing awareness of the importance of strengths has been increasing awareness of the necessity of identifying possible pathways and processes to facilitate goal setting for individuals with FASD.^{6,7} In order to help support intervention approaches throughout the lifespan, the “*Towards Healthy Outcomes*” framework was developed.⁹ This framework embodies developmental, lifespan, and strengths-based philosophies, and provides a roadmap that can help individuals with FASD and their families to be intentional and proactive when planning for healthy pathways to success.¹⁰ The framework was established on the core beliefs that reflect integration of research with wisdom from communities and caregivers as well as the lived experiences of individuals with FASD.¹¹⁻¹⁴ By considering the research published in the field of FASD with the “*Towards Healthy Outcomes*” framework, including the research presented in this special issue of the journal, we aim to highlight its potential applications and extend its use for individuals with lived experiences.

EVOLVING INTERVENTION APPROACHES IN FASD

Estimates of the prevalence rate of FASD in Canada range from approximately 2% to 3% of the overall population, with some communities

experiencing rates of FASD as high as one in five births.¹⁵⁻¹⁷ FASD impacts individuals and families from all socioeconomic and ethnic backgrounds.¹⁷ Thus, individuals with FASD form a diverse population with many areas of strengths and needs, and are often unique in their presentation of, and experiences related to, FASD.¹⁸ As a result, there is great variation and complexity in the possible symptoms and experiences that individuals with FASD may have throughout their lifespan and the manner in which they require interventions to achieve success.^{5,7}

These factors and a lack of shared understanding around FASD can make finding a pathway toward success difficult for individuals with FASD.¹⁹ With the “*Towards Healthy Outcomes*” framework, we aimed to create a shared, evidence-based roadmap with which we might gradually work towards improving existing approaches to find pathways to success and support opportunities for development that are well-suited for each individual. Thus, the pathway to experiences of success is likely to be unique for each individual and not necessarily holding to traditional approaches to nurturing success.⁹

Throughout this special issue, researchers have considered the manner in which a strengths-based approach can be implemented to better support individuals with FASD while responding to areas of need. These ideas are essential for continuing to balance the perspective on FASD to ensure that our understandings of FASD are not only realistic but also strengths-based and progressive.⁸ For example, Harding et al.¹⁹ addressed the significance of language in our society with an emphasis on how consistency in language regarding FASD can lead to increased awareness of FASD, promotion of dignity and self-identity, and reduction of stigma experienced by individuals with FASD and their families. McLachlan et al.²⁰ discussed the identification of FASD through screening as an important system-level intervention to improve early and accurate diagnosis of FASD in order to better facilitate healthy and positive outcomes for individuals and their families. Wrath et al.²¹ advocated for increased comfort by family physicians and psychiatrists in

aligning recognized pharmacological treatment approaches for individuals with psychiatric disorders with improved systems and functioning for individuals diagnosed with FASD to improve their overall quality of life and wellbeing. Badry et al.²² provided evidence for the requirement of stability and permanency of placements for children and youth with FASD. The authors advocated for increased support for caregivers to keep children with FASD in homes to prevent placement breakdowns and to facilitate family cohesion. They also recommended FASD-informed approaches to service provision, including attachment and parenting supports. The study conducted by Kennedy et al.²³ on mathematics achievement scores over time for individuals with FASD reinforced the importance of examining both group- and individual-level data when conducting FASD research to identify and leverage individual strengths. Wolfson et al.²⁴ and Harding et al.²⁵ focused on FASD prevention, identifying how research and practice on FASD prevention has continued to expand.²⁴ Both groups of researchers established how unique approaches to FASD prevention, such as exploring television media,²⁵ may aid in increasing awareness about FASD and alcohol use during pregnancy. Lastly, individuals with lived experience (including those with in-body and in-home lived experience), in collaboration with researchers, brought forth their perspectives on the need to conduct research *with* individuals with lived experience. It was observed how participatory research in FASD can broaden and shift the focus of FASD research^{13,14} These perspectives echo the philosophy of “nothing about us without us,” giving voice to the unique experiences of individuals with FASD and their caregivers, and bridging important connections to facilitate community connection between individuals with lived experience, researchers, clinicians, and policy makers. Collectively, increased prevention, recognition, identification, diagnosis, awareness, and education about FASD and the impact of alcohol use during pregnancy throughout the lifespan can result in

improved outcomes for women, individuals with FASD, their families, and their communities.

To conclude this special issue, we advance the “*Towards Healthy Outcomes*” framework as a mechanism to action a philosophical shift to advocate for increased incorporation of current promising practices within interventions that already exist today. In doing so, we wish to encourage the update of lifespan, systems, and strengths-based philosophies within existing approaches to intervention for individuals with FASD.

MATERIALS AND METHODS

The “*Towards Healthy Outcomes*” framework was developed through the integration of current research findings with the experiences of individuals with FASD. The research team considered key areas of development, based on broadly accepted child development and developmental psychology research. After identifying prominent areas of lifespan development, the team considered how these areas may be experienced by individuals with FASD. A review of existing FASD research was conducted in 2017 and 2018 to survey current intervention practices for individuals with FASD. Search terms were broad and included FASD, fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), alcohol-related neurodevelopmental disorder (ARND), and prenatal alcohol exposure (PAE) to capture the population of interest, which was paired with intervention, as well as the following domains: physical needs, attachment, family, education, social skills, mental health and emotional regulation, adaptive functioning, employment, housing, and parenting. Databases were accessed through the University of Alberta library and included PsycINFO (produced by the American Psychological Association [APA], it is a database of abstracts of literature in the field of psychology), EBSCO (Elton B. Stephens Company database), and Web of Science. Informal research and grey literature reviews for each of the 12 domains were also conducted using Google and

Google Scholar throughout 2018 to ensure that current information and resources were included.

Community feedback has also played a critical role in the development of the framework. From the framework's inception to its completion, individuals with FASD, their caregivers, researchers, and support workers were also invited to contribute to its development. The authors of the framework would often share drafts with community members through meetings and emails to ensure that the framework was in keeping with the strengths and needs of those it was designed to support. Community members' feedback included the use of gender-inclusive figures and the inclusion of an identity development domain. This collaborative and iterative process led to the current version of the "Towards Healthy Outcomes" framework as presented here.

PHILOSOPHY OF THE "TOWARDS HEALTHY OUTCOMES" FRAMEWORK

All human beings are motivated to experience purpose and success. It is not enough to "get by" in life; rather, we must feel as though we are experiencing success, however it is defined for each of us. People of all abilities need to feel as though they have a purpose and meaning in life, and as Deci and Ryan²⁶ describe, we are all intrinsically motivated and oriented toward growth throughout the lifespan. As humans, we all strive to navigate challenges to achieve meaningful, integrated, and fulfilled lives,²⁷ that is, people of all abilities need to feel as though they have a purpose and that they can meaningfully contribute to society.^{26,27} The challenges that each person experiences often vary over the course of their lifespan, and individuals with FASD are no exception.²⁸

We all experience strengths and challenges throughout the lifespan that become increasingly demanding as we develop and grow.²⁷ With appropriate support, education, and guidance over time, individuals with FASD are able to navigate challenges and experience successful and meaningful

outcomes.^{27,29} By implementing individualized interventions and/or supports with the "Towards Healthy Outcomes" framework, we create opportunities for targeted skill growth and development while also shifting environmental supports and expectations to optimize opportunities.^{28,29} The goal of this framework is to promote wellbeing and generate opportunities for meaningful success.

Broadly speaking, we use the language of intervention approaches to capture both targeted and supported aspects of intervention.³⁰ Intervention approaches (i.e., the strategies used to direct evaluation and intervention procedures) are selected based on each individual's needs and goals.^{30,31} Depending on the level of need for an individual with FASD, intervention approaches can include, but are not limited to, the following: talk therapy; behavioral programs; speech and language therapy; social skills training; medication; and early intervention programs.³¹ Individuals with FASD are likely to experience multiple interventions throughout their lifespan.³² In order to effectively navigate and find applications for such interventions, it is important to understand the strengths and needs of supporting individuals with FASD.³²

In order to provide appropriate intervention to individuals with FASD, we must understand that all sorts of behavior, including seemingly disruptive or maladaptive behavior, serves a function within an individual's environment.^{30,33} We must seek to understand individuals and their behavior within the context of their environment.^{30,33} From this perspective, we are able to determine the utility of an observed behavior.^{33,34} By working alongside individuals with FASD and their families, we increase our understanding of how goals are met through behaviors. Consequently, we can identify alternative approaches to goal pursuit that may also align with broader community- or system-level goals.^{30,33}

Core Beliefs

The "Towards Healthy Outcomes" framework emphasizes healthy living and quality of life, not solely remediation of deficits. Therefore, this

framework requires a shift in mindset to focus on achieving goals and success, rather than simply avoiding challenges.^{33,35} Taking the following philosophical approaches to intervention steers us toward examining what is known about individuals with FASD that we are trying to support, instead of focusing on what needs to be altered.^{32,36} In this way, we are better able to provide interventions that help individuals with FASD to achieve healthy outcomes.³⁵

Healthy Living Throughout the Lifespan

By adopting a *developmental lifespan* perspective we acknowledge that, as humans, we grow and change over time in terms of our capacities and goals.³⁷ At any given moment, we exist within our unique present developmental capacities while being influenced by our past and looking toward our future.^{35,37} For example, a child's academic goals are likely to be different compared with those of an adolescent.³⁷ When planning interventions, it is necessary to take into account each individual's past experiences alongside their current abilities and needs, and their future goals.³⁵ In short, intervention approaches must be applied with the knowledge of how each individual's capacities have been and continue to be influenced by experiences, and how these capacities and experiences shape current behaviors and their future goals.³⁵

Engage Communities and Individuals with FASD

The "*Towards Healthy Outcomes*" framework requires that intervention approaches are developed with an understanding of the *interactive systems* that influence each individual with FASD. As individuals with FASD grow and develop throughout the lifespan, they often interact with multiple systems, whose influence is additive and interactive.⁶ Collectively, the development of individuals with FASD is influenced over time by their interactions with other people, their environment, and cultural factors.^{26,33,37} Systems of potential influence can include close friends and immediate family, home

and school environments, peers, school staff, and/or medical professionals.^{22,23,32}

While these systems of potential influence can be positive, they may also be touch points where individuals with FASD, their caregivers, and pregnant women and mothers who use(d) substances may face experiences of stigma and discrimination.²⁴ Given the complexity of FASD, as well as the language and framing often attributed to prenatal alcohol use and FASD,^{19,25} individuals with FASD and women who use(d) substances during pregnancy may experience stigma at individual, interpersonal, institutional, and/or population or public levels.^{24,38,39} As highlighted by Wolfson et al.²⁴ in this special issue, there is a critical need to acknowledge and address the immense impact of stigma on access to services with approaches that are empowering, attend to diversity, and respond to the complexity of individuals' lives. These approaches are instrumental in building community connection and facilitating engagement with services and supports.

Considering the number of domains and systems that individuals with FASD can possibly access, supports and services must interact fluidly and flexibly in response to individual needs and environmental demands at different times and in different ways throughout the lifespan.^{20,32} These fluid and flexible approaches must also be responsive to self-determination, advocacy, and human rights of the individuals they support.^{13,14,40} Children and their families frequently receive support from many sources, and collaboration, communication, and cooperation among these sources are essential to best support individuals with FASD.^{13,14,20,22,24} In addition, communication is critical for system navigation, requiring meaningful collaboration and responsiveness between service providers and individuals with FASD and their families.^{20,22,32}

Build on Existing Strengths

Finally, this framework is *strengths-based* and empowered. Every individual with FASD has resources, assets, and strengths.⁸ As we progress

through each of the developmental domains, our strengths and weaknesses are identified, supported, and/or mitigated.⁴¹ Intervention approaches are not only beneficial to assuage challenges but also to promote and capitalize on strengths.^{23,35,36,42} It is critical that we build on what is already successfully known and used to support learning through these strengths.⁴¹

A strengths-based and empowered approach places power with individuals with FASD and their families and casts service providers as partners.³⁶ It is the combination of individual strengths and engagement, along with meaningful involvement of support systems that creates conditions for success.^{13,14,41} As asserted by Reid et al.^{13,14} in this special issue, success is co-created as we walk with, not for, individuals with FASD (Figure 1). These individuals and their families have the right to participate in decisions regarding their current situations and their futures.⁴² As a result of the strengths-based approach, this framework promotes a growth mindset, which is the belief that, like all people, the abilities of individuals with FASD are not fixed, and growth is possible with effort, appropriate support, and well-suited goals.^{36,42}

When combined, these perspectives allow us to do the following:

1. Build on existing strengths and address areas of challenge through interventions to help move toward healthy outcomes.
2. Ensure interventions are implemented appropriately in a timely and proactive manner and are tailored to the needs of individuals and their systems of support, community, and environment.
3. Engage communities and individuals with FASD in developing intervention approaches that are meaningful and feasible.

The “Towards Healthy Outcomes” framework

The “Towards Healthy Outcomes” framework is presented in Figure 2. It begins at the bottom of the figure with the first domain, physical health in infancy, and as we move through the lifespan, from

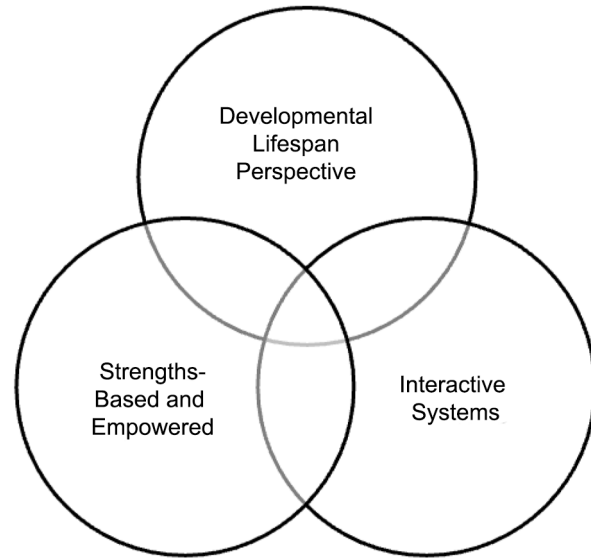


FIGURE 1 Core beliefs of the “Towards Healthy Outcomes” framework⁹ (Pei J, Kapasi A, Kennedy KE, Joly V. Towards healthy outcomes for individuals with fetal alcohol spectrum disorder. Canada FASD Research Network in collaboration with the University of Alberta; 2019. Available from: <https://canfasd.ca/wp-content/uploads/publications/Final-Towards-Healthy-Outcomes-Documents-with-links.pdf>).

baby to older adult, we progress upwards on the framework. This progression is represented by figures in the middle of the framework. Throughout this process, new and relevant domains are added; this progression demonstrates that we not only move through developmental stages as we grow but also remain influenced by the past stages while looking toward the future. That is, as development takes place, new domains become relevant and the addition of each domain in turn impacts development. Looking toward the future allows for appropriate goal-setting and planning between individuals with FASD, their caregivers, and key service providers. The layers of shading in the framework, from lighter to darker, represent the cumulative effect and influence that the domains have on one another over the course of



FIGURE 2 Visual representation of the “Towards Healthy Outcomes” framework for individuals with FASD.⁹

the lifespan. This framework visually demonstrates that we need to consider “what we know” from a holistic perspective of the person across time.

THE DOMAINS

We have identified 12 domains of intervention approaches that are common for individuals with FASD and are important for promoting wellbeing in all

individuals. Each domain is briefly summarized and discussed below. To demonstrate this framework’s potential application, examples of current intervention practices are presented in each domain. Specifically, the examples are from the research broadly conducted in the field of FASD, including the findings presented in this special issue, to demonstrate how this framework could be used to support interventions for individuals with FASD.

Physical Health

Physical health is fundamental to daily functioning and encompasses all medical and physical components of health. For individuals with FASD, it is critical to support physical health from an early age and through the lifespan.^{6,16,28} Individuals with FASD may present with a higher rate of health issues compared to the general population, and health issues could emerge at a younger age than typically expected.^{6,28,43} Identifying and responding to these issues from an early age may reduce additive impacts and facilitate implementation of proactive health measures.

Attachment

Attachment refers to emotional bonds between caregivers and children that provide a sense of stability and security.⁴⁴ These early relationships are foundational for developing future relationships, and attachment is recognized as a fundamental biological regulatory system that shapes an individual's behavior.^{44,45} Prenatal alcohol exposure is linked with higher levels of irritability during infancy, which can contribute to attachment difficulties.⁴⁶ As has been highlighted throughout this special issue, parenting support that fosters healthy attachment is critical for supporting families who are raising children with FASD.^{22,24}

Family Cohesion

Family cohesion is an expression of belonging and acceptance within the family.⁴⁷ It encapsulates the emotional bonds that family members have with each other.⁴⁸ Parents of children with FASD have identified family cohesion as being together, engaging together in fun activities, and enjoying reciprocal relationships.⁴⁹ High family cohesion can act as a protective factor for adverse outcomes.^{50,51} Individuals with FASD come from diverse backgrounds, including biological, adoptive, and foster parentage situations.⁴⁹ Regardless of the background, parents of children with FASD require additional support to help create a stable family environment.^{22,24,49,52} Importantly, supports such as

family and friend networks, community resources, and strengths-based approaches to parenting have been identified as protective factors that help to facilitate a stable family environment.^{24,52} In this special issue, key recommendations related to family cohesion include stability and permanency for individuals with FASD and prenatal alcohol exposure. Fundamental recommendations also include FASD-informed service provisions and responses in the child welfare system to respond to the placement needs of this population.²²

Social Functioning

Social functioning involves applying interpersonal skills to social interactions to initiate and maintain relationships at home, school, and work settings.⁵³ Social functioning can be challenging because it requires the application of cognitive, behavioral, and emotional-related information.⁵⁴ This information also interacts with environmental factors that could produce a broad spectrum of deficits in social skills necessary in the context of social interaction.^{53,55} Problem behaviors may arise when an individual has not acquired the social skills necessary for an interaction or has difficulty performing a specific social skill.^{55,56} It is important to note that researchers have identified relational strengths, such as the ability to reciprocate affection, friendliness, and desire to please others, in individuals with FASD, which can be leveraged in the development of social skills.⁸

Mental Health and Regulation

Mental health refers to a wide range of emotional and psychological aspects of an individual's functioning and related disorders.⁵⁷ Mental health disorders affect many people, but individuals with FASD are more likely to have mental health concerns than their typically developing peers.^{6,57} One factor that impacts mental health is the ability to regulate cognitions, emotions, and behaviors.^{58,59} As McLachlan et al.²⁰ have discussed in this special issue, individuals with FASD may not outwardly present with the physical characteristics of their

disability. This lack of physical presentation, coupled with their potentially complex profile of needs and overlapping neurodevelopmental and mental health disorders, may mask deficits in the face of relative strengths and in turn increase difficulties with screening and identification.²⁰ Conversely, identification of these unique areas of strength and need creates opportunities for well-suited intervention and support that may leverage these same strengths toward improved outcomes. Additionally, Wrath et al.²¹ in this special issue highlighted the high rate of comorbid psychiatric disorders among individuals with FASD. Given the high rate of these challenges among individuals FASD, effective prescription and use of psychotropic medications as a pharmacological intervention could be critically important for individuals with FASD when it comes to improving their quality of life and well-being and managing their mental health concerns throughout the lifespan.

Education

The Canadian education system aims to provide academic and functional support necessary for students to complete their school years.⁶⁰ It also aims to provide students with the skills required to transition into adulthood as independent adults who can successfully navigate through occupational and social settings.⁶¹ Through functional assessments, individualized adapted learning plans, extra assistance, and targeted interventions, children and adolescents with FASD can improve their academic skills and succeed in the field of education.^{23,60,61} Importantly, researchers have found that targeted interventions addressing the underlying needs of students with FASD can lead to improved skill sets, as has been documented by Kennedy et al.²³ in this special issue.

Identity

Adolescence and early adulthood are periods of notable identity development where individuals are looking to distinguish their qualities, values, and self-perception.⁶² According to Erikson's theory of

identity development,⁶³ adolescence is the period in which earlier identity foundations from childhood are evaluated and ultimately defined by assimilating experiences of childhood and adolescence.²⁷ Adolescents' perceptions of how society views them can, in turn, impact these identifications.⁶⁴ At this time, uncertainties still exist surrounding the process by which identity development occurs, such as the timing and general order of identity development in all populations, including those with FASD.⁶⁴ As asserted by individuals with lived experiences in this special issue, they require and deserve to have a voice in research that impacts their lives and identities.^{13,14} Additionally, changes to the manner in which FASD is defined and discussed can challenge conceptualizations of FASD that remain rooted in stigmatizing or demeaning views of the disability that may result in negative self-perceptions by individuals with FASD.¹⁹

Community Engagement

Community engagement refers to a sense of belonging to a community and involves having things to do, a social network, access to medical and social services, and independence.²⁹ The desire to belong to a community is an important and natural part of our lives and having a sense of belonging to a community is a positive influence on wellbeing.⁶⁵ The joy of community integration is not only based on physical involvement but also on psychological sense of community.^{19,65} This psychological sense of community can be explained as the feeling of being part of a readily available support and dependable structure.⁶⁶ Community engagement is critically important for individuals with "in-body" and "in-home" lived experiences^{13,14} as well as for pregnant and parenting women who may require further support as part of FASD prevention approaches.²⁴

Adaptive Skills

Adaptive skills are based on developmental and sociocultural standards for personal independence and social responsibility that gradually develop as individuals work toward independence

in adulthood.^{67,68} Adaptive functioning is age-dependent and not solely related to ability but also opportunity and experience.⁶⁹ Adaptive skills consist of three domains: conceptual, social, and practical.^{67,69} Conceptual adaptive skills include functional use of reading, writing, and math. Social adaptive skills include communicative behaviors, capacity for developing relationship, and understanding social cues. Practical adaptive skills involve grooming, dressing, hygiene, and eating.⁶⁹ All children show a considerable range of abilities and interpersonal qualities, and so their adaptive skills vary and may be stronger in some areas than others.^{23,68,69}

Employment

Every educated person aims to obtain employment that suits their unique skills and interests while also providing a competitive salary, fair working hours, and opportunities for professional growth. Successful employment requires a balance between the employment environment and an individual's abilities, skills, and needs.⁷⁰ Integrated employment opportunities for individuals with FASD can be further limited because of a lack of information and understanding of the diagnosis. Individuals with FASD can be assisted throughout the stages of preparing for, obtaining, and maintaining employment with proper identification, education, and supports.⁷⁰⁻⁷²

Housing

Safe, affordable, and secure housing is a basic human right.⁷³ Each person requires support tailored to their unique strengths and needs, and individuals with FASD are no exception.⁷³ There is little consensus around the housing requirements of individuals with FASD. Based on several studies and conversations with frontline workers, it has been suggested that many individuals with FASD can be successful in maintaining long-term housing with ongoing, intensive supports.⁷⁴ Reframing behaviors gives opportunities for housing service providers of individuals with FASD to facilitate proactive and humanizing responses based on the needs of

individuals they are supporting. For example, an individual with FASD who demonstrates difficulties abiding by the lease agreement could be because of challenges with communication. Thus, the housing service provider, by learning the communication style of the individual with FASD, will be able to help navigate these challenges with sensitivity and proactivity.⁷⁴

Parenting Skills

The role of a parent is often demanding, as children require constant care, support, and nurturance into adolescence and adulthood. Many parents often require support to foster their parenting skills with the growing needs of their children.⁷⁵ As is the case with most parents, the skills and abilities of parents with FASD are distinct and constantly evolving.⁷⁶ Parenting skills are often an area of concern not only for individuals with FASD but also for those who support them, and gaps may exist in the perception of parenting abilities between parents with FASD and their support workers.^{22,77,78} Tailored, wrap-around support for parents with FASD should include in-home services, advocacy, counseling, education, and pregnancy programs that are individualized according to each parent's unique strengths and needs.^{24,78}

CONCLUSION

"Towards Healthy Outcomes" provides a framework within which we may increasingly weave research evidence with lived experiences to inform practice. Not only does this approach facilitate the process of communication to promote person-centered, goal-oriented, and proactive support for individuals with FASD but it also becomes a means by which we might increasingly link emerging research to practice. That is, a bridge to increase the ease with which current best practices may be incorporated into integrated and collaborative experiences. As with many bridges, it supports two-way communication between research and lived

experiences, while enabling researchers to identify gaps in existing evidence from a whole person, lifespan perspective.

The “*Towards Healthy Outcomes*” framework considers both specific domains and the person as a whole. Although it is valuable to be able to focus on areas of specialization, it is equally important to be able to step back and see how each domain fits within the larger picture and where researchers might better address gaps. Moreover, this framework acts as a potential road map for individuals with FASD, their caregivers, and their support systems to help plan and set goals throughout the lifespan. Such a roadmap allows us to look forward and to set goals across multiple domains of healthy functioning—in keeping with practices adopted for all humans.

In our quest for healthy outcomes, researchers, community members, and families have reminded us that meaningful outcomes arise from meaningful understandings. The domains provide opportunities to create meaningful understandings of FASD and the unique strengths and needs of each individual. Examples of the current intervention research demonstrate the potential uses of the “*Towards Healthy Outcomes*” framework in supporting intervention throughout the lifespan. The issues considered in this special issue, as aligned with the domains considered within the “*Towards Healthy Outcomes*” framework, reveal that we as a passionate FASD community also have an obligation to support healthy outcomes and respond to gaps in policy, practice, and research. The key findings presented here also generate additional calls for action in research and practice, including increased accountability to individuals with lived and living experience. As a fundamental human right, *everyone* should have access to healthy outcomes to live with dignity, including individuals with FASD. By applying a lifespan, systems, and strengths-based understanding to our approaches to intervention, we will be able to meet the unique needs of individuals with FASD as we are also able to better work toward healthy outcomes alongside them.

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