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UNDERSTANDING HOW RESILIENCY DEVELOPS IN ABORIGINAL ADULTS WITH FETAL ALCOHOL SPECTRUM DISORDER

BY

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Approval of Thesis

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Dedication

To my husband, James, without whom I can never move forward in this life. And to my daughters, Isabella and Madeleine, who gave me all of the love and patience I needed to finish.

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Abstract

Fetal alcohol spectrum disorder (FASD) is a life-long issue, but the focus of research is primarily on prevention. This study aims to understand the development of resiliency in Aboriginal adults with FASD. Aboriginal adults with FASD have experienced stigmatization, high criminal recidivism rates, misinformation about FASD, and intergenerational trauma from colonization. Despite these obstacles, Aboriginal adults with FASD have developed the resiliency to survive. Using a qualitative, two-eyed seeing approach combining Indigenous methodology and phenomenological inquiry, participants were interviewed about their life experiences to understand how they developed resiliency despite the obstacles they faced. It was discovered that Aboriginal adults with FASD face barriers that develop dysfunctional resiliency, shown in the ways that they adapted and developed skills through means that were not positive aspects in their lives. However, resiliency is developed through a combination of personality traits, structure, and external support. Understanding the development of resiliency in Aboriginal adults with FASD.

Keywords: Resiliency, Dysfunctional Resiliency, FASD

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Chapter 1. Introduction

Research on FASD has primarily focused on prevention and early intervention; however, FASD is a life-long disorder, so it is important to also study how FASD affects a person throughout their life. Resources for people with FASD are concentrated on children, but understanding the needs of adults with FASD may help provide adults with FASD the resources they require. Caregivers trying to access services for FASD children are faced with misinformation from police, therapists, and social workers, creating a barrier to services (Tremblay et al., 2017; Wilson, 2013). However, this barrier can be lessened with better tools and information to medical personnel and other supports that are involved in providing care for a child with FASD (Tremblay et al., 2017; Masotti et al., 2015), yet lack of funding continues to be a problem (Shankar, 2015). Despite the secondary disabilities that Aboriginal adults with FASD face, they are able to find coping skills for survival. Secondary disabilities refer to the disabilities that develop during someone's life due to a lack in supportive services have not been sought at the appropriate times (Wheeler, Kenney, & Temple, 2013). Aboriginal adults with FASD face multiple barriers to services that did not exist in their childhood, yet they still cope with the same cognitive issues.

As Aboriginal children with FASD transition to adulthood, the effects of less support become apparent (Bell et al., 2016; Burnside & Fuchs, 2013; Pei, Leung, Jampolsky, & Alsbury, 2016; Shankar, 2015). Less support is manifested in behaviours such as criminal recidivism (Burnside & Fuchs, 2013; Milward, 2014; Wheeler, Kenney, & Temple, 2013), physical and sexual abuse (Burnside & Fuchs, 2013; Totten & The Native Women's Association of Canada, 2010; Wheeler, Kenney, & Temple, 2013), becoming a young parent (Burnside & Fuchs, 2013), and substance abuse (Burnside & Fuchs, 2013; Wheeler, Kenney, & Temple, 2013). Tait (2009)

argues that mental health issues in Aboriginal people, including FASD, are a manifestation of the "intergenerational effects of colonization" (p. 208). However, despite the cognitive setbacks as well as substance abuse, spousal abuse, and high criminal recidivism rates, Aboriginal adults with FASD are resilient and find ways to cope with these setbacks. Resiliency is a factor in how well Aboriginal adults with FASD cope with cognitive and behavioural challenges in their lives. Resiliency is built or put at risk through multiple components such as personality (Lee, 2012), positive adult mentorship (Lee, 2012), and multiple transitions in early life (Richter & Watson, 2018). This study looks at how resiliency or dysfunctional resiliency is developed throughout the participants' lives from their perspective.

Aboriginal adults with FASD are particularly underrepresented in the literature, yet it is imperative that we research Aboriginal people because of the unique circumstances that intersect with FASD, such as colonialism (Tait, 2009; Totten & The Native Women's Association of Canada, 2010). This study uses Two-eyed seeing methodology, incorporating Indigenous methodology (Kovach, 2009) and hermeneutic phenomenology (van Manen, 2014). Two-eyed seeing honours both the Aboriginal perspective and the Western perspective; this method was used to honour the Aboriginal participants' perspective and the researcher's Western perspective. Kovach (2009) notes that phenomenology can blend well with Indigenous methodology, which is why it was chosen for the Western perspective's method. Two-eyed seeing allowed the voice of the participants to shine through the research and to explain from their perspective how resiliency or dysfunctional resiliency developed over the course of their lives.

Chapter 2. Review of Literature

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Challenges and resiliency in Aboriginal adults with Fetal Alcohol Spectrum Disorder

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Abstract

Aboriginal adults with Fetal Alcohol Spectrum Disorder (FASD) face multiple barriers to services that did not exist in their childhood, yet they still cope with the same FASD-related cognitive issues that they experienced in childhood. Considerable effort is directed to research on children with FASD, but little research on adults with FASD. Furthermore, research on the population of Canada that is generalized to Aboriginal people is neither effective nor ethical. This literature review focuses on Aboriginal adults with FASD, specifically looking at criminal recidivism rates, the stigma attached to an FASD diagnosis, lack of support services, and the ongoing effects of intergenerational trauma. Future qualitative research is suggested to focus on adulthood and aging with FASD, and on helpful interventions.

Keywords: fetal alcohol spectrum disorder (FASD), Aboriginal adults, resiliency

Introduction

Fetal Alcohol Spectrum Disorder (FASD) is known in Canada as an affliction that affects significantly more Aboriginal people than non-Aboriginal people (Burnside & Fuchs, 2013; Eni & Senecal, 2009; Milward, 2014; Shankar, 2015; Tait, 2009). Children with FASD and their caregivers who try accessing services for FASD encounter misinformation from police, therapists, and social workers; this creates a barrier to services (Tremblay et al., 2017; Wilson, 2013). Tait (2009) argues that Aboriginal people with mental health afflictions, including FASD, are a manifestation of the "intergenerational effects of colonization" (p. 208). As these children transition to adulthood, these impacts often manifest as criminal recidivism (Burnside & Fuchs, 2013; Milward, 2014; Wheeler, Kenney, & Temple, 2013), victims and perpetrators of physical and sexual abuse (Burnside & Fuchs, 2013; Totten & The Native Women's Association of Canada, 2010; Wheeler et al., 2013), becoming a young parent (Burnside & Fuchs, 2013), and substance abuse (Burnside & Fuchs, 2013; Wheeler et al., 2013). Despite the cognitive setbacks and secondary characteristics (disabilities that develop because of a lack in supportive services that have not been acquired at appropriate times [Wheeler et al., 2013]), Aboriginal adults with FASD are resilient and find ways to cope with these setbacks. Resiliency is a factor in how well Aboriginal adults with FASD cope with cognitive and behavioural challenges in their lives. This literature review covers topics related to Aboriginal adults with FASD and points out the gaps in existing research.

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Purpose

In Alberta, approximately 360 people are born with FASD every year (Shankar, 2015). FASD is the most common cause of mental health problems in Canada (Totten & The Native Women's Association of Canada, 2010). Approximately 10% of women consume alcohol during pregnancy in Canada, but about four times more Aboriginal women drink during pregnancy (Popova, Lange, Probst, Parunashvili, & Rehm, 2017). Specifically researching Aboriginal populations is important because when research done on a broader population is generalized to Aboriginal populations, it is more harmful than helpful (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada, 2014; Wilson, 2013). The Tri-Council Policy Statement (Canadian Institutes of Health Research et al., 2014) notes that previous research conducted by non-Aboriginal researchers has been harmful and has not reflected the worldviews of Aboriginal people. This literature review looks at research about the challenges that Aboriginal adults with FASD encounter and what may contribute to their resiliency in the face of these challenges.

Method

Due to variations in policy and governance between countries regarding FASD, this literature review is focused on Canadian-based publications, with a few exceptions. These exceptions were considered because they added support to the existing Canadian literature.

Definitions

Fetal Alcohol Spectrum Disorder (FASD): An umbrella term that describes "...a lifelong disability that results from prenatal alcohol exposure (PAE)..." (Pei, Leung, Jampolsky, & Alsbury, 2016, p. 57) and includes "1) Fetal Alcohol Syndrome (FAS); 2) partial FAS (pFAS); 3) Alcohol-related Neurodevelopmental Disorder (ARND); and 4) Alcohol-Related Birth Defects (ARBD)" (Pei et al., 2016, p. 61).

Primary characteristics of FASD: "refers to the direct impact of damage incurred to the brain as a result of prenatal exposure to substances and include difficulty with executive functioning tasks, memory problems, impaired judgement and decision making, difficulty with change and transitions, and impulsivity" (Burnside & Fuchs, 2013, p. 43).

Secondary characteristics of FASD: "behaviours that develop in reaction to, and as a way of coping with, the primary disability, including fear and anxiety, poor self-concept, pseudo-sophistication, school behaviour problems, depression, frustration, aggression, and trouble with the law" (Burnside & Fuchs, 2013, p. 43).

Misinformation about FASD

Misinformation about FASD prevents Aboriginal adults with FASD from getting the support they need from professionals such as therapists, police officers, and social workers. FASD is considered an invisible disorder because it is not usually obvious by looking at someone, so their behaviours can be misinterpreted (Brown, Mitchell, Wartnick, & Russell, 2015). It is difficult for adults with FASD to receive an appropriate diagnosis due to the lack of appropriate training for medical professionals (Wheeler et al., 2013). Without a proper diagnosis, Aboriginal adults with FASD will likely continue to turn to crime,

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inappropriate sexual behaviours, and substance abuse because the proper supports are not available (Wheeler et al., 2013). Professionals should educate themselves on FASD so that they can better serve this population (Knorr & McIntyre, 2016; Masotti, Longstaffe, Gammon, Isbister, Maxwell, & Hanlon-Dearman, 2015; Nash & Davies, 2017). It is important for support and information to continue for the lifespan of someone with FASD because it empowers their success (Wheeler et al., 2013).

Masotti et al. (2015) interviewed multiple interest groups related to the health and wellness of people with FASD and found a lack of training, education, and awareness for medical and non-medical providers. Education for professionals is effective; Knorr and McIntyre (2016) found that the school experience of an FASD child improved when their teachers attended a conference on FASD. An evaluation of existing interventions by Pei, Baugh, Andrew, and Rasmussen (2017) found that school interventions for children with FASD were the most common intervention to be recommended and that adherence to that recommendation was quite high, thus, teachers should be properly educated on FASD. Pei et al. (2017) posit that adherence to the recommendation of school interventions could be because it is easy to access or because it is perceived to be the most effective, meaning that there is potential for early intervention for people with FASD.

Although all of the provinces and territories have FASD awareness and prevention programs, gaps exist for pre-screening at-risk young women, pregnant women, and for postpartum care (Poole, Schmidt, Green, & Hemsing, 2016). These gaps are unfortunate given that Poole et al. (2016) found that when these programs are available at all levels they are successful at reducing the rate of FASD and improving the education and communication between healthcare providers. Masotti et al. (2015) also suggested that integrating care would improve communication and treatment for people with FASD. Medical and nonmedical providers want to see more research on the impact of FASD on an individual, specifically periods when intervention would be most useful (Masotti et al., 2015). This lack of consistency of care grows as Aboriginal children with FASD move into adulthood. It is also important that information is available for parents and children with FASD so that strategies and coping skills can be developed (Nash & Davies, 2017). Tremblay et al. (2017) conducted community-based research so they could make informed suggestions to improve psychologists' understanding of FASD. They suggest that continuous collaboration between psychologists and staff, in the case that people with FASD live at an agency, would allow for a better understanding of FASD in general and help individuals with FASD in particular. A multilevel approach to understanding individuals with FASD would include improved communication "1) among clinicians; 2) between clinicians and other service providers; and 3) between clinicians, supervisory staff, and an FASD consultant" (Tremblay et al., 2017, p. 95). These steps exclude the person with FASD as part of the information process. Although information flow is improved, in this study, people with FASD do not receive information about themselves or participate in the process. Adding this component would allow for a model that includes people with FASD in the process, improving treatment for that particular individual.

Consistent evaluation methods do not currently exist in Canada or even across programs, making it difficult to know which programs and methods make positive contributions for people with FASD (Rutman, Hubberstey, Poole, Hume, & Van Bibber, 2016). Rutman et al. (2016) designed three circular maps to depict the levels of support necessary for Aboriginal people with FASD. The circular structure of the maps aligns with Aboriginal worldviews of community focus and interconnectedness in nature. The

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evaluation map for support programs puts the person with FASD in the centre, with family and community support as the first circle to surround it, speaking to the importance and centrality of family and community support to someone with FASD (Rutman et al., 2016). Not only is it important for family supports to have proper information about FASD, but family is the first source of learning resiliency for the person with FASD. The Participant Outcomes ring is modeled after the medicine wheel, a symbol of great importance to some Aboriginal people (Rutman et al., 2016). These maps provide a useful guide for professionals, staff, and families working with Aboriginal people with FASD. With the right tools and information, early diagnosis of FASD can occur, contributing to a more resilient adult (Burnside & Fuchs, 2013).

The effects of stigma on people with FASD

Due to maternal consumption of alcohol, a baby born with FASD must often contend with significant cognitive developmental deficits, often leading to mental health issues, and possible physical deformity that lasts throughout their life (Bell et al., 2016). Although diagnosis of FASD is important so that appropriate programming can be put into place, the diagnosis additionally creates a negative stigma against the person with FASD and their mother (Totten & The Native Women's Association of Canada, 2010).

Stigmatization of mothers

Aboriginal mothers with alcohol addictions are often blamed for their babies' cognitive impairment, so they fear seeking help for their addiction. This challenge adds to the cycle of FASD, rather than preventing it. When mothers find out that their drinking directly caused the cognitive impairments and possible physical deformities to their child, they may feel guilt (Nash & Davies, 2017), which leads to a reluctance to ask for help (Tait, 2009). Yet, Aboriginal mothers with substance abuse issues do need help to deal with the past personal trauma they have experienced and the intergenerational trauma that their community has experienced, and continues to experience.

FASD prevention programs stigmatize mothers who have been drinking during pregnancy, instead of recognizing it as a possible symptom of a larger problem. Prevention programs based on public marketing information has led some women to develop anxiety and shame from the blame they receive when they have been drinking while pregnant. This leads them to fear seeking professional help for their pregnancy or for their drinking problem (Bell et al., 2016). Bell et al. (2016) point out that there is a lack of information on how these awareness campaigns contribute to this stigma and how this stigma prevents mothers from seeking medical care. Prevention strategies that disseminate information to the public are prevalent in all Canadian provinces (Poole et al., 2016), yet women still make the decision to drink during their pregnancy (Nash & Davies, 2017). The decision-making capability is diminished when an Aboriginal woman is dealing with trauma or has FASD herself, increasing the likelihood that she will drink during pregnancy and have a child with FASD (Totten & The Native Women's Association of Canada, 2010).

There are environmental risk factors that make it more likely for a woman to partake in alcohol consumption during pregnancy, including "child custody, lower socioeconomic status, paternal drinking, binge drinking during pregnancy, reduced access to perinatal care . . ., inadequate nutrition, and a poor developmental environment" (Eni & Senecal, 2009, pp. 88-89). Many Aboriginal women are afraid of

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seeking help because they fear that their children will be removed and placed in foster care. This is a rational fear, considering the high rates of Aboriginal children in the child welfare system, including children whose mothers have FASD (Eni & Senecal, 2009; Totten & The Native Women's Association of Canada, 2010).

There are government programs to help mothers with alcohol related problems and children with FASD, such as Maternal Child Health and Aboriginal Head Start (Eni & Senecal, 2009), but the programs and the funding available in small communities is negligible. This lack of support for mothers with alcohol related problems directly correlates to children with FASD being at higher risk of suicide and who are significantly more likely to die from homicide than people without FASD (Totten & The Native Women's Association of Canada, 2010). People with FASD experience high rates of physical and sexual abuse in childhood, which is related to having the highest rates of involvement with the sex trade and sex trafficking (Totten & The Native Women's Association of Canada, 2010).

Stigmatization of people with FASD

Children with FASD are often labelled as behaviourally difficult, which continues into adulthood. Aboriginal adults with FASD continue to be stigmatized by professionals and society, making it difficult to obtain work, housing, or to even seek initial help. Children with FASD are considered the product of a breakdown in society, so are sometimes referred to as "society's children" (Tait, 2009, p. 198), yet this does not translate to interventions or assistance as 'society's adults' as they grow older (Bell et al., 2016; Burnside & Fuchs, 2013; Lynch, Kable, & Coles, 2015). The support that is available to children with FASD is no longer available once they reach adulthood (Lynch et al., 2015). The cognitive impairments seen in childhood translate to "academic failure, substance abuse, mental health problems, contact with law enforcement, and an inability to live independently and obtain/maintain employment" (Popova et al., 2017, p. 33). These issues, including becoming a young parent, are compounded if a child with FASD has been in the child welfare system (Burnside & Fuchs, 2013). Aboriginal children are far more likely than the general Canadian population to be in the child welfare system (Burnside & Fuchs, 2013). Burnside and Fuchs (2013) point out the nonsensical notion that children with FASD in the child welfare system are suddenly expected to make life decisions well once emancipated at adulthood. As Bell et al. (2016) point out, it is important that we research the long-term effects of negative public attitudes toward people with FASD and their mothers. Gaps in research exist, specific to how the long-term negative public attitude affects Aboriginal people with FASD.

Colonization and intergenerational trauma

Colonization and intergenerational trauma is the root of the challenges that Aboriginal adults with FASD must contend; to understand FASD in Aboriginal people, we must understand the effects of colonialism. It has not been adequately recognized that colonization has contributed to intergenerational trauma, which is the negative impact of systemic oppression over many generations (Eni & Senecal, 2009; Totten & The Native Women's Association of Canada, 2010). Although there is research that looks at the medical phenomenon of FASD, there is little research that looks at the social impact of colonization and intergenerational trauma (Wilson, 2013). Aboriginal youth experience higher rates of care in the child welfare system (Burnside & Fuchs, 2013; Eni & Senecal, 2009) which can cause intergenerational trauma and disconnect them from their community and families, contributing to the inability to form and integrate

their identity as Aboriginal (Burnside & Fuchs, 2013). Colonization was, and still is, a harmful process:

... which included military conquest, the acquisition of Aboriginal land bases through treaties, and policies of assimilation that attempted to force Aboriginal peoples to abandon their own cultures in favour of Euro-Canadian lifestyles by criminalizing cultural activities. An especially harmful part of the history of colonization was forcing Aboriginal children to attend residential schools. Many were physically and sexually abused, and thus would themselves pass intergenerational trauma on to their descendants. Many were forced to abandon their languages and culture . . . (Milward, 2014, p. 1029).

Interestingly, the secondary effects of FASD are similar to the secondary effects of intergenerational trauma; Eni and Senecal (2009) further posit that the trauma caused by the residential school system, including physical and sexual abuse, perpetuated a culture that consumed alcohol, leading to an increase in Aboriginal children born with FASD. Removing Aboriginal children from their homes to place elsewhere, either in residential schools or in adoptive homes, to be raised in a non-Aboriginal environment continues to this day in the form of the child welfare system (Eni & Senecal, 2009; Tait, 2009).

It is difficult to treat the root causes of FASD in Aboriginal people because it is so intrinsically linked to the practices of colonization (Totten & The Native Women's Association of Canada, 2010). Aboriginal children are disproportionately represented in care homes and programs for FASD (Eni & Senecal, 2009; Shankar, 2015); one possible reason is the over-surveillance of FASD in Aboriginal communities by government agencies (Shankar, 2015; Tait, 2009). According to Eni and Senecal (2009), past colonial practices of the Canadian government have a direct impact on the "physical and psychological illnesses among Aboriginal people" (p. 89) and suggest that support and programming for people with FASD should be developed with these factors in mind. These programs need to be specific to Aboriginal people in order to address the past and current trauma that is specific to their experiences.

The Truth and Reconciliation Commission of Canada (2015) supports Tait's (2009) claim that the effects of colonization have deeply affected Aboriginal communities in negative ways that contribute to poor mental health. Due to the ongoing intergenerational trauma to Aboriginal communities, we need to continue to research meaningful solutions for the communities that do not contribute to reinforcing colonial practices.

Criminal recidivism

Aboriginal adults with FASD have high criminal recidivism rates because deterrence does not often work with people who have memory and cognitive impairments, a common effect of FASD. To reduce these rates, the court system is slowly introducing educational programs specific to adults with FASD. Misinformation about FASD permeates the criminal justice system, making criminal recidivism a common theme among Aboriginal adults with FASD (Bracken, 2008; Brown et al., 2015; Milward, 2014). Training for professional staff in the criminal justice system should include education about FASD so that adults with FASD are not misunderstood or misrepresented (Brown et al., 2015). Informed sentencing that makes sense for an individual with FASD is essential.

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Despite being only 3% of the population in Canada, "Aboriginal persons have consistently comprised 17-19% of all adult admissions to Canadian federal penitentiaries" (Milward, 2014, p. 1028). The percentage of the convicted that have FASD are underestimated due to under diagnosis (Pei et al., 2016). Awareness and change are slowly coming to the courts; some judges will make decisions regarding an Aboriginal adult's behaviour by acknowledging the cognitive deficits associated with FASD and intergenerational trauma (Bracken, 2008; Milward, 2014). Milward (2014) suggests that FASD reflects the social damage caused by colonialism, and is also a contributor to over-incarceration of Aboriginal adults. Lack of funding, required for alternatives to incarceration, from the Canadian government is slowing down the positive change of a justice system that recognizes that Aboriginal adults with FASD

Milward (2014) looks closely at three objectives of sentencing: "deterrence, retribution, and rehabilitation" (p. 1034) as it pertains to Aboriginal adults with FASD and whether these objectives meet their goals. These objectives are formed with the idea that normally, a person willingly and knowingly commits a crime and is able to learn from their behaviour through a punitive system (Pei et al., 2016).

must be treated with awareness of their cognitive issues (Milward, 2014; Pei et al., 2016).

Deterrence is ineffective because it works on the assumption that people can understand the consequences of their actions. Someone with cognitive impairments due to FASD may not understand the consequences of their actions (Milward, 2014). Also, if incarcerated, an individual with FASD is exposed to more criminals and criminal behaviour; this makes their situation worse because their condition makes them more susceptible to negative influences. Alternatively, if they are asked to complete community service, there is little subsequent support for the individual, thus increasing the likelihood that they would repeat the same criminal behaviour (Bracken, 2008). However, Milward (2014) points out that deterrence can be used for those who have not yet committed a crime, which is why some judges choose to sentence an Aboriginal adult with FASD when they know that deterrence does not work for the individual.

The objective of retribution is to punish the offender equal to the amount of harm they caused by their crime; this does not consider the offender's background, moral agency, or whether the sentence is effective (Milward, 2014). Milward (2014) rightly points out that when deterrence and retribution are the primary objectives for sentencing, more harm than good is caused to Aboriginal adults with FASD and their community. However, Milward also notes that rehabilitation moves in the right direction to help Aboriginal people with FASD because it considers the cognitive damage and the intergenerational trauma experienced from colonization. A successful program in Lethbridge, Alberta, helps teens with FASD by having a constable advocate for the adolescents in court; they inform the lawyers and judges about FASD and the sentences are focused on rehabilitation rather than deterrence (Canadian Broadcasting Corporation, 2009). A program like this can be modified for Aboriginal adults with FASD. Ideally, the results of the Lethbridge program for teens would translate to adults, reducing criminal recidivism and incarceration rates overall.

Despite Milward's (2014) positive outlook, change in the criminal justice system is slow. Aboriginal offenders are sentenced more often now than ten years ago, with twice as many men incarcerated and triple the number of women (Macdonald & Campbell, 2017). Therefore, it is imperative that research continues regarding Aboriginal adults with FASD in the criminal system. This research will show the importance of recognizing the long-term effects of colonization, intergenerational trauma, and the cognitive deficits that must be taken into consideration when sentencing.

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Brown et al. (2015) note that going through the judicial system can escalate conditions for adults with FASD because they often find it difficult to understand abstract concepts and the severity of their situation. The Canadian Bar Association is attempting to address the issue of adults with FASD in the criminal justice system by proposing some changes (Pei et al., 2016), including:

1) establishing a legal definition of FASD; 2) allowing judges to order assessments for individuals who are suspected of having FASD; 3) identifying FASD as a mitigating factor in sentencing; 4) setting up an external support plan, and 5) providing accommodations within correctional services for inmates with an FASD (Pei et al., 2016, p. 59-60).

Bracken (2008) suggests that a screening process for identifying people with FASD, rather than relying on previous identification, will help increase the likelihood that the criminal justice system will use the FASD diagnosis to inform judgement. Popova, Lange, Burd, and Rehm (2015) agree that individuals in the criminal justice system should be screened for FASD, since FASD is so prevalent in correctional facilities. Research supports that the justice system would be assisted in making better decisions if a person is diagnosed with FASD; for Aboriginal people with FASD the justice system would also benefit from knowing about the specific intergenerational trauma the individual may have suffered (Brown et al., 2015; Milward, 2014; Pei et al., 2016).

Resiliency

Resiliency, which is the ability to endure adversity and have a better chance of successfully overcoming adversity (Burnside & Fuchs, 2013), is a factor that contributes to Aboriginal adults with FASD overcoming their cognitive and behaviour challenges. But more research is needed to understand how Aboriginal adults with FASD can learn or improve their resiliency. Young adults with FASD are a vulnerable population because they are transitioning from having many available supports to few available supports. This often directs them to participation in negative actions, such as crime, substance use, and inappropriate sexual behaviour (Lynch et al., 2015). Lynch et al. (2015) show that "60% [of young adults with FASD] had disrupted school experiences . . . and 79% . . . had problems with employment" (p. 53). The secondary characteristics of FASD continue into adulthood, affecting an adult's ability to obtain and keep employment, obtain housing, stay in school, avoid criminal behaviour, and avoid substance abuse (Popova et al., 2017). Aboriginal adults with FASD have at best been able to overcome all of these challenges, and at the worst, survive despite them (Lynch et al., 2015). Resiliency has both internal and external components; external components are the supports that a person receives to help them persevere. These external components include interventions at appropriate points in an Aboriginal person with FASD's life that are shown to have positive outcomes (Burnside & Fuchs, 2013; Wheeler et al., 2013). Some of these external factors include "early diagnosis of FASD..., a steady caregiver who understands the disability, a stable and nurturing home environment, and adjustments to the environment that meet the needs of the child" (Burnside & Fuchs, 2013, p. 44). An example of the outcome of external factors is a large percentage of adults with FASD were able to find and keep employment (Lynch et al., 2015), but this is not necessarily generalizable to Aboriginal adults with FASD because this subgroup encounters additional challenges, such as intergenerational trauma. Knorr and McIntyre (2016) interviewed four adults with FASD about their home and school experiences. Themes emerged of extra help at school, teachers with knowledge of FASD, and how supportive parents contributed to the resiliency of the

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students. Although these students did not have a stable home environment, Knorr and McIntyre (2016) pointed out that this is another contributing factor for children with FASD to persevere into adulthood. Milward (2014) points out that we have two opportunities for intervention: before an Aboriginal child is born by reducing "maternal alcohol consumption" (p. 1027), and the second is before an Aboriginal child born with FASD becomes involved in criminal behaviour.

The Bissell Centre in Edmonton, Alberta has a program that has incorporated elements of Aboriginal cultural practices (Miller, 2013). This program refers Aboriginal adults with FASD to cultural activities to receive additional help from members of their culture (Miller, 2013). Consideration of Aboriginal cultures is an important part of helping Aboriginal adults with FASD in a holistic way and to build internal resilience that acknowledges the trauma they have experienced and continue to experience.

Many Aboriginal youth and adults are able to build their resiliency in negative ways that serve a positive outcome. One example of this is joining a gang to replace a family that is not providing a stable home environment. Youth find supportive relationships within the gang, but are still mired in substance abuse, crime, and inappropriate sexual behaviours (Totten & The Native Women's Association of Canada, 2010). Resiliency that is built from these negative choices could be termed 'dysfunctional resiliency.' Dysfunctional resiliency occurs when a person adopts a coping mechanism that gives the support they are lacking, but is not a positive change and can lead to more negative actions.

Totten and The Native Women's Association of Canada (2010) suggest that the diagnosis of FASD can create a focus on the negative behaviours and effects of the alcohol, yet focusing on a person with FASD's strengths and building resiliency is more helpful throughout the course of their lives. Wheeler et al. (2013) reviewed research on interventions for adults with FASD, finding that there is a need for more research and evaluation on current interventions for adults with FASD so that necessary modifications and development can occur. Wheeler et al. (2013) argue that well-developed interventions for adults with FASD that target effects like criminal activity and substance abuse support positive actions and successful life experiences.

Discussion and conclusion

Aboriginal adults with FASD encounter many challenges throughout their lives, yet many develop resiliency to cope with those challenges. The effects of colonization on Aboriginal people are traumatic, causing intergenerational trauma. This trauma is compounded by the stigma toward mothers who drink during their pregnancy and the stigma toward the person with FASD, discouraging them from seeking help. Rates of FASD are high in the incarcerated Aboriginal adult population, prompting a review of the criminal justice system and its response to Aboriginal adults with FASD. The misinformation that permeates the criminal justice system is also a problem within the education system, the medical system, and with psychologists. This lack of information means that professionals are unsure how to help someone with FASD properly. Despite all of these setbacks, Aboriginal people with FASD develop resiliency through the various support networks in their life, allowing them to cope, even in a dysfunctional way. More research is needed to understand how Aboriginal adults with FASD develop resiliency to cope with the challenges in their lives. Understanding resiliency will improve existing programs that help people with FASD and create policy that considers their strengths rather than the detriments that the disorder can cause.

Most research about Aboriginal people with FASD focuses on prevention and the effects on children diagnosed with FASD, but few studies exist on Aboriginal adults with FASD (Lynch et al., 2015). However, FASD is a lifelong disorder (Poole et al., 2016). It is imperative that research is conducted on the impact of FASD on adulthood and aging, and helpful and detrimental interventions.

For future research about Aboriginal adults with FASD, a qualitative approach would align with the predominance of storytelling in Aboriginal cultures (Blue, Darou, & Ruano, 2010; Wilson, 2013). Wilson (2013) suggests using narrative inquiry or participatory action research when researching in Aboriginal communities because these methods would align with Aboriginal worldviews.

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Chapter 3. Research Design

Etuaptmumk, or "Two-Eyed Seeing" is a term developed by Mi'kmaw Elder Albert Marshall, Elder Murdena Marshall, and Dr. Cheryl Bartlett (Hovey, Delormier, McComber, Levesque, & Martin, 2017) which approaches science and research by using one eye to see the strengths the Aboriginal ways of knowing and the other eye to see the strengths of the Western ways of knowing. In Two-Eyed Seeing, the Aboriginal and Western ways of knowing are used to benefit all. Traditionally, the Western method of knowing has relied on quantitative research, which relies on measurements and the statistical, mathematical, or numerical analysis of data collected through polls, questionnaires, and surveys, or by manipulating pre-existing statistical data using computational techniques. Quantitative research also been done from a positivist viewpoint (Noel, 2016), with the expectation that the researcher is a separate entity from the subjects being studied.

Psychology is the science of studying people, so naturally quantitative research has some gaps in its approach to understanding human thinking and human behaviour that can be filled with qualitative research. In contrast to quantitative research, qualitative research normally has a post-positivist viewpoint that embraces the concept that research can be a social justice endeavor, rather than encouraging the researcher to remain distant from the research (Jordan & Kapoor, 2016; Gooberman-Hill, 2012). Qualitative research invites researchers to recognize how their perspective affects the research and build relationships (Gooberman-Hill, 2012). It also allows for the possibility of more creative thinking to understand the phenomena at a deeper level (Konecki, 2019).

Using Two-Eyed Seeing is appropriate because it is a decolonizing approach to research with Indigenous participants. When working with Indigenous communities, qualitative research

creates an opportunity for empowerment (Conrad, 2015; Prilleltensky, 1997). My thesis work was with Indigenous participants using a Two-Eyed Seeing approach of Indigenous methodology and phenomenological inquiry. Phenomenological inquiry recognizes the subjective experience of the participants and the researcher(s), which makes it an appropriate approach for research with Indigenous participants because of its emphasis on collaboration with participants and its storytelling nature.

Where I Come From

From the Indigenous and phenomenological perspectives, it is important for the researcher to reflect on who they are, what their worldview is, and how that affects each aspect of the research (Kovach, 2010). I grew up in Fort McMurray, Alberta in a lower-middle class, third-generation Canadian family. I was raised in the United Church, but attended a Catholic school until high school. Education was highly valued in my home, so I took advantage of the Canadian government student loan program to obtain three undergraduate degrees, the first of which is a BA in psychology. My interest in Aboriginal adults with FASD began when I was an Intensive Child/Youth Care Worker in a group home setting. I often wondered what would happen to the children as they grew older and aged out of the system. After someone turns 18, there is little support available to them, despite having lifelong needs. Many of the children came from a nearby Aboriginal community, so I was exposed to some Cree practices. Despite the exposure to the Cree culture, I still feel like I am not familiar with the culture.

As a White researcher, I hold a position of power in Canadian society; this gives me the opportunity to use that privilege to right the wrongs existing in our society (Conrad, 2015). Within this privileged position, I can choose to do impactful research with people whose position in society is less precarious (Conrad, 2015). As the researcher, I have control over what is the

research question, how the research is conducted, how I choose participants, and how the data will be analysed. In participatory action research, which is often used with Indigenous participants, the power imbalance is mitigated through giving the community much of the control over the research process (Noel, 2016). However, it must be noted that it is still up to the researcher to give this control. Since I am working with two elders from the two communities that my participants are from, I can apply some of the principles from participatory action research to my methods to knit Indigenous methodology and phenomenological inquiry. I gave the participants the choice to read over the transcript of their interview and to read the themes I have noticed to ensure that I am understanding and presenting the participants accurately, but I have removed any identifying information. However, only two participants showed interest in reading over the transcript of their interview and neither or them returned my phone call or email when I followed up. The power imbalance is also mitigated by putting myself in the vulnerable position of learner. The Elders helped me understand cultural practices and I expected to make mistakes along the way as I treaded on new ground.

Purpose of Study

The purpose of this study is to explore and understand how Aboriginal adults with FASD have developed resiliency. Continuing to expand the research on how Aboriginal adults with FASD develop resiliency from their perspective contributes to better understanding of how current programs and policies that are in place are effective or ineffective. This research can be used to improve existing programs, create new programs and policies, and evaluate current programs and policies.

Exploring the Phenomenon of Resiliency Experienced by an Indigenous Adult with FASD

The Truth and Reconciliation Commission (TRC) notes the importance of researching Aboriginal people with FASD (2015). The 33rd call to action specifically calls for FASD in Aboriginal communities to be made a high priority (TRC, 2015). The phenomenon that I am researching is the development of resiliency among Aboriginal adults with FASD. Resiliency is often defined as overcoming hardship and developing the ability to weather future storms more effectively (Merriam-Webster, 2019). This is usually framed in positive terms, yet my literature review revealed that Aboriginal adults with FASD often build resiliency by overcoming one hardship by relying on another hardship (Samaroden, 2018). I termed this phenomenon as "dysfunctional resiliency" (Samaroden, 2018, p 16). Whereas resiliency is defined as the capacity and rate to recover quickly from difficulties, dysfunctional resiliency is "when a person adopts a coping mechanism that gives the support they are lacking, but is not a positive change and can lead to more negative actions" (Samaroden, p 16). I expected to discover a mixture of both resiliency and dysfunctional resiliency development with Aboriginal adults with FASD. I was cognizant that my evaluation of a behaviour as "negative" is a subjective decision, and I ensured that I worked with the participants to define what behaviours are considered negative. I was also curious about the meaning of resiliency to Aboriginal adults with FASD. I wondered if the term dysfunctional resiliency resonates with their own experiences.

Research Question

The research question is: by what means have Aboriginal adults with FASD developed resiliency?

Philosophical Underpinnings

Working with an Indigenous Community

"If you have come to help me you are wasting your time, but if you have come because your liberation is bound up with mine, then let us work together" (Lila Watson, as cited in Conrad, 2015)

Lila Watson's quote reminds me that colonialism has affected both Indigenous people and the western European people that came here to settle; our people are inextricably linked (Hildebrant et al., 2016).

Currently, quantitative and some types of qualitative research are often blind to the effects of colonialism and view Indigenous people as an 'other' within the research, despite Canadian policies of multiculturalism that create an image of equality and fairness (Hildebrant et al., 2016). Decolonizing methodologies are linked to healing a community that has been devastated by FASD, an effect of colonialism (Eni & Senecal, 2009; Totten & The Native Women's Association of Canada, 2010). The TRC advocates for research that does not contribute to reinforcing colonial practices (2015). The focus of the research must change from a study of coloniality or post-colonialism to recognizing that non-Western voices and knowledge have been marginalized within research (Hayhurst et al., 2015; Jordan & Kapoor, 2016).

The Importance of a Dual-Lens Perspective

The theoretical basis of dual lens research is that it is a co-learning journey between the Indigenous and Western ways of knowing (Bartlett, Marshall, & Marshall, 2012). In the dual-lens dichotomy, the non-Indigenous way of knowing is the natural sciences approach (Marsh, Cote-Meek, Toulouse, Najavits, & Young, 2015; Robertson et al., 2017). Bartlett and colleagues (2012) suggest weaving between the Indigenous and Western ways of knowing to create a

research environment that acknowledges that we need each other and strengthens Indigenous identity. It is appropriate to use a dual-lens approach that acknowledges and values the contributions of Western and Indigenous ways of knowing (Robertson et al., 2017), because as a non-Indigenous qualitative researcher, I recognize that my worldview will affect the research (Creswell & Poth, 2018; Glesne, 2016; Hildebrant et al., 2016).

I wanted to approach my research from a phenomenological inquiry approach, but I felt that there were pieces missing when working with Indigenous participants. As I read more about Indigenous methodology, I realized that it would fill the missing pieces, specifically approaching the research from an Indigenous point of view, rather than solely using a method that was developed from a western European point of view. I was initially reluctant to use Indigenous methodology because I am not myself Indigenous; however, with a Two-Eyed Seeing approach, I am able to respect both what I bring to the research and what an Indigenous worldview brings to the research. Rather than taking the researcher completely out of the research, I thought that a better decolonizing approach would be to implement Indigenous methodologies with consultation from elders who are of the same Aboriginal groups as the participants, which acknowledges my own lack of knowledge about Aboriginal cultural practices. At the same time, phenomenological inquiry allows me to approach the research on some familiar ground. Maintaining a Two-Eyed Seeing approach means that I must be diligent in my self-reflection. A non-Indigenous researcher must attend to the link between themselves and colonialism through the reflection journal and speaking with community members so that they lead the way for the researcher to connect with the community (Jordan & Kapoor, 2016; Rosin, 2015).

Hermeneutical Phenomenological Inquiry

Phenomenological inquiry comes from many philosophical leanings, but a foundation was primarily laid by Hussrl and Heidegger (van Manen, 2014). From this perspective, the researcher is looking at an existing phenomenon and interpreting the meaning from that phenomenon (Moustakas, 1994, Van Manen, 2014). I think that it is important to keep in mind that "interpretation is a ubiquitous activity, unfolding whenever humans aspire to grasp whatever *interpretanda* they deem significant" (Mantzavinos, 2016). Phenomenological inquiry naturally works well with Indigenous research methodologies (Kovach, 2009).

Phenomenology is the practice of being curious about the world. This curiosity is fuelled by an interest in the meaning of experience. Daily experiences become objects of wonder when we start to think of them in terms of their meaning. Van Manen (2014) equates the phenomenological way of thinking with poetic thought. When poetry is written each word is chosen carefully to give particular meaning. The poetic mind observes the world in a deeper sense; not mere logical observation, but a sense that something more lies behind each action noted. However, van Manen (2014) likens the digging for deeper meaning to digging a hole in a desert: the hole continually fills with sand. Truly, we can never know what is at the heart of each thought, action, or word. As a phenomenological researcher, I was constantly be pushing aside sand to look for the meaning, only to have my view filled with more sand. What is the purpose of phenomenological research then? It seems so futile! But then, is it really futile to try to understand one another?

Striving to understand one another drives connection and helps us overcome misunderstandings. There are many misunderstandings about Aboriginal people and about fetal alcohol spectrum disorder. I think that using the phenomenological approach helped facilitate

understanding because at the root of phenomenology is open curiousity, which is necessary to try to understand someone with a different worldview that is rarely heard from or understood (van Manen, 2014).

Heidegger points out that no method is considered a phenomenological method, so where would a researcher begin (van Manen, 2014)? Yet, Heidegger gives the phenomenological researcher some help by developing a structure to phenomenological inquiry. As a new researcher, I appreciate some structure to give me guidance. However, I also appreciate the creative leeway I have by using the phenomenological approach as understood by van Manen (2014). It makes the research flexible and tailored to the participants. I think that the narrative aspect (van Manen, 2014) of phenomenology fits well with the conversational semi-structured interview (Kovach, 2019) that I will be using to collect data.

Indigenous Methodology

Indigenous methodology is working from an Indigenous worldview, taking into account the specific practices of the Indigenous group with whom the researcher is working. Indigenous cultures do have some shared similarities, such as a storytelling culture, the inclusion of all living beings as part of the family, and ceremony that builds community and connection (Kovach, 2009). Initially, I found it was wonderful to have the Indigenous worldview explained to me; however, I did find it difficult to wrap my own mind around the shift in thinking. As I allowed the information to absorb, I realized that in the Orthodox Christian world, there are similarities to the Indigenous worldview that can help me make the connections necessary to understand. Fr. Michael Oleska (1992) asserts that the Orthodox Christian view of the creation of the world and the relationship between people and their creator resonates with Indigenous groups, specifically the Aleutian people. Other similarities that have helped me are that there are some general

similarities in the people who make up the Orthodox church, but there are cultural differences between the churches. For example, the Greek Orthodox church, communicants kiss the cup of the chalice after receiving communion, but in the Russian Orthodox church, communicants kiss the base of the chalice. Although I have taken part in Indigenous practices, such as sweat ceremonies and pow wows, they were from the Cree nation, so there were different practices within the Nakota nation that I learned.

Indigenous communities in Canada have developed the principles of Ownership, Control, Access, and Possession (OCAP) to ensure that research is being done with Indigenous communities and to the benefit of the communities (First Nations Information Governance Centre, 2018). Using Indigenous methodology with phenomenological inquiry ensures that research is following the principles of OCAP (Jordan & Kapoor, 2016). Indigenous methodology takes into consideration the effects of colonization on Indigenous peoples, empowering the knowledge and way of sharing that is part of Indigenous life by resisting neocolonial forces (Jordan & Kapoor, 2016). As requested by the elders helping me recruit participants, I asked participants about their experience with the mentorship program they are a part of. In alignment with the principles of OCAP, this information will be given back with the final paper to the elders so that they can use the information to support the continuation of the mentorship program.

Limitations

There are some limitations in the Two-Eyed Seeing approach. Kovach (2009) notes that Indigenous methodology should not be considered a type of qualitative research and that it does not always mix well with qualitative research methods because the non-Indigenous researcher holds the dominant worldview which may dominate the research. Conducting research with an

emancipatory mindset means that the participants of the research are at a disadvantage in some way. It therefore labels those groups in a negative way and contributes to the cycle of dependence, rather than emancipation (Noel, 2012).

Selection of Participants

Participants for this study must be of First Nations, Inuit, or Metis descent. Participants must be adults, meaning eighteen years of age or older. Participants must be diagnosed with FASD. It is important to research the Aboriginal experience with FASD because previous research has not been done in a manner respectful of culture or community. Participants must be adults because there is little positive research done on Aboriginal adult population with FASD. Research done on the general Canadian population, then generalized to Aboriginal people can be harmful to Indigenous people (TCPS, 2014). In particular, research on Aboriginal people with FASD can be problematic because the norm groups for some key measurements (e.g., palpebral fissures) may be biased towards a Euro-North American face (Vilijoen, Louw, Lombard, & Olivier, 2018; Woods, Greenspan, & Agharkar, 2011). Qualitative research looks at the participants' particular experiences without the goal of generalizing the outcome of the research to the general population (Cresswell & Poth, 2018). A small sample size allows participants' voices to be heard, rather than the researchers' analysis.

Recruitment

I obtained consent from Sandra Potts from Alexis Nakota Sioux First Nation and Rupert Arcand from Alexander First Nation. I am also consulting on cultural protocols with both elders from these First Nations. Sandra Potts and Earla Half are Community Liaisons with Yellowhead Corrections and Rupert Arcand is the director of Yellowhead Corrections. Sandra and Rupert are elders within their communities. Sandra and Earla identified participants from the population that

they work with in Edmonton, AB, then described the research to the potential participants to gauge their interest. If they are interested, then the participants were given my contact information to set up a time and place for the interview.

Research Site

Each participant chose the site that they are most comfortable with within the greater Edmonton area and I interviewed them at that location, taking into account personal safety and safety of the participant.

Ethical Considerations

It was stressed throughout the interview that the participant can give as much or as little information as they are comfortable with. The interview was primarily guided by the participant in a storytelling manner to prevent any prolonged distress and to decolonize the method of obtaining data. If any psychological distress occurred, the participant was encouraged to speak with their social worker.

Participants have already served time for criminal activity, but it was possible that they might reveal information that may require me to break confidentiality. To mitigate this possibility, the semi-structured interview style allows the participants to reveal what they are comfortable with. I also reminded them throughout the interview about the risk to confidentiality. Confidentiality was only be broken if imminent harm may come to the participant or another member of society or if the participant discloses sexual abuse of a minor. These limitations to confidentiality were explained to the participants before the interview. Of note, these constraints mirror the legal requirements of professional psychological practice in Alberta, and in the case of harm to vulnerable populations (children, elderly) are legally required of all citizens of the province, and supersede REB regulations.

It is beneficial to understand what Aboriginal adults with FASD are using to help themselves. Strength-based research in this area can help form assessment recommendations that are useful and shape policy that is helpful for Aboriginal adults with FASD.

Data Collection and Analysis

I have started a methodological and reflexive journal to date and continued to journal throughout the research process (Creswell & Poth, 2018; Glesne, 2016). I collected data using semi-structured interviews in the conversational method with five adults who have FASD, which is one of many common methods of data collection within phenomenological inquiry with an emphasis on Indigenous methodology (Glesne, 2016; Gooberman-Hill, 2012; Kovach, 2019). To accommodate Alexis Nakota Sioux First Nation and Alexander First Nation culture, Kovach (2019) noted that the conversational method can be used instead of semi-structured interviews. I incorporated the conversational method (Kovach, 2019) because it reflects Indigenous culture and ways of knowing. The conversational method blends well with the semi-structured interview because the semi-structured interview is more flexible and allows for a more conversational flow. The shift is away from a strict question and answer structure to a natural flow of questions that derive from interest in what the participant is speaking about.

Data analysis occurred simultaneously with data collecting using coding and thematic analysis. (Creswell & Poth, 2018; Glesne, 2016). Although this method does not necessarily fit the Indigenous methodology approach due to the inability of all of the participants being a part of this process, Hayhurst et al. (2015) pointed out that it is an effective method of analysis when there are time constraints. Ideally, two or three participants would be asked to be co-researchers during the data analysis; however, time constraints mean that this was more difficult due to scheduling conflicts (Stevenson, 2014), length of the study (Burke, Greene, & McKenna, 2017),

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and the ability to train co-researchers effectively (Stevenson, 2014). Due to these limitations, I used member checking (Glesne, 2016) to ensure that my analysis has understood what the participants were communicating.

Rigour

Hildebrant et al. (2016) opted for the main participant in their study, the teacher, to write her own reflections on the process as part of the report. It would be worthwhile to ask Sandra Potts, Earla Half, or Rupert Arcand if they would be willing to write their reflection of the process to add to the rigour of the study.

Hayhurst et al. (2015) ensured that the voices of the participants were not lost in the report by "maintaining the phrasing and wording" (p. 958-959) of their participants. As much as possible, I maintained the wording and phrasing of the participants to ensure that the results are trustworthy.

Chapter 4. Findings

Qualitative Design: Finding the Balance Between Indigenous Methodologies and Phenomenological Inquiry

In theory, Two-Eyed Seeing appeared to the be the perfect solution for the dilemma I faced of being a White researcher working with Aboriginal participants. However, in practice, I often felt the clash of the two different perspectives and worked to find a balance between them.

During November and December of 2019, I interviewed five Aboriginal men between the ages of 32 and 42. All of these men are part of a program through the Yellowhead Tribal Council Corrections Society (YTCCS). Although the study was open to men and women, only men indicated their willingness and interest in participating in the study. YTCCS workers approached potential participants, who were given information to contact me if they showed interest. This method of recruitment is in alignment with Aboriginal values of personal connection and relationship. It is appropriate to have someone the participants know and trust to approach them about participating in the study, rather than the researcher making the contact because I (the researcher) did not have a relationship or connection with the participants prior to this study. The study followed human research subject protection procedures as approved by Athabasca University. Participants were offered cigarettes as a form of tobacco at the beginning of the interviews to represent consent in their culture, as recommended by the Aboriginal elders. Participants were also given a \$25 gift card for Walmart as an appreciation gift for participating in the study.

Each interview occurred in a place chosen by the participant, such as a coffee shop.

Being in surroundings that are familiar and of their choice was important for helping the participants feel emotionally comfortable by; however, a few participants mentioned that they

suffer from extreme anxiety about crowds and were thankful to be able to meet in a location they felt they had control over. I was able to establish rapport with the participants through open body language, wearing informal clothing, actively listening, remaining genuinely interested in the participant stories, respecting boundaries, and sharing some personal information with them. The purposes of the researcher offering personal information include building rapport and gaining the trust of the participant, helping the interview feel more conversational, and reducing the power imbalance between researcher and participant. Although I was doing a semi-structured interview style of data collection, I incorporated Kovach's (2019) conversational style in the interview to be in alignment with Indigenous Methodology. Kovach's conversational style allows the participants to speak freely, while I guide the conversation with comments and questions. A level of trust and connection is developed over the course of the interview because the process looks more like a sharing conversation, rather than a strict interview structure. Participants would sometimes indicate that they were not comfortable sharing details of some of their experiences, which was respected. This not only respected the boundaries set by the participants, but it avoided possible re-traumatization of the participant. The interviews were audio-recorded, then transcribed by the researcher. Participants' names are not used, but are replaced by pseudonyms to protect their identity. And revealing information, such as names of friends or family or certain locations, are given either initials or identified in a general sense, such as using the term 'group home' instead of the specific name of the group home.

Qualitative Analysis

This study relied on the transcripts of the interviews and notes made during and after each interview. It is recognized that each interview is a social construction influenced by when and where the interview was conducted and by whom the interviewer is. The information that

was shared during the interview could be different if any of these factors were different. Data analysis was guided by methods described by Smith, Flowers, and Larkin (2009) and Van Manen (2014). Initially, I used NVivo software to organize and code the interview transcripts since this is common practice in qualitative research. However, I quickly found myself disconnecting from the material and from the participants. Despite these reservations, I found that coding helped me organize the material mentally and gave me the chance to become more familiar with the material. Smith, Flower, and Larkin (2009) suggest using free association to interact with the material. This allows for a less deconstructive manner to analysis and allows me to collaborate with the text, rather than manipulate it. I think that this is more in alignment with Indigenous methodology (Koyach, 2009).

Coding the text using NVivo seemed to create a frustratingly shallow analysis. I felt like I was betraying the Indigenous way of seeing stories when I was labelling the text with benign code names. After reading Van Manen (2014), I realized that my instincts are correct.

Deconstructing the text in the manner of coding does not give life to the text, but removes the text from its existential purpose. However, I think the process of coding was still useful. I have organized the text by recognizing key concepts that the participants mention in their journey of resiliency. The NVivo coding process created broad categories that influenced the creation of subcategories when free association was used to better analyze and reconnect to the data. A core theme emerged from the data: the importance of developing external resiliency. The core theme provided a heading that connected the subcategories of resiliency.

After each interview, I reflected on the interview process in terms of time and place.

When reflecting on the place of the interview, I considered how the participants' viewed themselves, the flow of the interview, and the role that the interviewer has in the interview. Two

of the places chosen by the participants were fairly busy restaurants. The noise of the restaurant and the regular interruptions by the server influenced the flow of the conversation, but also affected practical matters such as the ability to record well and how comfortable the participant may have felt revealing details of their personal lives.

I became aware of how much thought I put into getting ready for the interviews. I did not want to dress semi-formally because I thought it might be intimidating, but I did not want to be too sloppy because I did not want the participant to assume I was not a legitimate researcher. I was aware of the fact that I am a petite woman, which could be an advantage in balancing the power imbalance that exists in the researcher/participant relationship because I was physically smaller and weaker than the participants.

I also encountered some difficulty with participants keeping their appointments because two participants cancelled. Sometimes, it was not clear why the appointment was cancelled, but other times the participant was going into hiding to avoid court and the police or had received their AISH cheque and was focussed on using the cheque that day. It gave me insight into the various factors that affect my participants lives.

Results

How Do Aboriginal Adults with FASD Experience Resiliency?

Resiliency is both a skill and an intuitive process that develops throughout a person's life. Difficult circumstances are necessary to develop resiliency, but what if the difficult circumstance is the development of your brain? How does someone with FASD develop resiliency over the course of their life? What about added layers of complication? In Canada, Aboriginal people face generations of oppression from colonialism, which has systematically destroyed their culture and developed a society of institutional racism. Aboriginal adults with FASD are stigmatized due to

misinformation and assumptions about the disorder (Bell et al., 2016), yet have managed to survive in the face of multiple barriers. Faced with these factors, can Aboriginal adults with FASD develop resiliency? What barriers are in their way? What supports have been unhelpful because of innate racism?

Walter (2019) defined resiliency as adapting to situations and a type of inner strength. He states that, "you just gotta adapt. Resilient means that it's something you're born with and you already know and discovering what you know." Walter's definition of resiliency is close to how Lee (2012) describes resiliency as "internal personal strengths" (p. 45) that are developed internally over time. However, both of these definitions only take into account internal resilience. External resilience is also important to developing general resilience.

Gilliard-Matthews, Stevens, and Medina (2016) noted that resiliency is made up of a complex relationship between "risks, assets, and resources" (p. 1240). The participants in this study all experienced a high-risk life, with few assets and resources, especially in their early life. Some of the risks they experienced in early life were prenatal exposure to alcohol, neglectful parenting, multiple foster homes, group homes, and racism and bullying at school. Each risk factor seems to build upon the previous risk factor. The negative behaviours exhibited by the child who is feeling the trauma of abandonment and lack of unconditional love is bullied at school and perceives the racism because of their physical differences. The child has then internalized the messages sent during the early life that they are unwanted, unloved, unlovable, different, stupid, destructive, which then shapes the decisions made in adulthood. These decisions are further hampered by the lack of executive functioning from the prenatal exposure to alcohol.

Resiliency theories also discuss the importance that the personality of the person plays in their resiliency development (Gilliard-Matthews, Stevens, & Medina, 2016; Lee, 2012). The person's personality can determine how open they are to new ideas and how well they respond to others, which in turn means that others respond well to them (Lee, 2012). I noticed that the way that my participants described how they interact with others and their perception of the world correlated with how resilient they became and whether they were able to have "positive adult outcomes [such as] completion of high school, ability to maintain relationships with family members, ability to maintain relationships with others, ability to maintain long-term employment, married or in a long-term relationship, and ability to resolve conflicts" (Lee, 2012, p. 47). One participant, Cole's, attitude struck me as different than the other four participants because when he spoke of the frustration of not doing well in school, he became determined to find something that he was good at:

Actually, it's cuz it's coming to thinking that you being not normal like other kids that are all smart and do good in school and it just brought my confidence down, like, growing up. So, I found something better to better myself. So, I started doing other stuff to make myself feel better to try to be equal with everybody else. Lots of track and field, science projects, like history, like everything, like I'm good at all of that, but the only subject that I'm really crappy at is math. But today I'm starting to get more better at my math equations.

Despite the fact that Cole was exposed to similar risk factors as the other participants, he was able to develop positive resiliency by seeing his lack of academic achievement as a challenge, rather than a sign to give up. This is in alignment with the theory that resiliency factors play a bigger role in determining whether someone will have negative outcomes than risk factors (Gilliard-Matthews, Stevens, & Medina, 2016).

All of the participants also experienced addiction to drugs and alcohol in their lives. This high-risk factor was detrimental to all of the participants and all of them are currently trying to live a life free of drugs and alcohol. However, the same participant who tried to find activities

that he was good at in school also participated in positive activities while addicted to drugs and alcohol and experiencing homeless:

I was going to school at Boyle Street, I-Human, I was going through I-Human. And they're people for homeless who want to get their talents out there. I was getting into the performing arts and visual arts. I got noticed from a couple of people there that, there was one lady, I forget her name, she worked for [group home] too. We were teaching Pow Wow to come of the [group home] kids, for the youth and all that. We were teaching and they had their Pow Wow, I was getting into that, I was helping the youth and then my cravings got the best of me.

However, the relationship between his drive to better himself through education, art, and volunteer work was still sidetracked by his addiction to alcohol:

The drinking, I was getting way too worried, I was drinking like a two-six a day, almost two two-sixes a day, just to keep going. I would wake up, drink, then I would go make my way to the liquor store, buy a mickey, and walk around with that all day, as soon as that one was done I'd buy another one. You know, I'd go to work, that's all I would do, was just buy alcohol. I never thought about having a place, having a vehicle, having anything. It was always about my next drink. Where am I going to find my next drink? I didn't care about being homeless, I didn't care about money. I just cared about where am I going to get my next drink.

There is tension between who Cole wants to be and who he is when in the grips of his addiction. The resiliency inherent in his personality shines through when four near death experiences from alcohol abuse and the help of a girlfriend lead him to his current life of sobriety. Cole already had strong internal resiliency; he needed the external resiliency to overcome his addiction.

Dysfunctional resiliency

Dysfunctional resiliency is when a person adopts a coping mechanism that gives them the support they are lacking, but is not a positive change and can lead to more negative behaviours (Samaroden, 2018). The participants developed dysfunctional resiliency development throughout their lives. Charles shared that he learned much of what he knew to survive from his mother:

Pretty much if I didn't have my mom around when she was alive, I wouldn't been able to accomplish most of the stuff I've done pretty much. Like, just basic general things, like doing my taxes, stuff like that, going to the doctors. Like basically, learn how to defend myself, and more or less make something out of nothing. Because, you, when you're on the streets, you

usually don't have money. Maybe just enough for a beer or an entrance fee or you know. Like, I just have enough for just one drink, but by the time I'd show up at the bar. She'd be there, she'd have like, three to four hundred bucks already, it's like, how do you do it? And like, I seen, like I said, people would get stuff and she'd get stuff for whoever and that kinda thing.

These skills helped him navigate life on the streets when he was homeless and to understand how to obtain clothes and other daily items illegally, but cheaply. Although these skills did not help Charles develop resiliency to move forward in a positive direction, they did help him to survive the streets.

Emergent Subcategories

School creates an unsafe environment where dysfunctional resiliency is first developed

What if, as a child, you did not have a safe place to go? You are unsure of how much your foster parents care for you at home, and school is a place of racism and bullying. At the beginning of this research, I had assumed that school was a place of safety, support, and education for the participants. I worked as a teacher between 2013 and 2020 and during that time I believe I created a safe place for my students. I heard anecdotes from other teachers about students with negative home lives who have said they feel safest at school. I was surprised to discover that for the participants, school was the complete opposite of what I had assumed. School played an important, and usually negative, part in participants' development. Participants often felt unwanted by teachers, administrators, and peers at school. They often felt stupid, yet they wanted to learn. Participants described both teachers and other students as "racist" and "bullies". Joseph noted that what got him in trouble was going to school:

I couldn't keep up. Couldn't pay attention and long enough to learn anything and whenever I got in trouble, they'd send me down to the office. Give me the attention this stuff and I never went. And me being the only Indian in my class there for a long time. You know, they used to surround me when I was a kid in elementary. Big circle, they all trip me or hit me from behind and stuff. I'd get up. Try to fight whoever came near me.

What kind of resiliency develops when someone spends years in a situation of daily rejection by both peers and authority figures? Teachers and principals are supposed to protect students, yet the participants experienced rejection that they attributed to the teachers' perception of Aboriginal people. The participants were left in a state of constant survival mode, which continued after they left school. I noticed that school played a major part in developing dysfunctional resiliency, turning to negative forms of coping to move forward in life (Samaroden, 2018).

There was a sense for Cole that he was unworthy of love and care, which was played out in how he was treated at school. The idea that no one wants him was reinforced by the racism and bullying at school:

It was pretty much the racism from school, it was me always fighting all the time, it was always getting in trouble at school. That's what made things worse for me. It didn't get better, cuz I knew it wasn't going to get better. And obviously the people knew that it wasn't going to get better, so they decided to put me back on the street.

Cole was homeless from that moment until his near-death experiences from alcohol addiction forced him accept help from a girlfriend and from a worker.

Schools receive funding to help students who are diagnosed and coded for disabilities. However, there is a lot of misinformation about FASD in schools, so teachers are not always able to help students with FASD effectively (Tremblay et al., 2017; Wilson, 2013). Walter did not see a difference at school despite his diagnosis:

Didn't help me one bit. I don't know how it was suppose to help me. It didn't change anything. No difference, nothing. Nothing like that didn't happen to me.

Charles' education was spotty as a child because he was running away from foster care frequently to be with his mother. By the time he was 11, he was living in a stable home that treated him well, so he was able to attend school more consistently. However, he still experienced issues with racism:

I got kicked out because I got into a big situation with a bunch of Lebanese. They were trying to pile on me, but I was only defending an Oriental guy that was in my electronics class. Chasing Lebanese around all over the place and I got kicked out cuz I was the only Native guy there. So it was, 'You're the problem, so you gotta go."

Getting kicked out of school did not help Charles move forward in life. Because of the inconsistent elementary education, along with FASD, Charles struggled and ended up not finishing high school:

I stopped at grade 10 or 11. And I've always been stuck there too. School, I don't know, I wasn't really that good at it.

Ben struggled with being the only Aboriginal child at school. He felt that he was often not heard by those in authority when he asked for help or when he did not instigate a fight. This becomes the basis of his later mindset of revenge on the bullies at his school. However, Ben was bullied, regardless of whether he attended a school on his reserve or at a predominantly White school:

It was already bonkers at the Native school, right, being bullied and such. Then, it got worse when I got to the M- schools cuz they are only white there, you know what I mean? So, throughout the whole in M-, I'm talking all the way to high school, it was all, you know, racism from everybody. The teachers, the principals. You know, the kid hits me with a bat, but I'm the one that gets expelled? He didn't even get in trouble. The teacher didn't even see it was his fault, it was mine, but yet I was the one that wasn't even saying anything. I was being picked on daily.

Ben exudes frustration at not being believed and understood at school. If school is a place of support, children can depend on school as a place to develop positive external resiliency (Tremblay et al., 2017; Masotti et al., 2015), but Ben did not receive that support.

Jail is a sense of safety and structure

Having a sense of structure in one's life can contribute to developing resiliency. The participants in this study had a transitory early childhood environment and an unsafe school environment. Being in an institution gave the participants the structure and safety they needed to move from dysfunctional resiliency to resiliency. Before going to jail, the participants relied on their internal resiliency to survive, which was driven by revenge, despair, and seeking

connection with others. Their external resiliency included support systems such as gangs and relying on drug connections for a place to sleep and make money. The dysfunctional resiliency developed from these helped them evade police, obtain drugs and alcohol for their addictions, and survive living on the streets. These are not positive ways of living, but they managed to stay alive and gain skills during this time. However, a positive resiliency is developed when they are given structure and are able to develop a relationship with someone they can trust who can help them navigate government systems. Developing a positive resiliency is not a simple, linear process. The participants often spent a lot of time in and out of jail before making positive changes in their lives:

Stole a lot of vehicles and whatnot. And I got in trouble again. Had a good time, I guess. Oh, I didn't really care because I was in and out of jail pretty much my whole life since I was just a teenager. Just recently, I'm actually done with it all. No more jail time, no more warrants, no nothing. So right now, I'm kinda in that transition stage and figuring out what to do next.

What makes someone change? Why did Joseph want to leave a life that he was having fun with? Participants often spoke about the influence of a relative or meeting their worker for the first time. Joseph had a very personal reason for changing his life:

I guess that was pretty crazy back then. Just big truck time. It's all it was was drinking and drugs. Fighting, stealing. I don't know, just kind of grew out of it, I guess. But, I don't know, another part of it was like trying to do better for my kids. There's also days where I'm like, no, I did this for me. Yeah. It's hard.

However, Joseph came from a long time of institutionalization. It gave him the structure he needed away from the transitory life he had led from the time he was born. Joseph's tone changed from despair and fear to confidence when he moved from speaking about regular school to institutional school:

I get in a jail state. I think I went to YYC and I went to UYOC. And went to ERC. And went to the penitentiary after all that, you know. I liked it. Structure. I think the doctor told me I do really good in the army. It's how I learn, I guess. It's like, got to be repetition and have a what do you call that? Schedule.

Other participants also noticed that the structured life of jail was helpful for them. One way that participants were able to build resiliency was to take advantage of the education offered in jail. Walter expressed that he enjoyed learning and felt that the education offered in jail was a way of self-improvement:

And whatever education they got in there, you'll apply for it and get all the education you can while it's there to offer. And it's either you better yourself or make yourself worse. There's, kay, there's family violence management, anger management, parenting management, life skills management, computer management.

For Charles, jail felt like a family reunion because he knew a lot of people that were in jail. While he was in jail, he was able to explore his art and gain skills in the kitchen:

I was there for the rest of my four months and they gave me early release because I was doing drawings on the wall, murals or whatever. In the kitchen, plus I was the cook because I know how to make bannock. I know how to prepare food for more than six to eight people. I wasn't too bad, for jail anyway.

The tone of Charles' voice shows the confidence and enjoyment he had in using his cooking skills while in jail. However, going to jail was also gave Charles a sense of relief.

Despite not liking jail, he was relieved of the burden he was carrying of evading the police:

I didn't like jail at all. It was something I had to do so that I didn't have that weight on my shoulders of being on the run all the time.

For Ben, jail provided a way to make a complete change in his life. Having the option of financial stability gave him the ability to give up the gang life:

And that's when they let me go, I had to finish my everything. In a way, that's when I quit the smoking, I quit the gang life, and the drug dealing life at that time. Because in a way, the people I was associated with. In a way, I wanted a clean slate because they were like, if you want AISH, you gotta stop this. That was the whole thing. So, they're like, 'So if you stop doing the whatever, you can get on AISH, get an apartment, you don't have to live that way.' And that's when I was like, okay.

In Ben's case, it seems that jail gave him the opportunity to slow down and get out of the gang life long enough to listen to the different choices available to him. I thought it would be difficult to give up the friendships and connections he had in the gang, but Ben noted that his

connection was merely for revenge, rather than a friendship. In the stories that he told me about his life, he included instances of people turning on him or not knowing who to trust.

He came with an undercover cop who was the driver of the truck. He look rugged and smelly and I looked at him, but he looked kinda like I don't know. But I went with it because I needed to get to this spot and I was in a rush. I was pissed off, so I get in there and long story short, I got set up. I went to jail.

Developing healthy resiliency requires the ability to trust someone, but my participants found it difficult to develop healthy, trusting relationships.

People are not trustworthy

One indicator of positive adult outcomes is the ability to maintain adult relationships (Lee, 2012). Positive, long-term relationships are important to developing external resiliency. External resiliency relies on factors other than oneself to develop resiliency (Burnside & Fuchs, 2013; Wheeler, Kenney, & Temple, 2013). Sometimes, it means that other people are involved in developing resiliency. The first person that we are dependent on is our mother when we are in utero; how our mother cares for herself determines how we will develop. Joseph found it difficult from birth to reconcile the problems he faced in life and the fact that his mother was addicted to cocaine and alcohol while she was pregnant with him:

I was also addicted to cocaine when I was born. They took me out of the jail to go live with somebody else and all I did was cry and stuff. They didn't know why I was crying so they're figuring out that shwas a drug addict, my mother. And living with that in my life.

Joseph appears to blame his mother for his life beginning in an undesirable way. He is born addicted to cocaine and showing the effects of being prenatally exposed to alcohol. Joseph is immediately removed from the care of his mother to be cared for by foster parents.

Friendships are wanted, but seem unstable and lack trust. Charles struggled to have any meaningful intimate relationships. The early relationships with his mother were fraught with inconsistency in his living situation:

Since I was like, five, six years old I was in child welfare and I was in some rugged homes, so I'd always run away and my grandma Bea, she'd always hook up a ride for me, drop me off downtown and I'd go find my mom, pretty much. And I'd always find her then we'd always go on the run for six to eight months.

When Charles did find himself in a relationship as an adult, it was abusive:

She was kicking me out all the time too. Just feeding me drugs. I couldn't work and still be with my so-called girlfriend. Trying to make her happy at the same time. It was way too much. More or less it was me being abused mentally and physically cuz she would try to get me piled on sometimes. And she'd tell me, 'You just kill yourself, you're not worth it. You're nothing but a junkie.' And shit like that.

Eventually, Charles gave up on having an intimate relationship as he was getting his life in order. His relationships taught him that he could not trust anyone but himself:

Never had that good relationships cuz it's the area I was in and yeah, never really, yeah, had a meaningful relationship, I guess. Not ever.

Ben also had difficulty forming trusting relationships after being betrayed by bullies at school:

By the time I was 14-15 I was almost getting into the door of the kids in the school. They stopped bugging and starting accepting me. And then when I left, all the kids that I thought were my friends, they create me because of, and I created myself out of revenge. So, I was a good kid. And then they said, 'If you ever come down to M-, we are just going to beat you up again, hahaha.' All those, and I could hear them all in the background. So, it snapped my head to become something different because I knew I had no friends. I had no one to help me out to be something.

In Ben's account, there is a sense of loss of innocence and who he was, a good kid. Yet this incident developed dysfunctional resiliency in Ben. His need for revenge gave him a sense of purpose and the ability to become a leader among criminals:

They beat me up first, but they saw that I was resilient and I keep on coming back. And that's when I began involved with and became a gang member, and experimented with drugs and all that stuff. Cuz what else did I have. There was no one else that I had. These kids all pushed me to find people to help me get even. I had nothing but vengeance in my head.

Walter also learned quickly that he could not trust others. He was often left feeling like people were using him for his ability to obtain drugs or money:

You get to know who you, like, who your real friends are. And their colours. You know. In a way, when you living the high life, you kinda style or dream. There's only people that come around and they just want what you have in your pocket and not what you have in here.

My participants found it difficult to obtain and maintain healthy adult relationships, but part of building external resiliency lies in the ability to trust others. All of the participants acknowledged that they are able to manage through tasks such as applying for AISH or understanding the court system because of their reliance on their worker through YTTCS. Walter described the role his worker plays in his life this way:

She's a mentor. She kinda mentors people who needs guidance or provides leadership. Like support to get back on your feet with the system.

Cole mentioned the basic paperwork that people often take for granted that made a difference for him and gave him financial stability:

Cuz if it wasn't for Amy, I wouldn't have anything. I didn't have my birth certificate, I didn't have my IDs, I didn't have nothing. I wasn't even on AISH.

The ability to trust someone to help is closely attached to the unconditional care that the participants have not received throughout their lives. They trust their workers because they care, which makes such a big difference:

I'm downtown, no money, no nothing. I'm like, great, here I am, late for work too. That was when Amy came into the world and figured out all that stuff with me and stuff like that. I understand why they do the kind hearted stuff, you know what I mean? They need more case workers that give a frick.

I will fail if I do things on my own

This subcategory seems to go against the previous subtheme because if we believe that we will fail if we do things alone, but we do not trust others, how do we manage? Internal resiliency is one aspect of resiliency that depends on oneself (Burnside & Fuchs, 2013; Wheeler, Kenney, & Temple, 2013). What if you do not trust yourself and your own abilities? What happens when the stigma attached to your diagnosis is heavily linked to the term 'stupid'? Although developing internal resiliency is important, I noticed that most of my participants did

not have confidence in their abilities to be independent and care for themselves without help. All of the participants relied on a worker through the Yellowhead Tribal Council Corrections Society to manage daily tasks such as making doctor's appointment or filing paperwork to qualify for AISH. Without the YTCCS worker, the consequences to participants could be dire as they may not be able to manage on their own. Joseph described the consequences of not having a worker as finding themselves:

If it wasn't for Amy, for the program, for Randy, and all that stuff, I'd probably be still with warrants, maybe in jail.

Blame for the negative aspects of their lives was often placed on themselves and their negative experiences in school.

Joseph often put blame on himself for his situation throughout the conversation. There was a sense of loss and grief that accompanied the lack of confidence in his abilities.

Fostered me when I was two months old. When I came out of that family, I think I was 11 or 12. I started getting too too much for them after that it was group homes. Well, they had a experimental program for when I was 14 and they brought me to S. P., they gave me my own apartment, so all I had to do was go to work and go to school. And I messed that up of course because I was still a kid and I wanted to party and then all of a sudden, I got this all this responsibility of having my own place and stuff.

Joseph says the word "too" twice when describing himself as "too too much for them", which shows that he blames himself for being moved into group homes after living with the only family that he had known since he was a baby. This is not only a loss of family, but a recognition that he did not receive unconditional care and love from his foster family; they were willing to get rid of him the moment he was "too much".

Drugs and alcohol became the way to fit in and gain friends for Joseph. He had low self-esteem and felt like an outsider. Joseph "always tried to fit in type thing, you know, so. I'm trying to go drinking with the bigger guys or go smoke drugs or something. It wasn't really my thing like when I nowadays when I look at it, but it kinda made me who I am today" (2019).

However, the experience of doing drugs and alcohol with peers eventually gave Joseph the hindsight as an adult to discover who he is and what he wants from life. His growth of resiliency is apparent when he says:

At a young age I started doing drugs. Hard drugs. So nowadays I can look back on and be like, nah, I've been though that already. It's like yeah, kinda my reminder of like how I don't want to be that type of thing, yeah.

Participants struggled between the dialectical tension of wanting their own independence, but realizing that they might now have the skills to have independence. Walter has the self-awareness to understand that his choices have not always worked out well:

Sometimes I can choose to do whatever I want. Sometimes I choose, sometimes choosing doing whatever I want doesn't really pan out for me. It doesn't really work sometimes.

Chapter 5. Discussion

Aboriginal adults with FASD are at higher risk of not finishing school (Lynch, Kable, & Coles, 2015), are nearly 20 times more likely to be incarcerated than the general population (Richer & Watson, 2018; Wilson, 2015), and are more likely to experience addiction (Popova, Lange, Probst, Parunashvili, & Rehm, 2017). Despite their circumstances, Aboriginal adults still develop resiliency, although it may at times be dysfunctional. Current research has primarily focused on what is going wrong for Aboriginal adults with FASD, but what is going right? We looked at participant experiences through a strength-based lens to understand the development of resiliency in their lives and how it grows or wanes at different times in their lives. We then looked at these stories using two-eyed seeing to analyze the conversations in a way that honours both the Aboriginal perspective and the Western perspective. For this research, that meant using free association to better connect to the data without pulling apart participants' stories. By viewing participants' stories through this lens, it is clear that participants' experiences in school, jail, and their relationships with others affect their internal and external resiliency. A closer look reveals that a specific type of resiliency, dysfunctional resiliency, has developed through the transitory and negative experiences in their lives.

The thematic analysis of the conversations comes from the Western, phenomenological point of view. Kovach (2009) noted that "in an Indigenous context, story is methodologically congruent with tribal knowledges" (p. 35). As such, instead of continuing down the path of Western knowing, I am going to discuss the conversations with the participants as stories in their own right. The observations are my own.

Joseph

I met Joseph in November of 2019 in a boardroom at YTCCS, which was ideal because it was quiet, unlike the restaurants and coffee shops where I met the other participants. He was the last participant that I interviewed for this research project. Joseph seemed a bit shy, which was later confirmed when he told me that he had a lot of social anxiety that had prevented him in the past from doing things like interviews with researchers. Joseph was soft-spoken and mild-mannered, but I could tell that he has a deep passion within when he would speak of his children or when he reminisced about his years of partying. There was also a lot of anger in Joseph. When he spoke of his mother, I could hear the hurt in his voice.

Joseph started by telling me that he had been born in jail and had been born with an addiction to cocaine. He is angry, right at the beginning of his story:

They didn't know why I was crying so they're figuring out that she was a drug addict, my mother. And living with that my life, yeah.

From the beginning of his life, he had serious struggles. Joseph is immediately taken from his mother and put into foster care. Foster care provided stability because of the lack of transitions, but Joseph still witnessed family violence. He was with his foster family until he was 11 or 12 years old when his behaviours become too much for the family to handle. Joseph remembers the incident that moved him out of his foster home with regret and grief:

They'd just leave beers or whatever in the fridge, you know, they expect us not to take it. You know stuff so just steal it. Drink a little bit here, drink a little bit there. It got so bad that this one point when I was sitting there it was Christmas time when everybody was gone to a Christmas part. They just had Christmas dinner and stuff, so all the wine bottles and liquor was sitting on a table. I went and drink it all and destroyed the house.

Joseph was left feeling ashamed for what he had done, yet it is not clear if he ran away to live on the reserve or if he was kicked out by his foster family. However, he is left with the feeling that love is conditional and that he is not deserving of love. It seems that Joseph felt like

he was just a convenience to pay the bills, rather than feeling parental love. His brother used to live with his foster family, but his brother's behaviours were too difficult, so he was moved to another home. Joseph had to live with the knowledge that he could be kicked out at any time as well.

When Joseph started school, he was aware of how different he was from the other kids because he is Aboriginal. It is hard to say if Joseph is taking responsibility for his actions or if he sees himself as an underdog that cannot seem to help making bad choices. For example, he makes friends at school, but they are friends who are into drugs and alcohol. Joseph admits that he saw himself as an outsider and the kids who were into drugs and drinking seemed cool, so he wanted to fit in. His attempt at connection is weak because he does not have the confidence to be himself, but thinks he has to hang out with the kids who are into drugs and drinking so that he fits in somewhere. Joseph seems to have developed more confidence as an adult because he is no longer interested in using drugs and alcohol to hide who he really is.

Joseph spent a lot of time in institutions. He describes himself as "in and out of jail pretty much since I was a teenager". The contrast between the stories of regular school and institutional school are huge. His voice shows the frustration and anger he felt at a regular school where he was frequently bullied until he became bigger than the other kids and could become the bully. However, he seemed to enjoy jail-like school where he noted he thrived on the structure that institutional school could provide. I thought it was interesting that he enjoyed a jail-like school so much that when he was sent to the Remand Centre, he referred to it as "graduating". However, being in jail for such a long time meant that Joseph did not have a sense of what was like to have a place to call home. I noticed a sense of grief and fear in knowing that he was

determined to stay out of jail and he was looking forward to living on his own, but he was afraid of failing again and was afraid he is "too stupid" to handle being on his own.

Joseph currently has support through YTCCS, but he says that without this support, he will get involved in criminal activity again. The financial support he receives through AISH is also important to give him the ability to make choices that gives him the life he wants for himself.

Joseph's story turns to his children, two of which are biologically his and three more that call him dad. I notice at this point he starts to become comfortable talking with me about his life. I sense the pride he feels for his children and that he is trying to be a responsible parent, which for him means giving parental rights to the mother. This was a particularly difficult decision for Joseph because he wanted to give his kids the family that he did not have, but he knew that he was struggling too much with drug addiction and running from the police.

Joseph is especially proud of his first-born son. I wondered if he hoped that his son would one day be like him? After his son, the details about his children become vague; they are important, but not as important as his son. Joseph notes a few times that his children are a big motivation for him getting sober and ending his criminal lifestyle.

Joseph is also great at making something out of nothing. Without a car, he manages to start a business cutting and delivering firewood. The demand is high and Joseph is not able to keep up, but he is able to make money for a short time. He also gets involved in illegal activity, such as selling drugs, to help support his kids. He is willing to do what it takes to make sure his loved ones are taken are of. Joseph also learns quickly how to adapt to living on the streets when he is homeless by lining his clothes with newspapers.

Throughout my conversation with Joseph, his stories are of resiliency. He experiences times of dysfunctional resiliency when he is involved in illegal activity or when he is in jail, yet those experiences ultimately keep him alive and his loved ones safe. He recognizes the temptations of his old life, but seems determined to live a healthier life for his children and for himself. Despite starting off as a baby addicted to cocaine, Joseph is starting to learn that he is able to create the home for himself that he has yearned for with the help that he is willing to take.

Walter

Walter was the first participant I met. It was November of 2019 and I had to drive to a small town near his reserve for the interview. It was at a quaint little restaurant in a town where everyone seemed to know everyone. The friendliness from the fellow customers was a surprise to me, as I am used to living in a big city. Walter was quite tall and soft spoken. He was dressed tidy, with a jean jacket and large cross. He was friendly, and often answered with vague, philosophical answers. Walter shared a lot of his dreams of travel with me, but felt stuck in his current probation. He often referred to any institution, whether it was jail, school, or social services, as "the System". From Walter's interaction with me, I would guess that the effects of FASD is quite severe. He did not always follow the conversation well and spoke very slowly. It is important to understand how the severity of FASD can affect the ability of someone to develop resiliency because its part of a growing and learning process (Lee, 2012).

Walter describes having FASD as having "this glitch"; he believes he is wired differently than others. As a child, he just knew he was different, but did not know why he was different. When he was diagnosed as a young adult, he viewed it as just a label, rather than changing how he views himself.

Walter's mom left when he was young. He lived with his dad most of his life until his dad died when Walter was 13 years old. His dad's death affected him greatly. While grieving he received little support throughout the grieving process. He reacted to his grief by leaving school and living with his aunt and uncle, then living homeless for many years. However, since he is on probation, he has to live with an adult responsible for him and his mom is now back in his life. He is still dismissive of her and does not seem to have a close relationship with her:

I just hang my hat up at my mother's place for now. Uh, until this whole probation thing is done, then I'm going to probably head out somewhere, somewhere I never been at.

With the exception of his dad and his ex-girlfriend, Walter does not seem to have attachments to people. At one point, he tells me that he has four brothers and four sisters, yet he notes that they have all drifted apart and he is "okay with that". He views most people as someone who is going to use him. When he chose to live on the streets, he says it is to get to know who people really are because when he had nothing, then no one could use him for money or drugs:

You know, in a way, when you living the high life, you kinda style or dream. There's only people that come around and they just want what you have in your pocket and not what you have in here (points to heart).

Walter's previous comments about heading out when he is finished his probation and his later comments about his dream to hitchhike and wander around tell me that he is probably going to choose to be homeless again. He seems to enjoy the outdoors and he equates being homeless with freedom. Walter mentions one job that he enjoyed, which was working in forestry because he liked the "camp outs" and meeting new people. By contrast, Walter's experience of jail seems restricting. He does not enjoy being told what to do and longs for the freedom of choice he has outside of jail:

What you have out here, you're free, you can do whatever you want, you have access to a lot of things. There, you're deprived of that, of that access. You're limited. Out here, you aren't

limited. You just go out and you do it. But in there, they lock the door and lock up and 'Oh, I'll be right back', you know. In there, they tell you when you eat, sleep, and shit. Take a shower. They'll tell you when to get up, go to bed. In there, the System is in charge, you're not in charge.

When Walter speaks about police officers, social workers, or his probation officer, it appears that he trying to restrain his language. At one point, he shows his annoyance with how police officers treat homeless people, then quickly changes his tone and notes that homeless people do not make it easy for the police:

Sometimes the police officers and security don't make it so easy for poor people. And it's the poor people that don't make it so easy for the police officers and security guards. And sometimes they come across a poor person that's intoxicated and they get lippy and rowdy and they make it harder for the rest of humble ones to mind their own damn business.

I get the impression from this example and from how he refers to me a few times in the interview that he considers me part of "the System". However, his attitude towards me seems to soften when I ask about his faith and I admit to him that I am also Christian. The religious connection seems important to him and he thanks me frequently for sharing that personal piece of information with him.

School was also difficult for Walter. From his perspective, the teachers did not know how to support a student with FASD and "lost their patience all the time". When he speaks about dropping out at Grade 8, after his dad died, it seems that school ends there completely for him. He left and there is nothing more to say about that.

Walter started to smoke cannabis after his dad died. This led to using other drugs and an addiction. Walter realized that drugs and alcohol were a problem for him when his relationship with his ex-girlfriend ended. He hints at his own violent behaviour, but never speaks about it specifically. However, when he is in jail, he took the Family Violence course twice. This shows that although it took a lot for him to admit that violence may be a problem for him, when he does

admit it, he tries to rectify his errors. Losing the relationship with his ex-girlfriend seems to be a big motivator for him to seek change in his behaviour and in his substance abuse.

Although Walter has few attachments in his life, he views his YTCCS worker as a mentor. He notes that the System has a lot of paperwork and processes in place that he often does not understand. Having someone navigate the System with him allows him to move forward.

Walter's story shows that he struggled to develop resiliency. After his dad died, the lack of external resiliency available to Walter led him to a life of addiction and crime. From my perspective, Walter's drug use and homelessness would be a sign of dysfunctional resiliency because he is surviving and gaining internal and external resiliency. His survival shows resiliency, but it is dysfunctional because his homelessness causes more problems, such as exposure to the elements, limited access to food, and limited access to proper health care. However, I think that from Walter's perspective, homelessness is an example of positive resiliency for him because he thrives on the freedom he experiences. I am not sure what access to his worker he will have if he is homeless because he admits, "If I wasn't here, I might be in jail or six feet under".

Charles

I met Charles in a Tim Hortons coffee shop in November of 2019. At first, Charles was fidgety and looking around, but he explained that crowds made him nervous, so he was making sure that there were not a lot of people. Charles cuts an imposing figure, but he was friendly and very chatty; a real storyteller.

Charles is proud of the changes that he has made in his life. He went from a partying lifestyle to being completely sober; he even stopped smoking cigarettes. But he recognized that the people he thought he was friends with when he was into partying, were his "so-called"

friends". Instead, he avoids those people partly because of the way they treated him by stealing from him, but also because he wants to maintain a stable life now and knows that he will be tempted by that lifestyle. Unlike Walter, Charles enjoys the friendships that he has and clearly has strong emotional attachments to some of his brothers. Also, while Walter sees himself as a lone wolf in the world, Charles likes to be part of a pack. He takes care of those around him and just expects care in return.

Charles was incredibly close to his mother and that informed his perspective as a child. Charles' mother was unable to care for him, so he was in foster care. Charles longed to be with his mother, so he would frequently run away to be with his mother:

I was always on the run, pretty much. From child welfare and cops growing up, so when I was in child welfare, it was pretty much, it was I got stuck to being like that. My mom was always, you know, she was like, in and out of jail too, so she'd always like have me with her all the time, so. Pretty much if I didn't have my mom around when she was alive, I wouldn't been able to accomplish most of the stuff I've done, pretty much. Like, just basic general things, like doing my taxes, stuff like that, going to the doctors.

In Charles' stories, his mom was often the hero because his mom "was, you know, kinda a tough chick". Charles spoke of times that they would run away together for six months at a time, but that he later found out that she was going to jail for kidnapping when they ran away together. However, he viewed her jail time as something she did so that she could be with him. He also had stories of his mom showing up in time to save him from a particularly bad foster situation. In one story, his foster siblings nearly drowned him, but his mom found them near the water and saved him and took him away from that foster home.

On the other hand, she was often the cause of his troubles as an adult. His mom would cause him to get evicted from her partying or from her breaking into his place. Yet, he sees her with the good and the bad. She is someone who taught him to be the person he is now, including to be tough, to have survival skills on the street, and to make money quickly. I found it striking

that from an outsider perspective, his mom could be seen as a neglectful parent, but from his perspective, she was the one that taught him to survive. It is clear that through the many transitions in his childhood, he did not feel secure or cared for in the foster homes, so being with his mom was 'home'. Charles' stories about his mom change in tone as he gets older; she becomes an annoyance and a detriment to him, although he still loves her and is close to her:

Probably when I was 13, first time I tried [cocaine], then I didn't touch it again until I was 16, and then I didn't bother with it. I sold it, but I didn't bother with it. And after that, I ended up into it again because of my mom, cuz she got out of jail, she was like, needed someone to take care of her, so of course, me being the oldest son, I took that responsibility on and it kinda messed me up more than anything.

His mom died when he was a young adult. At the time when he was grieving, he became homeless, although he had some help from his grandma.

Homelessness is a state of being stuck in survival mode. Charles was constantly victimized by girlfriends who kept him on drugs to control him or attacked him with broken beer bottles, which caused severe injury to his hand. Homelessness also means that he cannot trust his "so-called friends" either. He is often robbed while he is asleep, even having his pockets cut out so that people can steal the drugs he has on him. Eventually, Charles ends up storing his drugs in his mouth to prevent theft, but ends up with his teeth rotting. The stories of homelessness are the only times when Charles is not the hero of the story. He feels frustrated and stuck, used and abused. It is only when his grandma offers him a place to live with her that he is able to get out of the cycle of homelessness and addiction:

My grandma took me in and I slowly eased off what I was doing. It was easier that way. I just totally changed my surroundings, my settings, like from being downtown on the streets to being on a reserve. Staying at my grandma's, I gotta straighten out because my grandma, you know, you can't go over there and be on drugs or nothing. She knew what I was up to or whatever, but she made sure I dried, clean, you know.

Charles' grandma plays a significant role in his life as well. She sometimes arranged to help Charles run away from foster care and find his mom. When Charles needs help getting off the streets, it is his grandma who picks him up to let him live with her. In return, Charles cooks for her, lifts her when she is not as able-bodied, and generally cares for her. In his stories about his grandma, he portrays himself as the good grandson who cares for her properly and his grandma is portrayed as the kind lady who gets taken advantage of by her family. Charles has experienced a lot of violence from his family. He showed me a scar on his arm from his cousin breaking it in a fight.

Charles is often the hero of his stories, such as when he helps his mom after she gets out of jail or when his grandma needs help. Even in his stories about school, where he experienced racism and bullying, he ends up the hero. He is often defending the underdog by starting fights with others, but concludes that he was kicked out because he was "the only Native guy there". When Charles goes to jail, he enjoys his time because he knows everyone and is the nice guy around there:

[Jail] was like a reunion because everybody I didn't see for at least ten year or five years or a couple of years, they're all in jail. And a lot of people owe me money, so I was like, they were all in jail so they were giving me stuff and these guards are wondering why everybody is treating me good and some of these people are up in the pyramids or whatever and they have people running for them or working for them some kinda stuff. And me, I'm here with a big question mark and you know, I know all these guys, but how am I affiliated with them?

Many of Charles' stories have the same running theme: he has lived a crazy life, but he made it through somehow. These are stories of survival and resiliency. His relationship with his mom is an example of dysfunctional resiliency. Charles was able to learn how to survive a rough life from the lessons she taught him, but he was often ending up in negative situations because of her involvement, such as being evicted or become addicted to the same drugs that his mom was addicted to because she introduced him to those drugs. Luckily, the love and care he received from her and his grandma contributed to him developing positive external resiliency.

Ben

I met with Ben in November of 2019 in a restaurant. Ben chose a back booth to sit in because he has social anxiety and wanted to isolate himself as much as possible. At first, Ben came across as a deliberate talker, but I was surprised that he was actually quite chatty, like Charles. As I learned about Ben's life, I was struck by his intentional choice to live a criminal life, and yet he was friendly and an overall nice guy. Ben was in a long-distance relationship and his girlfriend insisted on being on his phone during most of the interview. Ben was sometimes distracted by this, but overall, he was happy to speak with me, despite erroneously repeatedly calling me "the government lady".

Ben wanted to tell his story in a linear fashion, which allowed me to see how each event affected the next event in his life. Ben was put into foster care at a young age and bounced from home to home for a few years. He comments on the fact that the first foster family he can remember is a White family:

I was a really small child, traveling in a car to a family, and then when I get there, of course, they are a White family. It's a foster family. And all I remember is a small little vision of my memory past. Kinda like, I was in a car, then I see a family, and then next I see a new family, and then next a new family. They said I was a bad kid.

Ben's tone is one of resignation. It is not considered a good thing to be with a White foster family, but it is not necessarily a bad thing. He also speaks about himself with a tone of resignation, that he was a "bad kid". He does not disagree with the assessment, nor does he offer excuses. He just accepts that this was the way it was, a lot of transition because he was bad. By the time he was four, Ben was adopted and that is when he feels like he has a real home with someone he calls mom. At the same time, there is a sense of abandonment by his biological mom. He describes her as "too busy partying all the time". This sense of rejection is played out at school as well.

At school, Ben experiences bullying and racism from other students and the teachers.

Although Ben receives academic support by being put in special programs for children with learning disabilities, he expresses that he did not receive the support he needed, which was to be protected from the bullies. Instead, he finds that the teachers judge him based on physical appearance:

In a special class, you know, you'd think that they'd listen to you better, but no, I was still the bad because I was coloured, right? And even though they were like, that child is brown, he is the enemy from all these eyes because I don't know how to explain it. You tell the teacher, the teacher will pull a blind eye, you know what I mean?

Despite special programs, the bullying made school worse for Ben. Over the years, Ben continued to experience bullying and racism until he finally was rejected by people who were pretending to be his friend. Ben explains that this rejection leads him to gang life because he wants to exact revenge on those who bullied him for years. In his voice, I sense a loss of innocence over child who could have been the good kid, instead of the "bad kid":

That's how I know about the whole Hip Hop and all this stuff. I seen it, lived it. Lived the drugs. Every drug, you name it, I did it. Except for heroin. I stopped on that. What happened is that in the M- times, the racism crap, *it* made me an angry child. *It* made me vengeful. *It* made me all that. So, it snapped my head to become something different because I knew I had no friends. I had no one to help me out to be something.

Eventually, Ben ends up in group homes, where he describes group homes as basically a training ground for gang life. The children there have no hope, no family, no one who loves them, and they are filled with hurt and rage. Ben feels like if his family could have kept him, he could have been a good kid, but instead he met other children as angry as he was, so he was able to start a gang. Ben's motivation, revenge, is the basis for the dysfunctional resiliency he develops. Starting a gang gives him a family, security, a way to meet his want of revenge, but it also leads him further into drugs, alcohol, and a criminal life.

Unlike most of the other participants, Ben's culture is really important to him. He tries to think of ways that would help preserve the Aboriginal culture and the survival of Aboriginal people. He believes seclusion is the answer. He sees the influence of hip-hop culture on his own life, as a way to experience power, and thinks that if the Aboriginal people could seclude themselves, then they would be able to find their own power. Ben uses the word "fix" a lot when describing what he sees as a broken culture within a broken system. This is his perspective on how to develop positive resiliency in his people. On a micro level, this idea is also about himself and how he views himself as "broken" and needing to develop positive resiliency because he has been depending on dysfunctional resiliency for most of his life.

For Ben, dysfunctional resiliency helped him cope with the effects of bullying, the rejection of his family, and surviving on the streets and in jail. Ultimately, a mixture of getting his revenge, ending up in jail, and having the influence of family members to apply for AISH leads him away from the gang life and into a life of sobriety and stability. Ben still seems angry, but he seems to want peace more, so with the financial stability and help from his worker, Ben is able to develop a positive resiliency to move forward with his dream of owning a house and marrying his girlfriend.

Cole

The interview with Cole was the shortest one because both of us were pressed for time. We met at a restaurant in November 2019. Cole was fun, engaging, and seemed to be the most stable out of the participants I interviewed. He ran his own business, owned his own car, and lived with his long-time girlfriend. He and his girlfriend depended on each other to help stay away from drugs and alcohol. What really set Cole apart from the other participants was his positive attitude throughout his life.

For Cole, in school he felt motivated to try to keep up with everyone, to show that he could do well too, even through he recognized that he did not have the academic abilities that the other students had. His confidence was low, but he decided that he needed to get better at the things he was good at. However, he still experienced a lot of transitions in his early life that affected his sense of self.

Cole was adopted at a young age, but bounced from foster family to foster family anyway because he was "a pretty bad kid". As he spoke about his experiences going from home to home, there was a sense that he believed that love and care are conditional and nothing is reliable or permanent. He also believed that the lack of love and care was his fault; something was wrong with him. However, he eventually ends up at a place he calls "the Centre" where he learned about outdoor education. Although he was not at the Centre for long, Cole speaks about it with happiness.

Cole still experienced homelessness, addiction, and jail, despite his positive attitude.

However, while he is experiencing these issues, he continues to go to school, volunteers doing pow wows and other dance with disadvantaged youth, and is part of a breakdancing group until he breaks his wrist. There is still a motivation within him to try to keep up with his peers, even in the midst of immense struggle. Unfortunately, his addictions prevented him from continuing to pursue these activities:

I had to find places to sleep. Out in the street, I had nothing. I only had a bag that I would lose every time I got drunk. I was really bad into the alcohol and hard drugs and I was always in jail.

Eventually, Cole meets his current girlfriend who helps him get off of the streets and sober. Between his girlfriend and his worker, he has been able to figure out applying for AISH, starting a business, staying clean and sober, and staying out of jail. Cole knows how to access and use the supports that make up his external resiliency.

Cole's internal resiliency made a huge difference to how he was able to navigate life, despite his struggles. He was consistently seeking supports and taking advantage of what was available to him to try to better his life. Eventually, it is his well-developed external resiliency that pulls him out of homelessness and addiction to help him live the life he currently has.

Validity

Smith, Flowers, and Larkin (2009) use Yardley's criteria to assess the validity of qualitative research. There are four aspects to Yardley's criteria (Smith, Flowers, and Larkin, 2009). Each aspect will be used to assess the validity of this research project.

Sensitivity to Context

By choosing to use Two-Eyed Seeing as the methodology, I was showing sensitivity to the cultural differences between myself as a White researcher and the Aboriginal participants. Two-Eyed Seeing allowed me to acknowledge that although I may have learned some Aboriginal teachings, I am not completely familiar with Aboriginal culture, nor is it the culture I grew up with. I was also sensitive to the power imbalance between researcher and participant, so the participants chose where the interviews would take place and had the option to review the transcripts and have copies of the research when it was complete. Participants were not interested in taking part in reviewing the transcripts or the final copy, but they were interested in having the opportunity to tell their story.

I also looked at existing literature on FASD and Aboriginal people. This gave me the ability to see the gaps in the literature and where my research fit within the larger context of research on FASD.

Commitment and Rigour

Commitment was shown through the attentiveness given to each participant during data collection and through the multiple ways of analysis used. By analyzing through thematic coding, free association, and through storytelling, I was able to look at the data through both a Western lens and an Aboriginal lens.

Rigour was obtained through an appropriate sample size and thorough interviews. It was appropriate to use five participants because if fewer were used, then it would be difficult to have enough data to analyze and fully understand how resiliency is developed in Aboriginal adults with FASD. If more participants were interviewed, then it would be difficult to emphasize each individual voice and allow the story of each participant to come through.

Rigour could be improved through better interviewing skills. As a student researcher, semi-structured interviews in the conversational style were new to me. As I was reviewing the data, I could see areas where a different question might have elicited more information on resiliency. I think that this can be improved through experience.

Transparency and Coherence

In the methodology section, I described clearly how I was recruiting participants and how I intended to apply Two-Eyed Seeing to the research. In the findings section, I am transparent about how the data collection and analysis process was actually conducted.

To test coherence, I asked someone who is unfamiliar with my area of research to read over the final document. He was able to point out any areas that were not described clearly. I made the necessary changes to ensure that coherence was achieved.

Impact and Importance

Understanding how Aboriginal adults with FASD develop resiliency is useful. The information gained can be applied at multiple stages in a person's life to help develop resiliency and give the necessary support, such as during counselling. Future counsellors can become better informed about how FASD affects their client, but this research shows that understanding the client's stories of resiliency help develop a better understanding of that particular client's experience with FASD. As the literature reviews showed, there are few studies that look at resiliency from the perspective of the person with FASD. This research study adds to the existing body of literature by giving voice to Aboriginal adults with FASD.

Resiliency Revisited in the Literature

What is resiliency? How do we build resiliency? What has the participants in this study learned about resiliency? While hearing the participants' stories, I saw how everything links back to resiliency. Resiliency is built from the tough times and is scaffolded by external help. Richer and Watson's (2018) study looked at factors that contributed or protected adults with FASD from criminal behaviour. Their findings are in alignment with the factors that hindered or protected the participants in developing resiliency. The similar risk factors that hindered the growth of resiliency and contributed to dysfunctional resiliency were self-regulation, substance use, and multiple transitions in living situations (Richer & Watson, 2018). People with FASD may have trouble self-regulating their emotions, which contributed to the participants connection to violent crimes and risky behaviours. Participants struggled with substance abuse, which contributed to criminal behaviour and homelessness, as well as contributing to poor health. The participants experienced multiple foster homes in their early life, which gave them low self-confidence and difficulty forming positive relationships. As Lee (2012) points out, the

connection between resiliency and relationships is strong. Richter and Watson's (2018) research seemed familiar to read as it was strongly in alignment with the stories I hear from the participants of this study.

As noted in the thematic subcategory "People are not trustworthy", the participants found it difficult to trust others and to form strong, intimate adult relationships. Lee (2012) defines resiliency as "the ability of an individual to develop internal personal strengths that allow the person to develop into a positive, pro-social member of the society at large" (p. 45). Each of the participants in this study were on the path to gaining resiliency as Lee (2012) defines it. The adult mentorship relationship that Lee (2012) points out is so important in the developing youth, is often missing in the participants' lives. Few participants had an adult that they spoke of with positive regard until they met their current worker who is helping them navigate the various systems. Therefore, the participants did not develop resiliency because of the lack of adult mentorship. However, Lee (2012) does not mention whether it is possible for someone to develop dysfunctional resiliency without adult mentorship in their youth.

Pisarska, Eisman, Ostaszewski, and Zimmerman (2016) support the models of resiliency that show that there is an interplay between risk factors and protective factors that help the progression of resiliency. Although Pisarska et al. (2016) note that protective factors can help reduce the effects of risk factors, their research does not look at the risk factor of FASD. The reduction in executive functioning in FASD causes the interplay between risk factors and protective to become more complex. Richter and Watson's (2018) research shows that the effects of FASD on the brain along with the common experiences of transitory early life experiences shows that the risk factors weigh heavily on the how someone builds resiliency. However, Pisarska et al. (2016) point out that research is moving toward a more strength-based direction

by looking at protective factors and resiliency. More strength-based research is necessary for Aboriginal adults with FASD as well.

Further Research

FASD is a complex disorder with accompanying behaviours that are difficult to understand and manage. Coming from an Aboriginal community adds layers to that complexity because of the trauma associated with colonialism. More strength-based research is necessary to understand what will be beneficial for Aboriginal adults with FASD. It would be particularly interesting to see if there are common types of dysfunctional resiliency developed, and then explore if there are ways to transition the dysfunctional resiliency into positive resiliency. Research on the key aspects that effect people with FASD's lives will have the most impact. Misinformation on FASD is common and there are few supports available to parents who foster or adopt a child with FASD. Research on effective ways of disseminating information about children with FASD and which methods of support are best can help reduce the transitory aspect of moving to many different foster homes. Sharing information about common forms of dysfunctional resiliency with foster homes could help the foster parents help the children. Although the participants did not enjoy jail, they found structure and opportunity there that provided them with the skills they needed when they were ready to move away from crime and addiction. Additional research on the effectiveness of resources available to inmates would help improve what programs are offered and how they translate to life outside of jail.

Two-eyed seeing as a method of research has little research to help understand how to apply this method. Further research on understanding how to apply two-eyed seeing can help universities understand the Aboriginal method to research and will encourage more respectful, de-colonizing research in Aboriginal communities.

The development of dysfunctional resiliency (Samaroden, 2018) likely occurs in various populations, but more research is required to understand the development of dysfunctional resiliency and how that resiliency can be leveraged into positive resiliency

Conclusion

The development of resiliency in Aboriginal adults with FASD is a long and winding road. The participants in this study had negative early life experiences that included multiple transitions, racism, bullying, diagnosis with FASD, and separation from birth parents. Their stories help connect their early experiences to the choices they made as adults, leading to criminal behaviour, addiction, and homelessness. The development of resiliency in the participants included dysfunctional resiliency, shown in the ways that they adapted and developed skills through means that were not positive aspects in their lives. In contrast to their early lives, the participants found the structure of jail helpful for them. The development of resiliency in the participants depended on them having the structure to make changes in their lives, such as get help for their addictions and have a worker that helped them navigate the paperwork to obtain AISH or pay their fines. The lack of unconditional love and care for the participants as children contributed to the development of dysfunctional resiliency as they had not developed a positive support system to help them navigate the struggles of their early lives. As Ben clearly stated, "They need more case workers that give a frick."

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Appendix A: Certification of Ethics Approval



CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 23604

Principal Investigator:

Mrs. Melanie Samaroden, Graduate Student Faculty of Health Disciplines\Master of Counselling

Supervisor:

Dr. Paul Jerry (Supervisor)

Project Title:

Resiliency in Aboriginal Adults with FASD

Effective Date: October 21, 2019 Expiry Date: October 20, 2020

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete (i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)) or the research is terminated.

Approved by: Date: October 21, 2019

Simon Nuttgens, Chair Faculty of Health Disciplines, Departmental Ethics Review Committee

Athabasca University Research Ethics Board University Research Services, Research Centre 1 University Drive, Athabasca AB Canada T9S 3A3 E-mail rebsec@athabascau.ca Telephone: 780.675.6718

Appendix B: Letter of Information/Informed Consent Form

LETTER OF INFORMATION / INFORMED CONSENT FORM

Resiliency in Aboriginal Adults with Fetal Alcohol Spectrum Disorder (FASD)

August 19, 2019

Principal Investigator (Researcher): Supervisor:

Melanie Samaroden Dr. Paul Jerry

780-604-7510 <u>paulj@athabascau.ca</u>

msamaroden@gmail.com

You are invited to take part in a research project entitled 'Resiliency in Aboriginal Adults with Fetal Alcohol Spectrum Disorder'.

This form is part of the process of informed consent. The information presented should give you the basic idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project. In order to decide whether you wish to participate in this research project, you should understand enough about its risks, benefits and what it requires of you to be able to make an informed decision. This is the informed consent process. Take time to read this carefully as it is important that you understand the information given to you. Please contact the principal investigator, Melanie Samaroden, if you have any questions about the project or would like more information before you consent to participate.

It is entirely up to you whether or not you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or in the future.

Introduction

My name is Melanie Samaroden and I am a Master's of Counselling Psychology student at Athabasca University. As a requirement to complete my degree, I am conducting a research project about overcoming hardship and developing resiliency. I am conducting this project under the supervision of Dr. Paul Jerry.

Why are you being asked to take part in this research project?

You are being invited to participate in this project because you are an Aboriginal adult who has been diagnosed with FASD.

What is the purpose of this research project?

The purpose of this research is to understand the perspective of someone with FASD. I am hoping to understand what has worked well for you to help you have your basic needs met and survive.

What will you be asked to do?

You will be asked to meet with me for an in-person interview. I will be asking questions about your life and the circumstances in which you have found yourself. I will be recording the interview on an audio recording device (voice recording). The interview will take approximately two hours. We will arrange a time and date that is convenient for you. We will meet at a place of your choosing that is comfortable and convenient for you.

No follow up interviews will be required.

What are the risks and benefits?

Risks: It may be difficult to discuss some aspects of your life. You may be triggered by what you are discussing.

If you are feeling uncomfortable or triggered, the interview will be paused (or discontinued if you choose to do so). We will take the time to do some deep breathing and you will have a chance to contact the support person you have indicated at the beginning of the interview. You many also choose to reschedule the interview for another time or withdraw from the study.

If you speak about criminal activity that I am required to report, I may have to break confidentiality.

Benefits: You are participating in developing positive, strength-based knowledge on the life experiences of someone with FASD. You will receive a \$25 grocery gift card at the end of the interview as a thank you for your participation.

Do you have to take part in this project?

As stated earlier in this letter, involvement in this project is entirely voluntary. You may stop at any time during the interview. UP UNTIL THE POINT OF DATA ANALYSIS, you may choose whether or not your data will be included. After this point, data may not be withdrawn because data will be anonymized and cannot be withdrawn.

How will your privacy and confidentiality be protected?

The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use or disclosure.

Confidentiality and privacy will be protected by anonymity. Your name and anyone you name in the interview will be changed to protect privacy.

All information will be held confidential, except when legislation or a professional code of conduct requires that it be reported. For example, if you report to me that a child or vulnerable person is being abused, you report to me that you have a communicable disease or other threat to public safety, then I may need to report that to the appropriate authorities. Also, if you tell me that you are an immediate and grave risk to harming yourself or another person or an immediate and grave risk to public safety, then I will need to contact the appropriate authorities.

Note that the recorded data and transcripts may be court ordered by a judge.

How will my anonymity be protected?

Anonymity refers to protecting participants' identifying characteristics, such as name or description of physical appearance.

Your name and the name of anyone you mention will be changed.

The only physical descriptions included will be your age and your ethnic background because of the requirements of participation in this study.

<u>Every reasonable effort</u> will be made to ensure your anonymity; you will not be identified in publications.

How will the data collected be stored?

Data will be recorded on a password-protected audio recording device (cell phone) using an encrypted application. Data will be deleted after five year of storage, as per Athabasca University guidelines. Any hard copies will be stored in a locked filing cabinet.

Only myself, Melanie Samaroden, and my supervisor, Dr. Paul Jerry, will have access to the data.

Who will receive the results of the research project?

- The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room and the final research paper will be publicly available.
 - Final research paper will be submitted for publication.
- Final research paper will be made available to participants who are interested in receiving the final paper and to Sandra Potts (Community Liaison with Yellowhead Tribal Community Corrections Society) and Rupert Arcand (Director of Yellowhead Tribal Community Corrections Society).

Who can you contact for more information or to indicate your interest in participating in the research project?

Thank you for considering this invitation. If you have any questions or would like more information, please contact me, (the principal investigator) by e-mail msamaroden@gmail.com or my supervisor by paulj@athabascau.ca. If you are ready to participate in this project, we will review this consent form together. If you are willing to participate, please sign the attached Consent Form and return it to Melanie Samaroden. Thank you.

Melanie Samaroden

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this project, please contact the Research Ethics Office by e-mail at rebsec@athabascau.ca or by telephone at 1-800-788-9041, ext. 6718.

Informed Consent:

Your signature on this form means that:

- You have read the information about the research project.
- You have been able to ask questions about this project.
- You are satisfied with the answers to any questions you may have had.
- You understand what the research project is about and what you will be asked to do.

- You understand that you are free to withdraw your participation in the research project without having to give a reason, and that doing so will not affect you now, nor in the future.
- You understand that if you choose to end your participation **during** data collection, any data collected from you up to that point will be retained by the researcher, unless you indicate otherwise.
- You understand that your data is being collected anonymously, and therefore cannot be removed once the data collection has ended.

	YES	NO
I agree to be audio-recorded	0	0
I agree to the use of direct quotations	0	0
I am willing to be contacted following the interview to verify that my comments are accurately reflected in the transcript.	0	0

Your signature confirms:

- You have read what this research project is about and understood the risks and benefits. You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.
- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without any penalty or negative consequences.
 - You have been given a copy of this Informed Consent form for your records; and
 - You agree to participate in this research project.

Signature of Participant	Date

Principal Investigator's Signature:

	st of my ability. I invited questions and responded to any fully understands what is involved in participating in the error she has freely chosen to participate.
Signature of Principal Investigator	Date

Appendix C: Interview Protocol – Semi-Structured Interview in Conversational

Style

Resiliency in Aboriginal Adults with FASD: Semi-Structured Interview in Conversational Method

Melanie Samaroden

Name:

Age:

Diagnosed with FASD: Y/N

Introduction:

Length of interview: one to two hours

Primary Goal: To understand how you have overcome hardships and developed resiliency.

Method: Using the conversational method in a semi-structured interview format. The conversational method structure is looser than the strict semi-structured interview to allow the participant to tell their story in their own way. Stated questions are merely to aid in the flow of the conversation and to aid the participant if they require more questions to speak about their circumstances.

Verbal Consent:

Ensure informed consent and that consent form is signed.

Gave verbal consent: Y/N

Background Information:

Invite interviewee to briefly tell me about him/herself: General information about background. Mostly about experiences and perspectives on issues surrounding FASD.

Understanding of Resiliency:

How does the participant define and understand resiliency?

HOW DID YOU HANDLE DIFFICULT SITUATIONS? WHAT HELPED YOU OVERCOME THOSE SITUATIONS? WHAT OUTSIDE SUPPORT COULD HAVE BEEN HELPFUL FOR YOU? HOW DID YOUR CHOICE AFFECT YOU POSITIVELY OR NEGATIVELY?

Current Circumstances:

What is the participant's current circumstances? Allow the participant to speak about their lives.

Some considerations: How did you find the economic means to survive? Did you find any particular government agency/funding helpful? What was your method of survival? WHO WAS THE MOST SUPPORTIVE OF YOU? DID YOUR CULTURE PLAY ANY ROLE IN HELPING OR HINDERING YOU?

Conclusion of Interview:

Thank you for your time. Gift of appreciation given to participant.