

The Role of Motivation in Working Towards Healthy Outcomes with Individuals with Fetal Alcohol Spectrum Disorder

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Background and Objectives: Motivation is a central construct in helping people achieve their goals. Despite this, little is known about the role of motivation in supporting individuals with Fetal Alcohol Spectrum Disorder. As the narrative around FASD shifts from deficit models alone to balanced approaches that integrate strengths, goals, and healthy outcomes, the applicability of psychosocial constructs like motivation increases. Thus, the purpose of the current research was to describe frontline mentors' natural experiences of motivation in their work with clients with FASD.

Materials and Methods: We used a qualitative descriptive design with focus groups to bring data to bear on the research question: How do frontline mentors experience motivation in working with members of the FASD community? Participants were recruited through a partnership with a large, multi-function social service agency in Alberta. Twenty frontline mentors and supervisors who provide client-centred assistance to families and individuals associated with FASD participated in one of five semi-structured interviews via Zoom^(c).

Results: After transcribing the focus groups verbatim and reflecting on personal biases, the research team conducted an inductive thematic analysis on all comments related to motivation and its impact on the work of frontline mentors. They identified four themes: working to motivate clients, the role of systems in motivation, barriers to motivation, and the client's own motivation.

Conclusion: The results are discussed in light of relevant theories of achievement motivation before noting important limitations and directions for future research, including more research specifically with FASD populations.

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Whether in school, work, health, or relationships, mentors hold a pivotal role in helping people achieve their goals (Wigfield et al., 2021). As the discourse around Fetal Alcohol Spectrum Disorder (FASD) shifts from deficit models to balanced approaches that recognize individuals' capacity for strengths, goals, and healthy outcomes (Joly et al., 2022), the applicability of achievement motivation to individuals with FASD becomes increasingly important. Although individuals with FASD may experience unique challenges, evidence-based approaches to achievement motivation and goal pursuit coincide with strength-based priorities. However, the extent to which and ways in which frontline mentors experience motivation in their work with individuals with FASD is largely unknown. The purpose of the current research was to fill this omission by describing frontline mentors' natural experiences of motivation in their work with clients with FASD.

Fetal Alcohol Spectrum Disorder

Harding and colleagues (2022) recently proposed that to bring consistency to the field researchers accept a standard definition of FASD as “a diagnostic term used to describe the impacts on the brain and body of individuals prenatally exposed to alcohol” (p. e10). These alcohol-related impacts on the brain and body can present in a spectrum of cognitive and developmental delays that vary greatly by person (Green, 2007). For example, individuals with FASD may experience cognitive delays in areas such as working memory, language, abstract reasoning, processing speed, and executive functioning (Millians, 2015); all of which may impact their ability to plan and make progress on goals (Millar et al., 2014). Additionally, prenatal alcohol exposure can result in a number of behavioural and emotional challenges, such as impulse control, attention, adaptive behaviour, social skills, and comorbid mental health problems (Green, 2007; Millar et al., 2014;

Mukherjee et al., 2006; Pei et al., 2011). Despite these difficulties, recently there has been a growing body of evidence on resilience in FASD (e.g., Coles et al., 2018; Duquette et al., 2006; Knorr & McIntyry, 2016; Kully-Martens et al., 2022) prompting researchers to extend definitions to explicitly state that “each individual with FASD is unique and has areas of strengths” (e10). As a balanced approach to supporting individuals with FASD continues to gain momentum in scholarly areas, new perspectives become available to organisations that support individuals and families with FASD.

Services Supporting Individuals and Families with FASD

Effective intervention approaches for individuals with FASD need to respond to the evolving strengths of the individual and their needs throughout their lifespan (Flannigan et al., 2021). To facilitate healthy outcomes, individuals may require individualised levels of support in various domains such as physical health, relationships, mental health, education, adaptive skills, housing, and parenting (Joly et al., 2022). It is generally agreed that high-quality support organisations should be consistent, collaborative, responsive, and proactive while also respecting the dignity and autonomy of the individual (Pelech et al., 2013). This balance is often attained through relational approaches to support (Reid et al., 2017). In particular, programs that provide education to facilitate shared understandings, nurture relational models of support, and ultimately build on opportunities to build interdependence have been identified as contributing to healthy outcomes for individuals with FASD (Leenaars et al., 2012; Petrenko et al., 2016; Petrenko et al., 2017; Zarnegar et al., 2016). Although many of these practices align with evidence-based motivation principles, there is little to no explicit training in achievement for care workers. As such, agencies that work with individuals with FASD are now tasked with supporting a diversity of needs across the lifespan while drawing on common understandings of motivation.

Catholic Social Services, the partnering agency for this research, is a central Alberta-based agency that provides support to populations in need, including specific programming for individuals with FASD. For example, they offer an array of services that support diverse populations, including seniors, foster parents, newcomers, refugees, pregnant people, individuals on parole, and children and adults with developmental disabilities. Catholic Social Services has a number of no-cost programs to support pregnant people, families, and individuals with FASD in childhood, in youth, and as parents. Taking a relationship-based approach, these programs help their clients to expand their support networks by providing support for life skills, housing, health care, financial support, and parenting. These objectives fit under the Catholic Social Services mission to serve people of all faiths or no faith while respecting their personal freedom and dignity. In every environment that pairs mentors with individuals with FASD, achievement motivation is relevant in terms of making progress toward healthy outcomes and yet an area in which evidence-based knowledge is rarely well-known.

Healthy Outcomes and Achievement Motivation

The Towards Healthy Outcomes Framework (Joly et al., 2022) identifies possible pathways and processes for goal setting with individuals with FASD. The Framework combines research findings, best practices in intervention, and the lived experiences of individuals with FASD. Motivation holds a key role in the underpinning philosophy of the Framework. Joly and colleagues (2022) state:

All human beings are motivated to experience purpose and success. It is not enough to 'get by' in life; rather, we must feel as though we are experiencing success however it is defined for each of us.... [W]e are all intrinsically motivated and oriented towards growth

throughout the lifespan. As humans, we all strive to navigate challenges to achieve meaningful, integrated, and fulfilled lives. E.174

With an overall tone of moving towards goals, growth, and intrinsic forms of motivation, the Framework naturally fits with contemporary perspectives in achievement motivation.

Achievement motivation is defined as the drive and energy to start and sustain a goal pursuit (Wigfield et al., 2022). From this perspective, achievement motivation is not a singular construct or an on-off switch, as common vernacular may imply. Instead, theories of achievement motivation offer frameworks from which researchers conceptualise both the quantity and quality of motivation. The focus is not *if* people are motivated but rather *how* people are motivated (Linnenbrink & Pintrich, 2002). Motivation researchers rely on a wide range of constructs and theories in operationalizing this notion of *how*. Twenty years ago, Linnenbrink and Pintrich (2002) suggested that school psychologists focus on “four key families of motivational beliefs,” namely self-efficacy, attributions, intrinsic motivation, and goal orientations. More recently, a special issue in the *Canadian Journal of School Psychology* provided theoretical integration of five motivation theories to the practice of school psychology, specifically including control-value theory, achievement goal theory, mindset theory, self-determination theory, and self-regulated learning (Daniels & Dueck, 2022). In alignment with the philosophical basis of the Towards Healthy Outcomes Framework (Joly et al., 2022), we provide a brief overview of achievement goal theory, growth mindset, and self-determination theory and their relevance to working in a motivated way with individuals with FASD.

Achievement Goal Theory

Achievement goal theory (Elliot, 1999) suggests that motivation is based in two types of competence, mastery and performance, and two valences of action, approach and avoidance,

resulting in a 2 x 2 matrix of goals. Individuals with mastery-approach goals seek to move towards greater competence, whereas individuals with mastery-avoidance goals seek to move away from lost competence. Performance goals are normative in their reference, such that individuals with performance-approach goals move towards demonstrating competence relative to others, and individuals with performance-avoidance goals want to avoid looking incompetent relative to others. Although never explicitly studied in a sample of individuals with FASD, the implications, particularly of normative comparisons and approach versus avoidance motivation, are highly relevant to supporting their progress through social support systems (Chazan et al., 2022).

Mindset Theory

Dweck's Mindset Theory (2006) divides individuals' beliefs about personal abilities and traits into two categories: fixed and growth. An individual with a fixed mindset will generally believe that a certain aptitude is stable and unable to be modified. For example, people with fixed mindsets are likely to agree with statements such as "People have a certain amount of intelligence, and there isn't much they can do to increase that." In contrast, an individual with a growth mindset generally believes that aptitudes are malleable and can be cultivated with effort and supportive conditions. Thus, people with growth mindsets are likely to agree with statements such as "Anyone can increase their intelligence quite a bit." Importantly, although mindsets were originally researched in regard to intelligence (Dweck & Leggett, 1988), they have been expanded to include a wide range of personal aptitudes, including motivation (Daniels et al., 2021), anxiety, emotion, personality (Schroder et al., 2015), depression, and drinking habits (Schroder et al., 2016). In a recent meta-analysis, Burnette and colleagues (2020) showed that growth mindsets are consistently, albeit with small effect sizes, negatively related to psychological distress and positively associated with active coping and treatment outcomes. The extent to which individuals with FASD and those

working with them believe they have the potential to grow has tremendous implications for pursuing healthy outcomes (Kapasi, 2020).

Self-determination Theory

Self-determination theory is a meta-theory of human motivation built on the premise that all individuals are oriented toward opportunities for individual growth and that social contexts either support or thwart this inclination (Ryan & Deci, 2017). In self-determination theory, actions that originate from the self are considered autonomously regulated and tend to be associated with internal forms of motivation (e.g., intrinsic). In contrast, actions that originate from outside of the self - such as when a person is compelled to complete a task to gain a reward or avoid a punishment - are considered a form of controlled regulation and associated with external forms of motivation (e.g., extrinsic). Between these anchors are a range of combined forms of motivation that vary in the extent to which they are internalised by the person. Importantly, there are differential outcomes associated with more internal than external forms of motivation. Based on a meta-analysis with more than 200,000 students, Howard et al. (2021) found that intrinsic motivation is consistently related to student success and well-being. While external motivation was also positively associated with performance, it tends to compromise well-being.

Ryan and Deci (2017) explain that social contexts that support individuals' basic psychological needs of autonomy, competence, and relatedness create conditions for intrinsic motivation. Specifically, the need for autonomy involves feeling in control and having choice. The need for relatedness is satisfied through caring and reciprocal relationships. The need for competence is satisfied as individuals feel effective and make progress. Taken together, self-determination theory suggests that more intrinsic rather than extrinsic forms of motivation will be important to sustain action for individuals with FASD and that in helping support intrinsic

motivation, mentors and family members can focus on supporting basic psychological needs (Guay, 2022).

The Current Study

As models for working with individuals with FASD become increasingly strength-based and focused on healthy outcomes (Joly et al., 2022), constructs that have not typically been considered relevant to working with individuals with FASD, such as motivation, become pertinent.

Recognizing the need for explorative research in this domain, the purpose of the current study was to describe frontline mentors' experiences of motivation as it pertains to working with clients with FASD.

Method

We used a qualitative descriptive design (Willis et al., 2016) with focus groups to bring data to bear on the research question: How do frontline mentors experience motivation in working with members of the FASD community? Qualitative description is an appropriate design because our objective was to focus on “manifest surface-level descriptions of a broad range of issues or events” (Willis et al., 2016, p. 1199) related to motivation when working with clients with FASD.

Setting and Participants

This research was undertaken in partnership with [agency named removed for blind review], a large, multi-function social service agency which was created in 1962 to serve Central Alberta, Canada. The frontline mentors who participated in the research ($n = 20$) all worked in the FASD programs offered through the agency and represented a variety of educational backgrounds broadly connected to degrees or diplomas in Human Services, including Social Work, Addictions, Child and Youth Care, Corrections, and Psychology. The mentors were not

individuals with FASD. All programs provide client-centred assistance to families and individuals associated with FASD in becoming independent and developing appropriate interdependence for a fruitful life. Mentors support clients in working toward achieving a wide variety of goals such as completion of school, managing budgets, maintaining housing, completing addiction or parenting programs, looking for and maintaining employment, and maintaining healthy relationships. Mentors attend a variety of training sessions including basic training on FASD, using motivational interviewing, setting professional boundaries, crisis intervention, upholding ethics, and First Aide. Mentors are paired with mentees for up to 3 years working either with families or individuals with FASD. Typically, mentors are matched with mentees based on location, space on caseloads and specific issues. Participants ranged in age from 21 to 60 (Modal age = 31-40), predominantly identified as women, and represented a variety of ethnicities (e.g., African, East Indian), although most identified as Caucasian ($n = 12$).

Procedures and Materials

We conducted five separate semi-structured focus groups via Zoom^(c) with frontline mentors about their experiences of motivation in their work. Focus groups consisted of four to six participants at a time and were grouped according to individuals' membership in a specific FASD program or their position as a supervisor. This created a connection between participants and a shared understanding of their work with FASD clients that allowed participants to focus on the topic of motivation. We circulated an Information Letter before the focus groups to inform participants about the purpose of the interview, the benefits/risks involved with participation, the intended questions, and the plan for data analysis. At the semi-structured focus groups, after a time for clarification, consent was inferred by participation. Focus groups were completed over a two-month period in 2021 and lasted no more than one hour. The same semi-structured focus

groups guide was used in all focus groups (Figure 1); however, the flow of conversation was informal and participants chose which questions to answer and how much to contribute to the conversation. The University's Research Ethics Board approved this procedure.

Rationale for Analyses and Positionality

The focus groups were digitally recorded and transcribed verbatim by graduate student research assistants who had attended the session. The research assistants were all Ph.D. students in an accredited school and clinical child psychology program that focuses on developmental models of children and adheres to a scientist-practitioner model. As a team, they followed three steps to conduct an inductive thematic analysis (Stanley, 2014) on all comments related to motivation and its impact on the work of frontline mentors. First, facilitated by the lead researcher, who is a well-established motivation researcher, the research assistants identified sources of potential bias from their personal experiences and prior teachings on motivation. In particular, they recognized their own beliefs that rewards are a limited form of motivation and their belief that other forms of motivation are often more appropriate. All members of the research team also hold strong beliefs about the dignity and potential of individuals with FASD. Importantly, there was a shared sense of respect for the work of the organisation and recognition that the research team could not fully appreciate the perspectives of frontline mentors. Second, the research assistants open-coded the data independently, identifying meaning units in the full transcripts. Third, during open-coding, they collectively discussed the meaning units and used them to create a codebook to delineate the definition and anti-definition (DeCuir-Gunby et al., 2011) of initial themes and codes anchored by representative verbatim quotes from participants (see Table 1). At this point, they met regularly to discuss the process and their coding to ensure agreement as the original meaning units were re-evaluated according to the agreed-upon

codebook. The codebook was not shared with study participants; however, one member of the organisation participated in the preparation of this manuscript.

Results

The inductive analysis resulted in four overarching themes that represented frontline mentors' experiences of motivation while working with FASD populations: working to motivate clients, the role of systems in motivation, barriers to motivation, and the client's own motivation. Each theme and its specific associated categories are described next.

Working to Motivate Clients

Frontline mentors described various ways in which they motivated their clients. These comments were grouped into three categories. First, frontline mentors commented on *relationships* as a critical element in trying to motivate their clients: “[Team building] is a really big part of motivation for them.” Relationships involved actions such as active listening, perspective-taking, and meeting clients “where they are at.” Although the majority of frontline mentors commented on the importance of relationships in motivating clients, some challenges were noted. For example, one frontline staff member commented on the difficulty of “putting [her] own agenda aside,” while another commented on the difficulty of working alongside as opposed to “working harder” than her clients. Second, frontline mentors commented on *common motivational strategies* used in their day-to-day work, such as using praise, tangible rewards, setting “SMART goals” (Doran, 1981), and helping clients to recognize their progress. When speaking about praise, one frontline mentor commented, “instilling, ‘hey, you did a good job’ helps [clients] build more motivation to be more successful.” Frontline mentors also spoke to the importance of tangible rewards, “little treats here and there,” that could be used as an “extra push” to motivate clients. Although these common motivational strategies were reported to be

successful, frontline mentors also emphasised the importance of using more individualised strategies to foster *client buy-in* to particular goals. These comments centred around leveraging clients' strengths and interests as a form of "motivational currency." One frontline mentor commented on the importance of knowing "whatever makes that [client] tick," while another staff member commented on the importance of knowing that "[motivation] is different for everyone." Overall, frontline mentors clearly articulated specific actions they intentionally took to try and motivate their clients.

Systems Role in Motivation

Frontline mentors also described how client motivation was influenced by systems beyond the staff-client dyad, such as Children's Services. Most often, system influences compelled some clients into action in order to *avoid* negative ramifications to them and/or their families. Some commented that their clients feel motivated to ensure that systems involvement does not become an issue, akin to a preventative measure. For instance, one staff member indicated, "if you think that something bad could happen, you might want to take steps to avoid that from happening, so you're going to be motivated to make choices that are going to stop that bad thing, [like] them coming to take your kids away." Others noted that their clients' motivation can increase after systems might already be involved, for example, one staff member indicated that, "clients jump through the hoops who don't want to do those things but in the end it's to get their kids back."

Barriers to Motivation

Frontline staff identified a number of barriers that affect client motivation and their own motivation as well. These barriers were grouped into two categories: *Negative emotions* and *challenges unique to FASD*. First, frontline staff commented on how negative emotions

experienced by staff and clients, such as anger, vulnerability, anxiety, and burnout, impacted their ability to support clients and/or engage with the program. For example, one frontline mentor shared that

“some of my clients are overwhelmed by what needs to happen, so they just stick with what they’re doing and what’s working for them... they’re just mad and angry about what’s being said about them and their family and their ability to parent, so they don’t feel motivated to make changes to get their kids back they just feel motivated to be mad [laughs] at um this added pressure.”

From a staff perspective, one mentor shared that, “I feel like as a team we experience more burnout now because we’re trying harder and differently and it doesn’t always work especially when there’s different barriers that we haven’t faced before so... it can impact our ability as workers to be motivated.”

Despite a focus on strengths and a desire to support their clients with FASD, frontline mentors perceived that brain-based differences unique to individuals with FASD shaped their notions of motivation, particularly in terms of parental expectations, everyday functioning, and navigating systems of support. For example, one frontline mentor described the importance of supporting parents to “grieve the loss of the ability of their kids sometimes or what they had dreamed what the child would be.” Another staff highlighted how lowered expectations might be needed with the population:

“I think that sometimes with our kiddos with FASD, you think that things like brushing their teeth. With the really most routine and basic steps – they are never going to be motivated – it is more about teaching them the routine, so they just do it because it is the routine, not because they are motivated, it is just part of what you do.”

Frontline mentors also described the challenges parents face navigating systems of support who may not have a comprehensive understanding of the heterogeneity of presentation, diversity of needs, and unique challenges present with supporting an individual with FASD.

Client's Own Motivation

Lastly, frontline mentors described a variety of factors relating to the essence of the client's own motivation. We grouped these descriptions into three categories, including clients' *changes in performance*, their *readiness for change*, and *goal-directed behaviour*. First, staff noted that changes in their clients' performance do not solely look like growth and forward movement but also include that of motivation setbacks. It was noted that success has more than one definition and should be defined in relative terms for each individual. For instance, success for a client might look like "connecting to [their] mentor that day or getting out of bed" and should be viewed as any "movement somewhere along the line." Staff repeatedly commented that they measure changes in their client's motivation against the client's prior performance "compared to what it was before;" although, it should be noted that motivation was not officially recorded or tracked by any mentor. Second, frontline mentors noted the importance of the clients' readiness and willingness to make behavioural changes. When referring to readiness for change, staff noted that some clients are resistant to new change and apprehensive of the implications of doing so, whereas others might feel uncomfortable accepting help. Staff emphasised that their efforts are futile if the client does not yet have the drive for change, noting, "nothing will happen if it [the motivation] is not there." Moreover, for some clients, it is common for them to feel as if someone else is required to be the object of change, for example, "I want them to be fixed. It is always the other instead of the self." Third, frontline mentors remarked that goal-directed behaviour is integral to the successful motivation of both clients and staff in

the program. Staff support their clients by helping them break down big tasks into actionable and manageable steps, but those are really rooted in the client's motivation. They noted the importance of taking into consideration clients' strengths and limitations in setting goals to ensure that the steps needed to reach the desired outcome "actually becomes feasible." The staff highlighted how these steps might be quite small at first to help clients get into motion and begin to feel competent in these endeavours, as evidenced by one staff sharing that this "show[s] them that [they] are capable of following goals and meeting them and it doesn't have to be something grand".

Discussion

Our analyses revealed four elements of motivation that frontline mentors discussed in their experiences working with individuals and families from the FASD community. We discuss how each theme relates to the larger landscape of research in motivation articulated by achievement goal theory, mindset theory, and self-determination theory. We recognize the limitations of this research while highlighting practical recommendations for mentors.

Presence of External Motivators

Within the four themes, one is a clear example of external motivation as distinguished by self-determination theory (Ryan & Deci, 2017): the role of systems in shaping their clients' motivation. Frontline mentors described the power of systems to extrinsically motivate clients' as almost exclusively negative. Systems were not only an external form of motivation but one that inculcated avoidance motivation as described by achievement goal theory (Elliot, 1999). Chazan and colleagues (2022) explain the possible harms of avoidance motivation because of its associated fear of failure and additional stress. Frontline mentors echoed these concerns that the external motivation by systems tended to create movement out of fear of loss rather than possible

opportunities. Based on Ames (1992), Chazan and colleagues (2022) make several recommendations for ways school psychologists can focus assessment practices on mastery-approach goals. Such recommendations could be extended to the work of frontline mentors to understand the risks of avoidance motivation and ways to bring goals back to approach forms by having targeted tasks, sharing authority, and recognizing individual improvement.

Helping Clients Internalise Motivation

In the broad theme of Working to Motivate Clients, frontline mentors describe the tension between using external rewards to motivate and trying to satisfy clients' basic psychological needs and create internalisation. On the one hand, several of the actions taken by frontline mentors can support the development of intrinsic motivation in their clients, such as building relationships and helping clients view their progress as a development of competence. On the other hand, oftentimes the conversation revealed these potentially need-supportive actions were part of an intentionally extrinsic motivation plan. These actions represent what mentors *do* to motivate their clients including trying to spark clients' internal motivation. Overall frontline mentors experienced their efforts as beneficial even though they did not always lead to the desired results. There is an opportunity here for frontline staff to become better versed in the spectrum of motivation so that they can create more opportunities for clients to internalise goals (Ryan & Deci, 2017). Guay recommends that rewards "should be replaced by more positive need supportive behaviours such as autonomy support, structure, involvement, significant activities, and collaboration" (2022, p. 86). Based on the current narratives, frontline mentors seem to be using extrinsic motivators and need satisfaction in an additive fashion that may prevent intrinsic motivation from being fully realised.

Internal Sources of Motivation and Growth

The potential for intrinsic motivation and growth was further contextualised by what frontline mentors viewed as limitations to motivation inherent to the difficulties associated with FASD itself. On the one hand, mentors could build on their client's readiness for change, help them identify goals, and then point out instances of growth and progress. On the other hand, mentors admitted that what progress looked like and the expectations of sustained motivation were complicated by the realities of deficits associated with FASD. Keep in mind, these frontline mentors likely have some of the best understandings of the potential for individuals with FASD and yet still describe motivation as being impacted by the cognitive impairments related to the diagnosis. In other words, frontline mentors simultaneously believed clients could and could not grow and be intrinsically motivated. Dweck (2016) now refers to this as a false growth mindset that occurs when the theory is misunderstood or misrepresented. One of the main indicators of false growth mindsets is a mismatch between words and actions. Thus, one implication of these results is to help frontline mentors understand how to action growth mindsets, perhaps by building intrinsic motivation through basic psychological need satisfaction. Additionally, this is a good reminder that the beliefs associated with deficits are persistent and difficult to change, even in the most well-intentioned support systems.

Goal Setting is Different Motivation than Goal Attainment

Goal setting was described both as a motivational strategy that frontline mentors used and one that was part of clients' own motivation. Goal setting itself did not seem to pose a motivational challenge. Frontline mentors expressed being able to help clients identify personally relevant goals that came from the client. In turn, they described creating manageable steps towards the larger goal and being able to adjust goals as challenges were encountered. Despite

doing many of the things that researchers and practitioners recommend in terms of goal-setting (Locke & Latham, 2019), frontline mentors and clients struggled to achieve their goals. This led to discouragement and negative emotions for both the staff and clients, which is contrary to adaptive motivation. This seems to be one place where motivation theory stands to offer specific recommendations to support work with individuals with FASD. In particular, placing goal-setting strategies in the broader scope of achievement goal theory would allow frontline mentors to focus on both approach and avoidance goals (Elliot, 1999). It would also allow a conversation about mastery compared to performance as a category of competence being worked towards (Chazan et al., 2022). These are nuances that most approaches to goal setting (e.g., SMART goals) do not take into account and could provide a more fulsome understanding of the actual nature of the goal itself.

Limitations and Future Directions

The results of this study need to be considered in light of three main limitations. First, we partnered with one organisation that offers support to individuals with FASD. Although it was never our intention to generalise, the perspectives and stories we heard may be constrained to the organisational structure and mandate enacted through cultures, values, and training as well as the personal beliefs and histories of mentors themselves. Second, despite the standing partnership with the organisation we did not engage in member checking of the thematic analysis itself with all the study participants. Instead, one member of the organisation was invited to comment on the appropriateness of this manuscript and supported its findings. Third, although fully in keeping with a qualitative descriptive design, we did not quantify or use a specific threshold to determine the meaningfulness of the results. The inductive process was emergent, collaborative, and team

based in order to increase the trustworthiness of the results, however, other approaches to understanding motivation in this context will make an important contribution to future research.

In terms of future research and implications, three comments are pertinent. First, more research is needed on motivation in FASD populations. Motivation research is gaining traction in other neurodiverse groups, including individuals on the autism spectrum (Goldfarb et al., 2021), students with attention-deficit/hyperactivity disorder (Smith & Langberg, 2018), and children with specific learning disabilities (Louick & Muenks, 2022). However, FASD remains under-represented in terms of empirical evidence documenting the role of motivation in goal attainment. Both qualitative and quantitative studies are needed involving individuals with FASD across the lifespan. This research makes an important contribution by considering experiences of motivation from the perspective of mentors, but similar research on motivations involving FASD individuals themselves is of critical importance. Second, following the design of the current study, we believe future research needs to approach the study of motivation in FASD populations through partnerships between community organisations and researchers. Motivation researchers have long been calling for studies that fit into “Pasteur’s Quadrant” (Pintrich, 2003) of research inspired by specific needs. Keeping close connections between motivation researchers, FASD researchers, community organisations, and individuals with FASD themselves will help reach this goal. Third, frontline mentors need opportunities to learn about motivation as a scholarly construct and one with substantial evidence to support their work. Towards this end, motivation researchers need to offer professional development, create online resources, and publish their work in places accessed by frontline mentors. Easy access to these types of materials can provide a road map for mentors to consult when they encounter motivational challenges working with individuals with FASD. Such materials can be shared with frontline mentors, and their

effectiveness evaluated in terms of both actual movement towards goals and in terms of the psychological benefit of feeling empowered to address client motivation.

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Figure 1

Semi-Structured Focus Group Script

Semi-Structured FOCUS GROUP Script

Researcher: Thank you for participating in this focus group discussion. This session is all about you sharing about your experiences and challenges. We want to understand the types of motivation challenges you encounter in your work. If possible, please keep your cameras on for a more “in person” feel. We are recording the audio for the discussion so we don’t miss any information. Your comments will be anonymous in any reports or publication; that is, we will not identify your name. Also remember that your participation is voluntary and you can choose to leave the discussion at any time. You also can choose to answer or not answer any of the questions. Please note, these are guiding questions only and we will follow the flow of the conversation.

Type of Work

1. Tell us a little bit about the type of work you do? Who are your clients? What do you help them with?
2. Can you tell us about a great moment? A success story of sorts? What do you think helped make this a success story?

Researcher: Let’s turn to motivation more specifically....

Motivation

1. When you think of the word “motivation” what comes to mind?
2. What does motivation mean to you in your professional role? Give us some details.
3. How important is motivation to your clients’ outcomes?
4. What sort of challenges in your work do you encounter that you think might be rooted in motivation? What makes you think these are motivation issues? How do these challenges make you feel?
5. Can you tell us about a time you knew you were tackling a motivation issue? What did you try? How was it received? Were you successful? How do you know?
6. What is the biggest motivation challenge you perceive in your work? If you had a magic wand, what would you want it to do in terms of motivation?

Researcher: That is all I have for questions. Thank you so much for participating in this study and contributing your time. As you know, your comments here will help shape a Professional Development session for [organisation removed for blind review] in the new year. We look forward to seeing you then and continuing this partnership. If you have any questions, please feel free to email a member of the research team.

Table 1.

Codebook Created through Deductive Thematic Analysis

Qualitative thematic categories related to frontline mentors' experience of motivation while working with clients with FASD

Thematic category	Definition	Codes
Working to motivate clients	Actions taken by mentors to motivate clients	Relationships Common motivational strategies Client buy-in
Systems role in motivation	Systems involvement that motivates clients to take action	Avoidance
Barriers to motivation	Factors that negatively impact the motivation of clients and mentors	Negative emotions Challenges unique to FASD
The client's own motivation	Factors related to clients' motivation	Changes in performance Readiness for change Goal-directed behaviour
