Life stories as psychoeducation: Their effect on a teacher's ability to support high and complex needs students in their classrooms.

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Abstract

This thesis explored the use of life stories as an effective psychoeducational tool to improve teachers' empathy towards a student exhibiting challenging behaviours. This study aimed to explore if reading a strength-based narrative about a young person's life impacted how teachers attributed responsibility for student behaviours; the responses that they deemed appropriate to respond to their behaviour; the supports identified to successfully address their behaviour; as well as the barriers to implementing successful support(s). Teachers in this study, although already highly empathetic, increased in their level of empathy and compassion after reading a trauma informed, strengths-based life story. Teachers in this study before and after reading the life story preferred restorative responses; of note is that they significantly increased in their use of preventative strategies after reading the life story. As expected, the supports identified to successfully address challenging behaviour remained largely focused within the school context; however, there was a noticeable uptake in tailored supports focused on addressing the child's needs in the context of their home, school, and community environments. This indicates that the life story allowed teachers to effectively individualise supports to meet the unique needs of the student. This was further reinforced by the significant decrease in identified barriers to successfully implementing supports following the life story. Life stories could be adopted by many social services to support those around young people with high and complex needs to better understand, respond to, and support them. Life stories can be a valuable tool to build better relationships and make positive changes in the lives of those being supported, and also those doing the supporting.

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CHAPTER 1

Literature Review

Attachment Theory

Children need a safe, stable, and quality relationship with their attachment figures for normal development to occur (Kilrain, 2017). A child's internal schema of a caregiving relationship is primarily affected by how a child's attachment figure(s) responds to them when they seek proximity in times of distress (Talley, 2005). Once fully developed, this schema impacts a child's sense of worthiness of attention and love and impacts children's perceptions of others as either safe or unsafe. Children who are consistently adversely treated and traumatised by their attachment figure(s) can develop abnormal learnt behaviours to get their needs met and may adopt a maladaptive understanding of relationships (Talley, 2005).

Children adopt one of four attachment styles to gain access to their attachment figures, in order for the adult to soothe the child in times of distress. Children whose parents respond appropriately when they show signs of distress develop a secure attachment (Main, 1990). Children who are securely attached see their parents as an anchor from which they can experience the world and then return safely. Secure attachment results in the development of life-long self-soothing techniques, an increased sense of self-worth, and the ability to see others as safe and responsive to their needs (Main, 1990).

Children who do not receive appropriate attention from their caregivers when distressed develop an insecure attachment style. This attachment style results in the child experiencing increased feelings of anxiety and anger (Bowlby, 1998). Insecure attachment most commonly will result in avoidant attachment. A child with an avoidant attachment sees their attachment figure(s) as unreliable, leading them to dull their negative emotions to maintain access to their attachment figure(s). Children with an ambivalent attachment will be unwilling to be

separated from their attachment figure(s) and will exaggerate their negative emotions to maintain consistent access (Izard & Kobak, 1991). Finally, children that have no consistent way of accessing their attachment figure in times of distress will most likely adopt a disorganised attachment style (Talley, 2005). When attachment figures are unpredictable children can become fearful of how their attachment figure might react when they are distressed, leading them to use inconsistent methods to self-soothe. This attachment style is most commonly found in abused and neglected children (Lyons-Ruth & Jacobvitz, 1999). Adverse experiences and events in childhood can negatively affect a child's attachment relationship with their caregiver(s) and exacerbate the negative effects of attachment issues into adulthood.

Adverse Childhood Experiences

It is well-researched that children exposed to Adverse Childhood Experiences (ACEs) are at a heightened risk of developing health and behavioural problems (Walsh et al., 2019). The original ACEs are made up of 10 adverse experiences, including: physical abuse; emotional abuse; sexual abuse; emotional neglect; physical neglect; parental mental health; incarcerated family member; parental substance abuse; exposure to domestic violence; and divorce (Felitti et al., 1998). ACEs are hypothesised to damage critical nervous system pathways that mediate biological and physiological reactions to stress (Voellmin et al., 2015). These harmful reactions to stress can result in cognitive attention problems, memory issues, and behavioural problems that impact a child's ability to engage and participate in school (Danese & McEwen, 2012; Thompson, 2014). ACEs can also contribute to the development of maladaptive cognitions and thinking styles which can heighten an individual's risk for experiencing mental distress and adopting habits that can lead to poor health outcomes, such as, smoking, substance abuse, and risk-taking behaviour (Ramiro et al., 2010).

To give an indication of the incidence of ACEs in a New Zealand population, a study by Reuben et al. (2016) used data collected from the New Zealand Dunedin Study (which follows a cohort of New Zealanders born between 1972-1973) and found that 15% of the cohort reported experiencing four or more ACEs. Research suggests that children who experience four or more ACEs are at a significantly increased risk for developing chronic health conditions, experiencing mental distress, and partaking in risky behaviours (Boullier & Blair, 2018). An Aotearoa New Zealand study by Jimenez et al. (2016) concluded that children with more than three ACEs were significantly associated with having behavioural problems and lower academic skills compared to other children in their first year of kindergarten.

The effect of ACEs on children's functioning and performance in kindergarten suggest evidence of a concerning trajectory for children who have experienced ACEs when transitioning from kindergarten to primary school and then later onto secondary education. Walsh et al. (2019) aimed to explore the association between ACEs and school readiness using the Growing up in New Zealand cohort. This study tracked 5,562 children longitudinally and collected data on eight ACEs. The ACE relating to childhood sexual abuse was not explicitly included in this study, for reasons that were not stated. Results showed that 52.8% of the participants had experienced at least one ACE, and 2.6% were reported as experiencing four or more ACEs. It was also found that children with a family income of less than $20,000 experienced 3x more ACEs when compared with children with a family income of more than $150,000. Children whose mothers did not finish high school were 13x more likely to experience 3-4 more ACEs than children whose mothers had tertiary qualifications. In the context of school, children who could only identify between 0-1 letters in the DIBELS Letter Naming Fluency Test had 1.8x more ACEs when compared with children who could identify over 7 letters. Finally, children who were reported as not having experienced any

ACEs had an average score of 9.6 on the DIBELS test; this score decreased as ACEs increased, showing the cumulative effect of ACEs on school-aged children. This study highlighted the heightened risk for ACEs for children who live in financially and educationally disadvantaged family environments and how these factors exacerbate the negative effects of ACEs on children's academic ability in the classroom.

Biopsychosocial Model of Development

As stated above, the contextual environment in which a child is nurtured influences their development in a multitude of ways. In their review of empirical findings, Dodge and Pettit (2003) explored the Biopsychosocial Model as a possible explanation for the development of chronic conduct problems in adolescence. This model proposes that a myriad of factors contribute to the development of conduct problems; these factors are compiled from the research developed by prominent theorists, including Michael Rutter, Rowell Huesmann, Terrie E. Moffitt, and Gerald R. Patterson. The term 'conduct problems' commonly refers to two diagnoses: oppositional defiant disorder (ODD), and conduct disorder (CD), defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013). Throughout the literature, conduct problems are also commonly referred to as 'school behaviour disorders', highlighting the prevalence of conduct problems in school-aged children and the effect that these issues have in the classroom (Knitzer, 1990).

The biological portion of this model explores the research of genetic and biological predispositions for conduct issues. It is well documented that males display more aggressive and externalising behaviours when compared to females (Dodge & Pettit, 2003). Eley et al. (1999) and Taylor et al. (2000) concluded a moderate degree of heritability from childhood to adulthood for aggression, delinquency, anti-social behaviour, and externalising problems.

Behavioural genetics research has revealed that a child's level of impulsivity, addiction tendencies, attention deficit issues, and temperament play a part in the development of conduct issues that children carry into adulthood (Martel et al., 2008; Smith & Hung, 2012).

While genes such as monoamine oxidase-A are identified as possibly having a role in the development of conduct issues, the likelihood of conduct-issues eventuating and being maintained depends on a complex interaction between genes and the child's environment (Rutter et al., 1997). These polygenetic factors are attributed with placing the child at a higher risk of finding ordinary tasks more challenging to manage, thus placing them at a higher risk for developing maladaptive ways of coping (Rutter et al., 1990). Children exposed to opiates, methadone, alcohol, marijuana, or cigarettes in utero are also at a heightened risk for developing conduct related problems (Day et al., 2000; De Cubas & Field, 1993; Goldschmidt et al., 2000; Olson et al., 1997).

The psychological portion of this model explores the research concluding that conduct problems develop and are subsequently mediated or maintained through life experiences with peers, parents, and social institutions (Dodge & Pettit, 2003). It has been shown that inconsistent and harsh parenting during the first five years of a child's life is a significant risk factor for conduct problems in adolescence (Holmes et al., 2001). Additionally, studies have shown that most delinquent adolescents who commit crimes do so in groups of 2-3, signalling that association with anti-social peers heightens the risk of offending in young people (Chung et al., 2002).

The sociological portion of this model highlights that the sociocultural context in which a child is born is just as influential as biological predispositions in the development of conduct problems (Dodge & Pettit, 2003). Early social disadvantage in a child's family, community, and wider societal context places them at a heightened risk for developing

conduct problems. Bradley and Corwyn (2002) conclude that socioeconomic status, level of poverty, and parental education/occupation/income are the most significant and consistent predictors of conduct-related problems.

Attachment theory, ACEs, and the Biopsychosocial Model of development all work together to produce a comprehensive understanding of how a child's biological predispositions, attachment relationships, experiences of trauma, and social contexts accumulate to map a child's trajectory through life. A child's early experiences of attachment relationships affect their ability to appropriately express their feelings to get their needs met (Talley, 2005). This highlights that maladaptive attachment styles disrupt the development of life-long self-soothing techniques to manage distress. The negative effects of disordered attachment relationships can be exacerbated by ACEs which affect a child's biological and physiological reactions to stress, often resulting in exaggerated and abnormal behavioural reactions to perceived threats (Voellmin et al., 2015; Danese & McEwen, 2012; Thompson, 2014). The Biopsychosocial Model of development brings these factors together to suggest that a child's biological differences, relationships with others, and social contexts interact to heighten the risk for the development of conduct problems throughout a child's life span (Dodge and Pettit, 2003).

Impact of Childhood Trauma: Nervous System

As evidenced by the research discussed above, a child's upbringing and negative life experiences can significantly impact their performance in the classroom, emotion regulation skills, and ability to form and maintain meaningful relationships with those around them (Walsh et al., 2019; Danese & McEwen, 2012; Thompson, 2014). Trauma is an extremely negative life experience, and can be defined as "an acute or chronic life event that threatens one's physical or emotional wellbeing" (National Child Traumatic Stress Network, 2003).

While trauma can be an outcome of ACEs, trauma can also result from other forms of sustained stress that are not necessarily included in the list of ACEs (Holman, 2018).

In their study, Thompson et al. (2014) suggest that chronic childhood maltreatment is linked to increased sensitivity of the fight-flight-freeze response, resulting in greater emotional dysregulation among traumatised children. Children who have experienced traumatic events in childhood, like chronic maltreatment, often live in highly volatile and unpredictable environments (Andersen, 2003). An unpredictable home environment can cause children to live in a constant state of stress, forcing them to spend much of their time in 'survival mode' to keep themselves safe. A child's brain that is in a constant state of survival often re-structures itself to be hypersensitive to its surroundings, heightening the senses to react quickly if a threat were to arise (Perry, 2001b). Chronic hyperarousal to danger can cause the brain and the nervous system to misinterpret non-threatening encounters as very real and dangerous threats that require immediate responses to survive.

The way young people appraise and interpret traumatic events can buffer against or exacerbate the harmful effects of trauma. Trauma manifests itself in many psychological and physiological ways, including but not limited to: irritability and temperament issues; hyper or hypo arousal; fear responses like freezing, fighting, or fleeing; dissociation; and distressing and intrusive thoughts (Van der Kolk et al., 2005). These psychological and physiological reactions to stress and trauma have been linked to impaired attention, memory issues, lack of impulse control, low mood/affect, and impacted ability to form and maintain interpersonal relationships with peers and adults. Chronic exposure to stressors and symptoms of trauma can impact the structure and function of some regions of the brain, such as the Limbic-Hypothalamic-Pituitary Adrenal Axis (LHPA), amygdala, cerebral cortex, prefrontal cortex, and sympathetic nervous system (Davis et al., 2015). For example, sustained and intense

exposure to trauma can impair the LHPA's ability to accurately recognise and regulate necessary neurochemical responses to stress.

Traumatised children and their bodies learn what fear response renders them the safest from harm (Perry, 2001b). Some traumatised children respond to appraised 'threats' by fighting the threat, fleeing from the threat, or freezing to make themselves invisible to the threat. Hypersensitivity to appraise situations as threatening causes children to react in exaggerated and inappropriate ways, often getting them into trouble at school. Initiating and engaging in physical and verbal fights, absconding from class or the school grounds, and freezing in a dissociative like state (that can be misinterpreted as inattention) are all examples of how the fight-flight-freeze response can manifest in a school environment (Rosenbaum-Nordoft, 2018).

Impact of Childhood Trauma: Emotion Regulation

Traumatised children whose early interactions with their attachment figure(s) are stressful and unpredictable miss crucial opportunities to regulate their emotions in healthy and appropriate ways (Morris et al., 2007). Exposure to chronic maltreatment resulting in hypervigilance often renders children less likely to engage in appropriate skills to regulate their emotions since they are solely focused on survival. It is also important to note that (as mentioned above) chronic, repetitive and sustained maltreatment during such a sensitive period can disrupt normal brain development (Thompson et al., 2014). Neurological changes to regions such as the prefrontal cortex (responsible for higher-order thinking) can have harmful and long-lasting effects on children across their lifespan. In turn, this has a potential precipitating effect for the development of personality traits associated with anti-social behaviour and personality disorders such as borderline personality disorder into adulthood (Rogosch & Cicchetti, 2005).

Impact of Childhood Trauma: Interpersonal Relationships

Perry (2001a), in their article, notes that the ability to form and maintain meaningful and productive interpersonal relationships is key to a positive and healthy trajectory in life. This skill is a complex one that we are not born with. Attachment figure(s) modelling of safe and appropriate relationships in a child's early years are responsible for mapping children's cognitive schemas of what a healthy relationship looks and feels like. A healthy schema of intimate and interpersonal relationships gives children the capacity and desire to seek out and maintain meaningful relationships with others. Perry (2001a) emphases that a child's early experiences and exposure to safe and reliable relationships in the first three years of their lives are particularly significant since 90% of the human brain is fully developed by three years of age. These early years are when the brain is particularly 'plastic' to facilitate the organisation and implementation of important psychological, physiological, social, and behavioural systems that follow children into adulthood.

Children who have experienced severe emotional neglect by their attachment figure(s) miss out on developing the skills, desire, and capacity to make and maintain intimate and interpersonal relationships across their lives (Perry, 2001a). This effect is cumulative, meaning that the severity of a child's inability to form and maintain relationships is related to the severity and level of sustained emotional neglect they experienced in their earliest years.

Children who experience sustained and repetitive trauma like chronic childhood maltreatment can be at risk of developing a form of Post-Traumatic Stress Disorder (PTSD) called Complex PTSD (CPTSD) (Arabi, 2021). CPTSD includes common PTSD symptoms, such as, hypervigilance, avoidance, night terrors, and dissociation; with the additional symptoms of emotional dysregulation, distorted perception of the self, and difficulties in forming and maintaining interpersonal relationships indicative of Complex PTSD.

Experiencing chronic maltreatment in childhood can cause children to distrust the intentions of other adults and peers, leading them to isolate themselves by avoiding forming relationships with others. The other end of the spectrum is where traumatised children will form 'trauma bonds' with their abusers to keep them from harming them further (Perry, 2000). Trauma-bonded children tend to engage in people-pleasing behaviours to keep themselves safe by always ensuring that their abuser is kept happy. Chronically traumatised children can also develop a tendency to seek out relationships that repeat the same cycle of abuse that they are conditioned to recognise is safe and familiar. These tendencies have a flow on effect into children's relationships with others, including peers and figures of authority, for example, their schoolteachers.

Impact of Childhood Trauma in the Classroom

As the previous sections discuss, experiencing a traumatic event such as: being abused; witnessing abuse; injury; accidents; natural disasters; or witnessing a family member go through a life-threatening illness can have long-lasting effects on a child's performance and behaviour both inside and outside of the classroom (Perfect et al., 2016). Exposure to traumatic experiences during childhood is associated with poorer academic performance, lower IQ scores, and deficits in speech and language abilities (Perfect et al., 2016). Experiencing traumatic events in childhood is also linked to higher risk of developing anti-social behaviours, aggressive tendencies, emotion regulation issues, and attention deficit hyperactivity disorder (ADHD), which can lead to an increased risk for school non-attendance and suspensions/expulsions.

However, this is not to say that all children who experience one or more traumatic events will react to trauma in a way that causes dysfunction in the classroom (Burke et al., 2011; Copeland et al., 2007; McLaughlin et al., 2013). It is important to recognise the

influence of the context and environment in which the child lives, in order to identify the children most at risk for reacting to trauma in a maladaptive way. A longitudinal study of young people who had experienced a history of trauma between the ages of 9-16 found that young people who came from adverse family environments were at the highest risk for experiencing the negative impacts of trauma (Copeland et al., 2007). A child who experiences trauma or ACEs in their formative years is at a heightened risk for developing maladaptive responses to trauma and PTSD symptoms, highlighting the compounding nature of trauma throughout a person's lifespan.

In their systematic review, Perfect et al. (2016) identified three core ways trauma impacts a child in the classroom. Firstly, trauma impacts a child's level of cognitive functioning, specifically causing deficits in reasoning, memory, attention, language, and overall intelligence. Secondly, trauma impacts a child's academic functioning, evident in lower test scores for children who have experienced a history of trauma compared to their classmates (De Bellis & Thomas, 2003). Finally, children who have experienced a history of trauma are identified by their teachers as socially, emotionally, and behaviourally impaired in the classroom, negatively affecting their cognitive and academic performance (Perfect et al., 2016).

Perfect et al. (2016) also share studies highlighting that young people who have experienced trauma related to maltreatment had on average more discipline referrals and suspensions from school compared to their classmates (Eckenrode et al., 1993). Similarly, Shonk and Cicchetti (2001) found that children exposed to trauma related to maltreatment were at a significantly higher risk of having to repeat a year at school, a higher number of absences, and increased involvement with education-based services.

Importance of Teachers

A significant body of research suggests that students' relationships with their teachers profoundly influence their academic performance, psychological adjustment, and motivation to engage in learning (Fredriksen & Rhodes, 2004). Students spend a large chunk of their lives in the classroom, where they form meaningful interpersonal relationships with their teachers and peers. Evidence suggests that a supportive relationship between teachers and their students facilitates increased student motivation to engage in less preferred subjects (Klem & Connell, 2004).

Importantly, studies point to the teacher-student relationship impacting not just educational achievement and engagement but also social and emotional functioning. Research in preschool-aged children has demonstrated that secure attachment with a teacher partially mediates a student's insecure attachment with their primary caregiver(s). Similarly, in primary school-aged children, the perception of a high level of teacher support and a positive student-teacher relationship was associated with higher scores relating to social and emotional adjustment (Colarossi & Eccles, 2003; Hoge et al., 1990; Hughes & Cavell, 1999; Mitchell-Copeland et al., 1997; Murray & Greenberg, 2001). Changes in students' perceived level of support from their teacher showed a bidirectional relationship with increases and decreases in self-esteem and depressive symptoms respectively.

Thus, these findings suggest that a positive perceived level of teacher support acts as a buffer against the development of low self-esteem, symptoms of mood disorders, and difficulties in the classroom (Davis, 2003). This indicates that a positive, supportive, and caring relationship between teachers and students assists in developing behavioural, social, cognitive, and emotional skills linked with secure attachment. Some researchers even suggest that the teacher-student relationship is an extension of the parent-child attachment

relationship (Verschueren & Koomen, 2012). This teacher-student relationship is clearly an enduring one that remains of high importance for all school-aged children.

The development of a supportive teacher-student relationship depends on the beliefs, values, and skills of both the teacher and the student (Fredriksen & Rhodes, 2004). Fredriksen and Rhodes (2004) argue that a teacher's expectations and beliefs of a child directly influences their relationship with a student. However, children who are insecurely attached to their primary caregiver(s) are less likely to have the skills necessary to engage in a close and supportive relationship with their teacher. Negative teacher-student relationships often include conflict, lack of positive interactions, and frequent reprimands. Research has shown that students who have negative relationships with their teachers are also likely to exhibit inattentive, internalising, and anti-social behaviours in the classroom (Pianta & Nimetz, 1991).

It is well documented that students who exhibit behavioural problems in the classroom perform poorer socially and academically compared to their peers (Baker et al., 2008). Research shows that students with behavioural problems are more likely to have negative interactions with their teachers (Nelson & Roberts, 2000). Teachers' training in effective classroom management, their associated beliefs, and their preconceived ideas about the reasons for student misbehaviour directly influence the way they manage the classroom and respond to students with behavioural problems (Little et al., 1997). Relevant research highlights that effective classroom management is key to encouraging student engagement and reducing disruptive behaviours (Wang, 1994). Research suggests that behaviour-specific and contingent praise are effective strategies to influence student behaviour positively; however, this technique is used less than five per cent of the time by teachers (Gable et al.,

2009; Sutherland et al., 2008). Attributions about behaviour may influence responses teachers may make to students.

Teachers' perceptions and attributions about a student's behaviour lead them to draw assumptions about why disruptive students behave in the way that they do; however, these causal conclusions are rarely ever objective (Miller, 2003). Nonetheless, how a teacher interprets a student's behaviour influences how they respond to them in the classroom. For a teacher to effectively support a disruptive student in the classroom, they need to understand whether their behaviour stems from internal or situational/external factors, or both (Little et al., 1997). Teachers that attribute student misbehaviour to an external force (home environment) are more likely to adopt prosocial strategies such as positive reinforcement to manage behaviour. These teachers are also more likely to seek additional support services for these students (Miller, 2003). Conversely, teachers who attribute student misbehaviour as internally caused by the student themselves are more likely to use reprimands to manage student behaviour (Weiner, 2005). This emphasises the need for teachers to be aware of their perceptions and attributions of students and how they influence their classroom management techniques (Johansen et al., 2011).

Teacher training and Professional Development (PD) opportunities are particularly important in giving teachers the tools to effectively evaluate and manage challenging behaviour in the classroom. Research exploring New Zealand teachers' perceptions of how well their tertiary education and PD opportunities prepared them to effectively manage classrooms revealed overall dissatisfaction. It was particularly identified that training and PD opportunities left them underprepared to effectively manage challenging behaviour in the classroom (Anthony et al., 2008).

A subsequent study conducted by Johansen et al. (2011) explored New Zealand teachers' perceptions and attributions of behaviour, classroom management, and teacher training for effectively coping with problem behaviours in the classroom and found similar results. This study surveyed 42 teachers working in five different primary schools across the Hawke's Bay area. 31% of teachers taught students in Years 1 and 2, 42.0% taught students in Years 3 and 4, and 26.2% taught students in Years 5 and 6. Across this population, the average amount of years spent teaching was 14.7 years. The survey consisted of twenty questions, comprised of eleven 5-point Likert Scales, six yes or no questions, and three multiple-choice questions.

The results from Johansen et al. (2011) showed that a large majority of the teachers believed that problem behaviours resulted from external factors that the student could not control. 61.9% of the participants believed that problem behaviours in students were 'rarely' able to be changed. 88.1% of the participants identified that mismanagement of the classroom was either 'sometimes' or 'very often' at the root of disruptive behaviour in the classroom. This suggests that a number of teachers acknowledge that they have a significant role in influencing student behaviours. 61% of participants even reported that they felt Positive Behavioural Interventions (PBI) failed to change challenging student behaviours. Many cited students' unwillingness to change as the reason PBIs were unsuccessful. 73.8% of teachers in this study indicated that they had not received training specific to behaviour and classroom management during their tertiary education, and 83.8% identified that their tertiary training was inadequate in preparing them to manage challenging behaviours. 81% reported that they had opportunities to engage in Professional Development related to behaviour management through their workplaces but found that the trainings were not particularly targeted or useful.

Overall, this study highlights inadequacies in the tertiary training of teachers and shows a need for the development of practical and targeted PDs focusing on effective behaviour and classroom management. This study also points to the need for teachers to be aware of their perceptions and attributions of students' behaviours, as this directly affects how they respond to and effectively manage challenging behaviours in the classroom.

Emotional Environment of the Classroom

It is clear that teachers' classroom management skills and understanding of student behaviours has a significant influence on the dynamics of the classroom environment. Harvey (2004), in their thesis, extended on existing research that suggested parents' emotional interactions with their children influence a child's ability to regulate their emotions to include the role of teachers. Since students spend a good proportion of their life in the classroom, the emotional environment that a teacher fosters significantly influences students' abilities to regulate their emotions. Positive emotional environments and relationships between the student, their peers, and their teacher mediate and soften the delivery of behavioural and disciplinary strategies when a student exhibits challenging behaviours.

Harvey (2004) identified factors that teachers felt were necessary to foster a positive emotional environment in their classroom. This study consisted of 22 teachers from small towns and farming communities in New Zealand. These teachers took part in focus groups to discuss how they constructed safe and positive emotional environments in their classrooms. Several components to constructing positive environments were identified by teachers as important; these are detailed as follows.

Emotional relationships between the teacher and their students facilitate effective communication and reinforce to the students that the teacher is invested in their success. Emotional relationships can be developed by taking the time to get to know each individual

student as well as the dynamics of the class. This emotional relationship was suggested to be bidirectional; teachers perceived that allowing their students to get to know them on a deeper level cultivated a stronger relationship. Emotional relationships can be maintained by using regular positive reinforcement, taking an interest in students' interests, and being responsive and available. Facilitating positive peer relationships between classmates by encouraging students to support and look out for each other was also felt to be crucial to achieving a positive classroom environment.

Harvey's (2004) research suggests that a teacher's awareness of their students' emotions (as well as their own) is critical for creating a positive emotional classroom environment. The study concluded that teachers need to be aware of their emotional states and how these affect their students; teachers who were able to empathetically understand their students' emotions appreciate their students as human beings with complex emotions that influence their classroom behaviours. Awareness of their students' emotions as well as their own allows teachers to recognise distress quickly and deescalate themselves or their students effectively.

Teachers identified emotion coaching as helpful in managing their own emotions as well as an important tool for encouraging students to be aware of theirs (Harvey, 2004). Teachers who can label and appropriately express their emotions maintain a positive emotional environment in the classroom by modelling appropriate emotional regulation to their students. Teaching students how to recognise, name, and express their emotions in a productive way can help to counter maladaptive ways of expressing feelings that often lead to disruptive and anti-social behaviours.

Teachers' emotional intrapersonal beliefs. emotional attitudes, emotional philosophy, and emotional acceptance were identified as critical to creating and maintaining a positive

emotional environment in the classroom (Harvey, 2004). Teachers' passion for teaching, willingness to adapt the classroom environment to the cultural needs of their students, recognition that emotions are a part of students learning experiences, and the ability to not take student behaviours personally all contribute to a positive emotional educational environment. Finally, Harvey (2004) identifies that teachers' emotional standards for their students and ability to put in clear, consistent, and fair emotional boundaries are critical to creating and maintaining a positive emotional environment in the classroom.

'High and Complex Needs': The New Zealand Context

In addition to teacher's training, classroom management skills, perceptions, and the emotional climate of the classroom, teachers often need to manage 'high and complex' needs students in their classrooms. These 'high and complex' needs students often have experienced high levels of ACEs and trauma that cause cognitive, social, emotional, or behavioural needs that require further support in the classroom (Perfect et al., 2016). In 2021, across New Zealand, there were 474,709 students enrolled in primary school education, 285,019 students enrolled in secondary school, 4,023 students enrolled in special education, and 62,821 students enrolled in Composite schools, which combine students of different years and levels (Ministry of Education, 2022). As of 1 July 2021, of those students, 10,496 were receiving Ongoing Resourcing Scheme (ORS) funding. ORS is a funding stream that schools can apply for and access to support students with very high needs. Students receiving ORS funding represent 1.3% of the total schooling population. 7,917 of these students (75.4%) were classified as High Needs, and the remaining 2,579 students (24.6%) were classified as Very High Needs by the ORS. The number of students accessing ORS funding has steadily increased from 7,548 students in 2011 to 10,496 students in 2021, indicating an

increase in the need to support high needs students in our schools (Ministry of Education, ORS, 2022).

Children who meet the criteria for ORS support must have “ongoing extreme or severe difficulty with one or more of the five areas of need” or have “ongoing moderate to high difficulty with learning, combined with two other areas of need at a moderate to high level”. These areas of need include learning, hearing, vision, physical and language use/ability to communicate socially. Children who meet the criteria will be able to access extra teacher aide support and extra funding for specialist services depending on their level of need (Very High, High, or Moderate) (Ministry of Education, 2021a).

It is fair to suggest that stand-downs, exclusions, and expulsions from schools are an indicator for high needs students. In 2019, before COVID-19 began to impact schools, approximately 29 students per 1,000 were stood-down from school, four students per 1,000 were suspended, and two students per 1,000 were either excluded or expelled from school that year (Ministry of Education, Stand-downs, Exclusions, & Expulsions, 2022). This has remained relatively stable over the last decade.

At the Post Primary Teacher's Association (PPTA) National Conference in 2008, the Hutt Valley region presented a survey highlighting the increasing number of disruptive and anti-social behaviours in New Zealand secondary schools. The Hutt Valley and Wellington regions funded this survey to be distributed to all teaching staff throughout the regions. The results from this survey showed that one out of every five school students exhibited instances of severe and anti-social behaviour in the classroom. As indicated above, students receiving ORS funding only accounted for 1.3% of the population; this survey estimated that around 7% of students required such support.

The number of specialist, residential, and regional health schools in New Zealand also indicates the number of high and complex needs students who cannot attend their local mainstream school for many reasons (Ministry of Education, 2021b). There are 27 specialist schools across New Zealand that offer specialist teaching and curriculums to young people with a high level of need (Ministry of Education, 2021b). Three residential specialist schools across New Zealand offer similar specialist teaching and curriculums to young people whose social, behavioural, or learning needs are unmanageable for their parents or caregivers to cope with at home. Lastly, there are three regional health schools that cover all regions across New Zealand. Young people can access these schools if they are chronically or terminally unwell (physical or mental health), participate in a health-funded mental health programme, or require support to return to their mainstream school after a long period of absence.

'High and Complex Needs' Children in the Care of Oranga Tamariki

The term 'High and Complex Needs' is a difficult one to define. Oranga Tamariki Ministry for Children attempts to do so, to accurately describe the complex needs that young people in their care often present with. Oranga Tamariki defines 'High and Complex Needs' as "needs that have both breadth and depth, and varying levels of complexity" (Chen et al., 2018). The term 'High and Complex Needs' is often used interchangeably throughout literature, services, and agencies with terms such as special needs, disadvantaged, complex learning needs, and high support needs. Oranga Tamariki has rightly pointed out that there is no consensus on a one size fits all definition for 'High and Complex Needs' young people in care. It is argued that a young person is considered 'High and Complex Needs' if the facts about their case and presentation warrant the use of such a term. These often include risk factors such as: the child and their family's socioeconomic status; the age of the young person; maternal and paternal mental health; diagnosed disorders; intellectual/physical

disabilities; and history of trauma, abuse, and neglect (Chen et al., 2018). Oranga Tamariki further highlights that within their population, attachment issues and absent attachment figures often lead to high and complex needs for young people in care; these children usually require more intensive state involvement and support.

Young People with Social, Emotional, and Behavioural Difficulties in New Zealand

Since 'high and complex needs' involves a young person having breadth, depth, and varying degrees of complex needs, difficulties in a child's social, emotional, and behavioural skills reflects this level of high and complex needs. A 2018 New Zealand health study explored the prevalence of social, emotional, and behavioural difficulties among young people aged 3-14, using data collected from the Strengths and Difficulties Questionnaire (SDQ) (Pannekoek, 2018). The SDQ is a highly reliable screening measure for social, emotional, and behavioural problems in children. The SDQ asks parents to rate their child on 25 questions relating to emotions, peer relationships, hyperactivity, conduct, and prosocial behaviours.

The study estimated that around 57,000 children (approx. 8% of the total population) would score in the concerning range of the SDQ for problems in social, emotional, or behavioural abilities (Pannekoek, 2018). A further 50,000 (7%) children were estimated to score among the borderline range of the SDQ. Findings also suggested that Māori children (12%) were more likely to score in the concerning range for total difficulties in the SDQ compared to non-Māori children (8%). The study also suggested that children living in hardship were more likely to score within the concerning range of the SDQ compared to those with lower levels of social deprivation.

Based on the findings from this study, Pannekoek (2018) estimated that out of the total population of children aged between 3-14 in New Zealand, 10.3% of children would

score in the concerning range of the SDQ for conduct-related problems; and a further 9.4% of the population would score in the borderline range. 8.5% would score in the concerning range for hyperactivity, with 5.6% scoring in the borderline range. 13.7% of the population were estimated to score in the concerning range for peer problems, with 11.8% scoring within the borderline range. Lastly, 9.7% of the population are estimated to score within the concerning range for emotional symptoms, with 7.3% scoring in the borderline range. This study adds to the body of research that highlights that the estimated number of high and complex needs children is substantially higher than the current support and funding that is allocated to support high needs school-aged children.

Multi-tiered Approaches to Addressing Challenging Behaviour

It is clear that a significant number of school-aged children in New Zealand require support in the school and classroom setting due to their high and complex needs, often arising from adversity, deprivation and trauma. In their chapter, Stoiber and Gettinger (2016) explore the effectiveness of multi-tiered systems made up of evidence-based practices to prevent the development of academic, social, and behavioural difficulties in students by intervening at multiple levels. Although there has been extensive development of effective evidence-based programs for young people in clinical settings, there is limited research exploring their effectiveness with young people within the school setting. Multi-tiered approaches utilise a combination of system-level, organisational-level, and individual-level supports to optimise favourable outcomes. Schools and researchers are starting to recognise the ability of multi-tiered supports to successfully intervene with the diverse and complex needs of school-aged children.

Multi-tiered approaches usually consist of three levels: Tier 1, universal strategies and, in this case, school-wide interventions; Tier 2, secondary strategies and interventions to

target a select group of students; Tier 3, intensive and individualised strategies and interventions to target a specific student's behaviour (Lane et al., 2012). Evidence suggests that when School-Wide Positive Behaviour Support (SWPBS) and Positive Behavioural Intervention Support (PBIS) multi-tiered interventions are delivered with fidelity, they garner improved social, behavioural, and academic outcomes for students (Bradshaw et al., 2008). Implementing these multi-tiered interventions reduces school suspensions, disciplinary referrals, and improves school safety by encouraging prosocial behaviours (Bradshaw et al., 2010; Horner et al., 2009).

Berger (2019), in their systematic review of the literature pertaining to the effectiveness of multi-tiered approaches as trauma-informed care in schools, yielded some promising results. From the 13 studies evaluating either three-tiered or four-tiered approaches to school interventions focusing on childhood trauma, four found positive student behaviour and academic achievement outcomes. Three studies found that their multi-tiered approaches reduced teachers' symptoms of depression and PTSD and increased their perceived level of knowledge and confidence to work with young people who had experienced trauma. This study highlighted significant gaps in the research on standardised multi-tiered approaches in schools to manage challenging behaviour. It also emphasised that effectively implemented evidence-based interventions reduce student's distress and behavioural problems, and that this, in turn, reduces teachers' distress.

Interventions for Targeting Challenging Behaviour in the Classroom: New Zealand

Positive Behaviour 4 Learning – School-Wide

The Ministry of Education created Positive Behaviour 4 Learning-School-Wide (PB4L-SW) to address the growing number of school-aged children in New Zealand exhibiting chronic and significant anti-social behaviours at school (Tinetti, 2016). This

school-wide intervention was modelled on evidence-based programmes like Positive Behavioural Interventions and Support (PBIS), which has garnered success internationally. PB4L-SW, like PBIS, is a systems-based and multi-tiered approach designed to increase positive social, behavioural, and academic outcomes for all students. PB4L targets the schools' environment, systems, and practices to ensure that they are suitable to encourage students to engage in positive behaviours at school. PB4L is a three-tiered approach which is as follows.

Tier 1 involves designing and implementing clear and consistent school-wide behaviour support systems and practices. This includes school staff collectively coming to a consensus on their approach to disciplining children and committing to implement these consistently to reinforce positive behaviours. Tier 1 also involves school staff devising a school-wide list of 3-5 positive student behaviour expectations (values) expected of all students.

Tier 2 of PB4L is designed for groups of students that do not change their anti-social behaviours following the school-wide interventions listed in Tier 1. This tier involves targeted interventions to change groups of students' behaviours. An example of these is check-in/check-out systems that target students whose behaviours are driven by gaining teacher attention; and social skills intervention groups which facilitate students to learn the social skills to form and maintain positive friendships with peers.

Students who do not successfully change their behaviours following Tier 2 interventions can access Tier 3 intensive interventions. These interventions target individual students' behaviours specifically designed to address their needs and behaviours. These behaviours are usually severe, which may require a functional behaviour assessment

completed by a behavioural psychologist whose assessment will inform an individualised behaviour plan for the student and their teachers.

Te Kahu Tōī - Intensive Wraparound Service

An example of a Tier 3 intensive intervention for young people with high and complex needs is Te Kahu Tōī's Intensive Wraparound Service (TKT-IWS). Schools can refer TKT-IWS for young people exhibiting concerning social, behavioural, or learning needs that may require intensive support (Ministry of Education, 2021c). Wraparound is a system-based and multi-tiered model and service that can provide intensive intervention, resources, and support across the young person's school, home, and community environments. IWS is a 2-year intensive service that coordinates a team of professionals and natural supports to 'wraparound' the young person and their family to create an individualised plan to meet underlying needs in a young person's life. These needs are developed through an underlying needs assessment and a life story, strengths, and needs document constructed by the wraparound psychologist and wraparound facilitator alongside the young person and their family. The underlying needs assessment and Life Story document inform the wraparound team of the child's life story, their strengths, and their needs in order for the team to understand how to best support the young person and their family. The underlying needs inform the wraparound plan, which is reviewed monthly at wraparound meetings to ensure positive outcomes for the young person. Wraparound is a holistic model that keeps the young person and their family at the centre of the process in an effort to give a young person and their family all the tools that they need to no longer require such intensive support.

TKT-IWS is a national service created by the Ministry of Education to work with young people with high and complex needs across New Zealand. TKT-IWS also has a sister service called Te Kahu Tōī – Te Awa Unit (TKT-TAU), which follows the same wraparound

model, specifically with young people in the care of Oranga Tamariki with high and complex needs in the Auckland region (Ministry of Education, 2020). Referrals for this service can come from Oranga Tamariki social workers or care service providers such as Reconnect or Youth Horizon's Trust. TKT-TAU is slightly different from MOE IWS as it has an onsite classroom for up to six young people at a time (Northern Health School, 2022). This classroom is a transitionary (1-2 Terms) step towards integrating young people who are not in school into their mainstream school or other educational options.

Life Stories

"A fundamental and permeating strength of humankind is the capacity to form and maintain relationships – the capacity to belong. It is in the context of our clan, community, and culture that we are born and raised…Without others or without belonging, no individual could survive or thrive." (Richard, 2012)

Life stories - as demonstrated in TKT-IWS and TKT-TAU's life story, strengths, and needs documents - are an important part of delivering Wraparound (Ministry of Education, 2020). The life story, strengths, and needs document was developed as a therapeutic intervention to let the young person and their whānau re-author their narratives, in their own words, in a way that highlights their positive qualities and strengths.

Braid (1996) defines personal narratives as "coherent and followable accounts of perceived past experiences" that help children make sense of their world. Understanding past experiences and memories play an important part in developing an individual's identity, self-concept, beliefs, and goals (Wilson & Ross, 2003). Reese et al. (2011) identify that having a coherent and understandable life story is associated with positive and normative development across the lifespan. When these memories and personal narratives are interrupted or erased by

traumatic events, it can cause long-lasting impacts on psychological wellbeing (Watson & Berntsen, 2015).

Formulating the narratives of our lives that detail where we have been, what has happened to us, where we are now, and where we would like to go in the future is a uniquely human practice that influences the trajectory of our lives (Richard, 2012). When children's stories are damaged, disjointed, or unknown, they struggle to feel a sense of belonging within their family, community, and culture, leaving them neurodevelopmentally (and psychosocially) vulnerable.

'Life story work' with traumatised children has emerged in social work sectors as a powerful trauma-informed intervention that allows young people to make sense of, re-define, and re-claim their personal narrative (Richard, 2012). A qualitative study undertaken by Oranga Tamariki found that young people in care who knew their entire life story - and had it documented in a strengths-based way - had a stronger sense of their identity and belonging (Potter & Urbanová, 2021). Young people identified that they wanted to know their history, what had happened to them, their 'real' parents, and why they were not with them. Cook-Cottone and Beck (2007) also reiterate that life stories play a critical role in the development of the self on an individual, family, and cultural level. Life stories help children make sense of their past and present, allowing them to form expectations for the future.

Caregivers of young people identified that the rangatahi[1] needed to know their stories or at least have some way of piecing them together using photographs and documents (Potter & Urbanová, 2021). When children did not have these things, it left a void in young people's lives that caregivers could not fill. Caregivers stressed the need to create 'life-story books' for all young people in care to help them fill in the gaps and make sense of their lives.

[1] Rangatahi: Te Reo Māori word for 'young people'

Importantly, it mattered how these life stories were written and presented, as they are much more than just a timeline of chronological events and facts. Young people in this study acknowledged that they felt Oranga Tamariki only recorded their destructive behaviours and did not take the time to see them in relation to their positive attributes and strengths. Young people and their caregivers expressed a desire for these life stories to be documented in a way that highlighted the young person's strengths and positive attributes to encourage the development of positive self-concepts.

Cook-Cottone and Beck (2007) in their article also advocated for the construction of 'life story books' by social workers to pass on life artifacts, documentation of care history, child-made objects, pictures, and a coherent chronological account of a young person's life. These 'life story books' not only help a child form a sense of self and belonging in the world, but they can also be given to a child's school, caregivers, and professional teams to help them understand the child, their story, and how it affects them. However, support and psychoeducation for professionals in understanding and making use of these life stories is crucial.

Psychoeducation

Brown et al. (2020) identified that psychoeducation interventions with schoolteachers, and other key school staff are necessary to best support children with challenging behaviours in the classroom. Studies suggest that psychoeducation with teachers (specific to disorders like ADHD and Tourette's) improved teachers' understanding of the child and corrected inaccurate assumptions about the disorders (Nussey et al., 2013). For psychoeducation to be effective, an adequate amount of information needs to be shared; labelling the disorder without providing adequate information can harm the teacher's perception of the child if they have preconceived ideas about the disorder. In their systematic review, Nussey et al. (2013)

conclude that psychoeducation with teachers, when done effectively, can shift attitudes, increase knowledge, and change the way that they respond to the child. Psychoeducation is particularly effective and salient when the individual presenting it reframes the child in a positive light or includes personal accounts of what it is like having the disorder.

Similarly, a qualitative interpretative study of 40 adoptive parents found that teachers required more training and support to appropriately react to an adopted child's life storybook (Watson et al., 2015). Some adoptive parents recounted stories where teachers reacted to a life story book by crying in front of the young person and their peers. On the other extreme, some teachers weaponised their stories by telling the child that there were other children worse off than them. However, other adoptive parents identified that when the teacher was adequately prepared for the life storybook (and only appropriate information for a teacher to know was included), it resulted in a positive experience for the child and the teacher. The adoptive parents specifically identified that teachers and other school staff needed greater training and psychoeducation in attachment and trauma to respond to and understand children's life stories appropriately. Watson et al. (2015) point out that there is a clear need for research exploring the effects of life stories on those close to an adopted child or a child in care (caregiver/teacher) as the literature is significantly limited.

Summary and Research Aims

After reviewing the literature, it is clear that there is a significant gap in the research exploring life stories as an effective psychoeducation tool for those around young people with high and complex needs. The above-mentioned research is limited, but it suggests that life stories are helpful for caregivers of young people in state care to help them understand the young person and where they have come from. Research also supports the argument that presenting a life story, strengths, and needs document (as used by TKT-TAU) to a young

person's teacher could inform their understanding of the student in the context of what has happened to them, their trauma, and how this affects them in the classroom. Further studies outlined in this review indicate that life stories written in a positive and strength-based way can increase understanding of a young person and influence how others around them respond to their behaviours. Research focused on young people with 'high and complex' needs, especially those in the care of the state, is an area that is significantly lacking. As such, children in care have become a widely misunderstood population that is often villainised without proper understanding of how their trauma has affected them.

Research Aims

The aim of the following research is to explore if using life stories as a form of psychoeducation influences schoolteachers' levels of empathy, attributions of responsibility for behaviour, responses to manage the challenging behaviour in the classroom, and the support identified as necessary to work with a young person with high and complex needs. It is hoped that the research findings will inform how services working with high and complex young people could utilise life story documents to improve a child's relationship with their teacher, thus improving their educational environment and outcomes.

Aims:

- Explore if increased knowledge of a child and their family's life story improves a teacher's ability to accurately infer a student's thoughts and feelings through a description of a challenging behaviour in a way that shows empathy, care, and compassion for their situation.
- Explore if presenting life stories to teachers influences how responsible they deem the student is for their behaviour(s).

- Explore if presenting life stories to teachers influences the responses that they deem appropriate to manage a student's behaviour.
- Determine if reading a student's life story helps teachers to identify and individualise appropriate supports to successfully work with a high and complex needs student.
- Understand the potential barriers that teachers believe they might encounter trying to implement support(s) for high and complex needs students.

CHAPTER 2

Methods

Participants

This study recruited New Zealand secondary school teachers to complete an online questionnaire. The research was advertised via the Post Primary Teacher's Association (PPTA). The total population of teachers registered with the PPTA as members at the time of the study recruitment was estimated to be approximately 20,000. Due to the exploratory nature of this study, it was decided that a voluntary response sampling method was appropriate to gain qualified and willing respondents within this particular population (Murairwa, 2015).

After reviewing methodologically similar studies, it was discovered that they had substantially larger population sizes to select from, as well as significantly increased access to resources (Daley & Onwuegbuzie, 2004; Leighton, 2010). Larger population sizes and increased access to resources allowed these studies to service sample sizes of between 80 – 208 participants. Due to the population size and limited access to resources and time of this study, it was decided that a minimum of 30 participants would be appropriate for the needs and capacity of this study, particularly given the mixed methods nature of the research. It was

decided prior to recruitment that should more than 30 participants come forward, all responses would be welcomed and analysed. The study was closed on the ninth of December, the final day of term four (2022), and received 71 participants in total.

Materials

Case Vignette

A case vignette was identified as a valuable tool to achieve the aims of this study (Leighton, 2010). Burns and Rapee (2006) suggest that vignettes provide further information and insight into scenarios and circumstances that are often abstract, making those scenarios feel more natural to the readers. Hughes (1998) identified that vignettes provide an avenue for people to respond in less socially appropriate ways than they might if asked directly face-to-face (Hughes & Huby, 2004). Vignettes are thus suggested to be a useful way of capturing participants' subjective views, meanings, and understandings of particular scenarios (Barter & Renold, 2000).

This study required the development of a fictional case vignette describing a scenario depicting a student with high and complex needs demonstrating a series of challenging behaviours in a classroom. The vignette, outlined in Appendix A, was entirely fictional; however, it reflected the prevalent diagnoses (ADHD & FASD) and frequent trauma-related behaviours of the young people who access Te Kahu Tōī – Te Awa Intensive Wraparound Service (TKT-TAU). Ethnicity and gender were left purposely ambiguous to ensure that the variables of gender and ethnicity did not bias teachers' interpretations of the vignette and therefore influence how they responded to the questionnaire. Participants were informed of this intention via a caveat at the beginning of the vignette that read, *"Alex's gender was redacted from this vignette, use of alternating [his/her/their], [her/their/his], and [their/her/his] pronouns were used to keep Alex's gender ambiguous; this was* ***not*** *intended*

to signal that Alex is non-binary." This was to ensure that participants did not make any undue assumptions about Alex's gender.

Pre and Post Questions

This study required the development of a seven-item questionnaire comprised of open and closed-ended questions to measure: a teacher's level of empathy (Questions 1 & 2) towards a student; their attribution of responsibility (Questions 3 & 4); the responses they deem appropriate to manage a student's challenging behaviour (Question 5); the support identified as necessary to address a student's challenging behaviour, and the potential barriers to accessing and implementing said supports (Question 6); and the contextual factors that influence how teacher's shape support for students exhibiting challenging behaviour (Question 7). This questionnaire was designed specifically to suit the needs of this study and was termed the *Empathy, Attribution of Responsibility, Response, and Support Survey* (EARRS-S) (outlined in Appendix B). EARRS-S consisted of one multiple-choice question, two 6-point Likert Scales, three open-ended questions, and one ranking question. The EARRS-S was administered twice; firstly, immediately following the initial presentation of the case vignette and secondly, after the second presentation of the case vignette, which was preceded by the Life Story Document.

Definitions

Empathy in this study was defined as "Understanding a person from his/her/their frame of reference rather than one's own; or vicariously experiencing that person's feelings, perceptions, and thoughts" (APA, 2022).

- **Empathic Accuracy** was defined as “the degree to which people can accurately infer the specific content of other people's thoughts and feelings; and the ability to accurately read other people's thoughts and feelings” (Baumeister & Vohs, 2007).
- **Empathic Concern** was defined as “an emotional response of compassion and concern caused by witnessing someone else in need” (Niezink et al., 2012).
- **Situational Empathy** was defined as “an immediate empathic response to a triggering situation” (Zhou et al., 2021).

Attribution of Responsibility in this study was defined as “beliefs about the cause of an event, or outcome, or state” (Baumeister & Vohs, 2007).

- **Internal Attribution** was defined as “explanations that stress something about the person, such as their traits, abilities, and physical characteristics” (Ross, 1977).
- **Situational Attribution** was defined as “explanations that stress environmental or situational factors, such as task difficulty, social influences, and the physical characteristics of a particular environment” (Ross, 1977).

Response was defined as “the act of responding/reacting to an event” (Harper Collins Dictionary, 2022).

- **Retributive Response** was defined as the “repair of justice through the unilateral imposition of punishment” (Wenzel et al., 2008).
- **Restorative Response** was defined as the “repair of justice through reaffirming a shared value-consensus in a bilateral process” (Wenzel et al., 2008).

Support was defined as “the act or an instance of supporting.” (Dictionary.com, 2022).

Life Story Document

This study required the development of a fictional ‘Life Story, Strengths, and Needs’ document to give teachers further insight into ‘Alex’ and their family's life story (outlined in Appendix C). The Life Story document utilised the official TKT-TAU template for a ‘Life Story, Strengths, and Needs’ document, used with permission. However, this document required some adaptations to suit the needs of this study. The case demographics were simplified in Alex’s life story to obscure their gender and ethnicity and exclude extraneous information that was not pertinent to the study. The same caveat (as detailed in the case vignette) was utilised to remind participants that Alex’s gender was left ambiguous on purpose and that there was the use of alternating pronouns in the life story. The cultural, community, team strengths and contact detail sections were also removed from Alex’s document to limit the inclusion of extraneous detail, keeping the document focused on the needs of the study. This document was entirely fictional; however, it reflected life events prevalent among TKT-TAU’s cohort and was written by the author for the purposes of this study as a composite of clients and families worked with.

Alex’s life story was written from a strength-based perspective to highlight the positive attributes of Alex and their family to encourage teachers to develop positive concepts of them (Potter & Urbanová, 2021). In order for the life story to be used as an effective psychoeducation tool, it needed to include an adequate amount of ‘psychoeducational’ information (Nussey et al., 2013). The ‘Life Story’ needed to include adequate information about ADHD, FASD, and Trauma to properly inform participants' perceptions of Alex using factually correct information; this was to avoid relying on participants' preconceived understandings of ADHD, FASD, and Trauma that may be biased or incorrect. The ‘Life Story’ was focused on representing Alex positively by including Alex’s personal accounts of

what it is like being ‘Alex’ and living with these challenges. This ensured that the life story was easily connected back to ‘Alex’ and was both salient and compelling to the participants (Nussey et al., 2013).

Alex’s life story was written with a focus on expressing ‘narrative situation’, a factor essential for eliciting feelings of empathy from readers (Keen, 2006). Narrative situation is a narrative technique that shows someone’s perspective or point of view (Schneider, 2001). Alex’s life story was written in the words of Alex’s mum Stacie, through the storying of a wraparound facilitator, who had a positive view of Stacie and her family. This way of storying intended to highlight Stacie and Alex’s experiences as expressed through their own words, corroborated by the observations of another (facilitator). This kind of re-storying encouraged readers to see through the eyes of Alex and Stacie, instead of reading as a detached other, passively observing from a distance. Alex’s life story contained instances of ‘privileged information’, information that had originated from the minds and thoughts of Stacie and Alex. This was strategic as it is suggested that readers who have access to another’s personal thoughts develop a feeling of closeness to the individual, therefore, strengthening feelings of identification with the individual and their emotional states (Miall, 1989).

Narrative Empathy

Keen (2006) argues that empathy can be triggered by witnessing someone else’s emotional state and hearing or reading about another’s circumstances. These simple acts of information gathering can provoke the activation of ‘mirror’ neurons in the brain that allow a person to share the affect of another and experience the emotions that they may be feeling. Neurological responses such as the activation of mirror neurons can go one of two ways. Witnessing, reading, or hearing about another’s situation can elicit ‘empathic concern’

expressed through feelings of compassion and sympathy directed towards another; however, this empathic response can also cause the observer emotional distress, which can cause them to become overly concerned about their own emotions after observing or reading something distressing about another.

Humans are social creatures who have an innate ability to tell stories, as stories throughout time have acted as the vehicle for passing on important information from generation to generation (Keen, 2006). Our stories are so complex that they not only pass on 'material' pieces of written and verbal information, but humans also pass on intangible pieces of information such as emotions and feelings through their stories. These may not be easily or explicitly expressed through written and auditory forms of language. Hatfield et al. (2011) suggest that human empathy partly arises from our physical, emotional, and social awareness of other people; thus, in a sense making human emotions 'contagious'. This emotional contagion influences how humans react to reading and hearing about stories. The concept of 'emotional contagion' also affords a storyteller the power to manipulate another's emotional state by articulating a story in a particular way that ensures the contagion of specific emotions. Narratives and the act of storytelling take advantage of the human tendency to visualise and 'feel ourselves' within perceived or imagined contexts relayed to us.

Other studies argue that empathy is key to a healthy human's adaptive functioning, specifically concerning responsiveness and relationships with others (Cosmides & Tooby, 2000). These arguments stress the importance of focused research on eliciting empathy through narratives. This body of research reaffirm the basis of this study, that presenting a student's life story document to a teacher can help to elicit empathy and therefore improve their responsiveness towards and relationship with a student with high and complex needs.

Design

This research takes the form of an online questionnaire advertised via the Post Primary Teachers Association (PPTA) to secondary school teachers registered with the New Zealand PPTA. The study's design was a concurrent mixed-methods design comprised of a case vignette, followed by seven questions (closed and open-ended) administered pre and post the presentation of the 'Life Story' document (Onwuegbuzie & Collins, 2007). This research design was selected for its ability to triangulate participants' responses using both quantitative and qualitative data. The research design was concurrent as both quantitative and qualitative data were drawn from the questionnaire at the same point in time, allowing for the data to be compared to identify congruent themes and findings within participants' responses.

A mixed-methods design was chosen for this study for its ability to engage with the complex discussions that this study was likely to raise (West, 2018). Mixed-methods research designs are strengthened in their engagement with both quantitative and qualitative modes of data collection and analysis, drawing on the strengths of one to balance out the weaknesses and limitations of the other (Johnson & Onwuegbuzie, 2004).

Procedure

This study followed a design adapted from two separate studies; Daley and Onwuegbuzie (2004) and Keenan et al. (2021), adapted and amalgamated to best suit the needs of this study. The concurrent mixed methods design chosen for this study was modelled on Daley and Onwuegbuzie (2004). They utilised a vignette and concurrent mixed-methods questionnaire to analyse participants' beliefs, understandings, and attributions, which allowed for gathering quantitative and qualitative data from participants simultaneously. However, the qualitative data analysis techniques of thematic and phenomenological analysis used in their study proved to be too complex for the aims of this

study. For this reason the analysis techniques chosen were modelled from Keenan et al. (2021), who utilised inductive content and descriptive statistical analysis to analyse quantitative and qualitative data drawn from teachers' responses to a mixed-methods questionnaire.

The procedure of this study is detailed as follows. First and foremost, the PPTA were approached about advertising this questionnaire to their members to inform the research around the support needed to help secondary teachers support high and complex needs students in their classrooms. The research and its aims were explained to the PPTA, and their informed consent was implied by their decision to advertise the study. Two-way anonymity was ensured between the researcher and the PPTA. Participants' time was recognised with a $20.00 stationery voucher as an appreciation for their participation.

A voluntary response sample of 71 participants from the pool of PPTA registered teachers elected to take part in this study and had their responses analysed. Participants read a detailed information sheet that described the aims and objectives of the study which invited interested teachers to participate (Appendix D). The information sheet introduced the researcher by endeavouring to establish connections through whakawhanaungatanga[2]; stated the tika[3] of the research; described the studies recruitment procedure, which assured participants that their responses to the questionnaire were completely anonymous; offered koha[4] for participant's time and participation; outlined the potential risks to participants; described the project procedures; outlined data management; and reminded participants of their rights. Participants that decided to click 'Yes' to the consent statement at the bottom of

[2] Whakawhanaungatanga: Te Reo Māori word for 'establishing links'
[3] Tika: Te Reo Māori word for 'purpose'
[4] Koha: Te Reo Māori word for 'gift'

the information sheet, implied their consent to have their responses collected. Those who clicked ‘No’ to the consent statement were exited from the survey.

On the first page of the questionnaire, the participants filled in several non-identifiable demographics, including their: gender; years of teaching experience; decile of workplace (school); setting of workplace/school (rural/urban); an estimate of the school roll; and their perceived access to Professional Development opportunities (Appendix E). These questions were only answerable using multiple-choice questions or numerical values so that there was no risk of participants accidentally including identifiable information in their responses.

On the second page of the questionnaire, participants were instructed to carefully read the short case vignette displayed on the screen and then move to the following page. On the following page, participants were instructed to answer the questions displayed on the screen before moving to the next page. Once the participants responded to the pre-questions, they were taken to the fourth page of the questionnaire that contained the life story document, which provided additional information on the student described in the vignette and their family. Participants were instructed to read ‘Alex’s Life Story Document’ displayed on the screen; the life story document was spread across two pages for participant’s ease of reading.

After participants read the life story document, they moved to the sixth page of the questionnaire, where they were asked to carefully reread the vignette before moving to the next page. On this page, participants were once again instructed to answer the questions displayed on the screen (post-questions) to measure whether their responses changed after reading the life story, before moving to the final page.

The final page of the questionnaire was simply a brief message thanking the participants for their time, effort, and contribution to the study. As previously mentioned,

participants were offered a $20.00 stationery voucher as a gift (koha) for their participation. Participants who selected ‘Yes’ to receiving koha were forwarded to a separate survey to leave a contact email so that their voucher could be sent to them. This separate survey ensured that participants contact details were separated out from their responses in order to uphold their anonymity. Participants who selected ‘No’ to receiving koha, were exited from the survey.

Data Analysis

Inductive Content Analysis: Qualitative Items

Open-ended items in this study (Questions One, Five & Six) required inductive content analyses to identify and categorise prominent themes from participants' responses (Keenan et al., 2021). The first step of inductive content analysis in this study was to read individual participants' responses, initially in full, to gain an overall understanding of their response. Participants' responses were then re-read for the author to code their responses. This involved highlighting key words, phrases and making notes on prominent themes present in participants' responses during the ‘read and reflect’ stage of the content analysis. Individual participants' responses were then re-read in full to ensure the main essence of the response was understood and clearly captured by the coder. The key words, phrases, and themes noted by the coder were then sorted into pre-determined categories specific to the concept each question measured (as detailed in the following sections). If the coder decided that a participant’s response did not fit within the pre-determined categories, a category was formed that captured the essence of their response. Participants’ responses had the ability to be sorted into multiple categories if their response included expressions consistent with more than one specified category. Any identifying information relating to a participant, or their

school (employer/workplace) was redacted from the participant's response and allocated a pseudonym that disguised the identities of the teacher/school/employer.

Descriptive Statistical Analysis: Quantitative Items

Closed items (Question Two, Three, Four & Seven) were analysed using Descriptive Statistical Analyses to reflect frequencies and relationships between Pre and Post participant responses to Quantitative items (Keenan et al., 2021). Participants' responses to quantitative items administered before (pre) the life story were averaged to establish a group mean baseline response. This mean baseline response was compared with the mean response of participants to the corresponding post-question to obtain participants' pre- and post-frequency of response. Pre- and post-frequencies were presented and compared using simple bar graphs. Relationships between frequencies of response to pre- and post-questions were analysed to ascertain the extent to which changes in participant's self-rated 'empathic concern' affected how the participant's attributed Alex's responsibility for their behaviour. Participant's response counts to each quantitative question were displayed using bar graphs to reflect the spread of participants responses.

Question One: Empathy (Situational, Accuracy & Concern)

Question One, an open-ended question, measured participants 'Situational Empathy' toward Alex (Zhou et al., 2021). Participants were asked to describe their understanding of Alex's intentions in the situation described in the vignette, what they believed Alex was thinking and feeling at that moment, and what they understood as to why Alex might have reacted the way that they did.

Empathic Language

Participants' situational empathy was measured through their choices in expressive language. Responses to Question One exhibited situational empathy in two ways: firstly, affective empathy, the sharing of another's feelings (empathic accuracy) or by having compassion for another (empathic concern); secondly, through cognitive empathy, the acts of taking another's perspective and efforts to understand someone's internal state. Participants' responses were analysed using inductive content analysis, which coded the frequency of words related to feelings and emotions, sorted into two categories: 'empathic' expressions related to validation, compassion, sympathy, empathy, and understanding; and 'unempathic' expressions related to dismissal, blaming and negative feelings and emotions towards Alex. Participant responses had the ability to be sorted into both categories if their response included instances of both 'unempathic' and 'empathic' expressions.

Participants' responses were also analysed and coded into two categories based on their efforts to take Alex's perspective. Responses were sorted into the category 'Self-Focused' when participants' emphasised their own perspective using "I" statements; Participants' responses were categorised as 'Other-Focused' when their response emphasised Alex's perspective by using "Alex" or "they" directed statements. Participant responses had the ability to be sorted into both categories if their response included instances of both 'Self-Focused' and 'Other-Focused' perspectives.

The frequency of specific words/phrases/themes across participant responses (Pre & Post) were presented using tables, and were grouped by category (Unempathic / Empathic Response) based on the language that they used. Percentages were calculated by dividing the frequency of each expression by the total frequency of expressions across participants responses to Question One (multiplied by one hundred). This was done in each 'Unempathic'

and ‘Empathic’ category (pre & post) to illustrate the spread of expressions used across participants responses. This process was repeated to calculate percentages for ‘Self-Focused’ and ‘Other-Focused’ perspectives across participants responses to Question One (Pre & Post).

Question Two: Empathic Concern

Question Two, measured participants ‘Empathic Concern’ towards Alex, which required participants to self-rate their level of agreement with the statement *“I feel compassion for Alex in this situation”* on a 6-point Likert scale, ranging from ‘*Strongly Disagree*’ to ‘*Strongly Agree*’. Likert ratings of equal to or < 2 were classified as ‘*Low-Level Empathic Concern*’; Likert ratings of 3 or 4 were classified as ‘*Median-Level Empathic Concern*’; And Likert ratings equal to or > 5 were classified as ‘*High-Level Empathic Concern*’. Participants’ responses to Question Two were presented using a simple bar graph and table to indicate frequency of response (Pre & Post) and the spread of participant responses pre vs post (%).

Self-rated measures have proven to be an appropriate way to measure empathic concern. Grattan and Eslinger (1989) suggest that self-rating measures are particularly useful for gathering information about someone’s embodiment of experience, which has been shown to indicate the presence or absence of empathy within participants' responses.

Question Three and Four: Attribution of Responsibility

Participants ‘Attribution of Responsibility’ was measured using two questions (Question Three and Four). Question Three asked participants to select the statement that best reflected their understanding of the causes (internal vs external) driving Alex’s behaviour. Participants that selected Statement One (S1) indicated an internal (dispositional) attribution of responsibility; this signalled that they believed that Alex personally caused the situation and was therefore responsible and in control of their behaviour. Participants that selected

Statement Two (S2) indicated a mix of internal (dispositional) and situational (external) attribution of responsibility. This suggested that the participant's believed Alex's behaviour was caused by a mixture of internal and external factors; therefore, attributing Alex as somewhat responsible and in control of their behaviour. Participants that selected Statement Three (S3) indicated a situational (external) attribution of responsibility, which suggested that they believed Alex was not in control of their behaviour, and that the situation was caused by factors external to Alex. Participants' responses were presented using a simple bar graph to compare participants pre and post frequency of response.

Question Four, also measured participants' attribution of responsibility. This question asked participants to self-rate their level of agreement with the statement *"Alex should be held entirely responsible and therefore reprimanded for their behaviour in this situation"* on a 6-point Likert scale, ranging from '*Strongly Disagree*' to '*Strongly Agree*'. Likert ratings equal to or < 2 were classified as '*Low-Level Attribution of Responsibility*'; Likert ratings of 3 or 4 were classified as '*Median-Level Attribution of Responsibility*'; Likert ratings equal to or > 5 were classified as '*High-Level Attribution of Responsibility*'. Participants' responses to Question Four were presented using a simple bar graph and table to indicate frequency of response (Pre & Post) and the spread of participant responses pre vs post (%).

Question Five: Retributive vs Restorative Responses

Question Five measured participants' responses to manage a student exhibiting a series of challenging behaviours in the classroom. Participants' responses were analysed and sorted into categories of '*Restorative*' and '*Retributive*' responses. Retributive responses are punitive in nature and have historically been the 'go-to' method of disciplining misbehaving students at school (Velez et al., 2020). These responses are designed to reassert adult and staff authority over a student by enforcing adverse consequences intended as 'retribution' for

a student's misbehaviour (Crowe, 2018). Participants' responses to Question Five were coded as a '*Retributive Response*' when their response consisted of 'punishment-orientated responses'. These included responses such as: scolding a student; increasing surveillance; loss of student privileges; sending a student out of the classroom to face a disciplinary figure; writing lines; detentions; restraint; stand-downs; expulsions or exclusions (Fronius et al., 2019; Lyubansky & Barter, 2019). These responses indicated a 'one size fits all' approach to responding to challenging behaviours that often ignore individual students' developmental, educational and ecological contexts (Michail, 2011).

Participants' responses to Question Five were coded as a '*Restorative Response*' when their response consisted of attempts to understand a student and reconcile an issue through mediation, utilising group and participatory decision-making processes (González et al., 2019). Restorative responses include building a relationship with a student to understand their behaviours, attempts to repair relationships between affected students or staff, and holding restorative conversations to encourage dialogue and reconciliation. The use of restorative responses to address challenging behaviours in teachers' answers indicated a deeper awareness of student behaviours and an understanding of applying trauma-informed approaches to address challenging behaviour (Velez et al., 2020). Restorative approaches are also understood to be a more appropriate way to 'discipline' disadvantaged and traumatised students (Ritter & Anderson, 2018). Participant responses had the ability to be sorted into both categories if their response included instances of both '*Retributive*' and '*Restorative*' responses.

The frequency of specific words/phrases/themes across participant responses (Pre & Post) were presented using tables, and were grouped by category (Restorative / Retributive) based on the language that they used. Percentages were calculated by dividing the frequency

of each expression by the total frequency of expressions across participants responses to Question Five (multiplied by one hundred). This was done in each 'Restorative' and 'Retributive' category (pre & post) to illustrate the spread of expressions used across participants responses.

Question Six: Perceived Supports Required

Question Six measured participants' perceived understanding of the supports required to successfully address a student's challenging behaviour. Participants' responses were analysed and coded into three categories of 'supports' modelled from Michail's (2011) literature review reviewing schools' responses to challenging behaviours. These categories were academic supports, therapeutic supports, and tailored supports. Participant responses had the ability to be sorted into multiple categories if their response included expressions consistent with more than one specified category.

Academic Supports

Participants' responses to Question Six were categorised as '*Academic Supports*' when they emphasised supports that entailed additional educational support/resources such as creating a differentiated curriculum, extra tutoring in subjects the student finds challenging or suggestions that the student have access to a teacher aide to support them (Morris & Howard, 2003).

Therapeutic Supports

Participants' responses to Question Six were categorised as '*Therapeutic Supports*' when they emphasised accessing the support of a trained professional who could engage therapeutically with a student (Michail, 2011). Therapeutic supports included referral to a school counsellor/psychologist, specialist programmes or groups offered within/outside of

school, or further referral to therapeutic services/supports external to the school (Morris & Howard, 2003).

Tailored Supports

Participants' responses to Question Six were categorised as '*Tailored Supports*' when they emphasised strategies that sought to understand and address a student's challenging behaviour across multiple environments (home, school, and community) (Michail, 2011). Participants' responses were categorised as '*Tailored Supports*' if they included supports tailored to the student's specific needs such as individualised academic, therapeutic, ecological, and 'wraparound' type supports to address the challenging behaviour(s). Tailored supports demonstrated teacher's knowledge that a student's challenging behaviour can be caused by a multitude of factors, often external to the student, suggesting that in order to successfully address a student's challenging behaviour, a student's entire ecology must also be addressed (McCluskey et al., 2008).

The frequency of specific words/phrases/themes across participant responses (Pre & Post) were presented using tables, and were grouped by category (Academic / Therapeutic / Tailored Support) based on the kind of support(s) participants identified. Percentages were calculated by dividing the frequency of each expression by the total frequency of expressions across participants responses to Question Six (multiplied by one hundred). This was done in each 'Academic', 'Therapeutic' and 'Tailored' category (pre & post) to illustrate the (%) spread of expressions used across participants responses pre vs post.

Barriers to Accessing and Implementing Support(s)

Question Six also measured participant's understanding of the barriers they might face accessing and/or implementing the supports to address Alex's challenging behaviour.

Percentages were calculated by dividing the frequency of each expression related to a barrier by the total frequency of expressions related to barriers across participants responses to Question Six (multiplied by one hundred). This was done to illustrate the spread (%) of expressions used across participants responses pre vs post.

Question Seven: Contextual Factors Required to Shape Student Supports

Question Seven measured the contextual factors that teachers identified as 'least' and 'most' influential for effectively shaping support(s) for students exhibiting challenging behaviours like 'Alex'. Participants were asked to rank the contextual factors of: Gender Identity; Culture; Ethnicity; Medical Diagnoses; Psychiatric Diagnoses; Socioeconomic Disadvantage; Current Home Situation; and Previously Tried Interventions, from most influential (1) to least influential (8).

Participants responses were displayed using a bar graph which showed the mean ranking of each contextual factor across all participants (Pre & Post). The contextual factor with the lowest mean rank, was identified as the '*Most Important*' by participants. Conversely, the contextual factor with the highest mean rank was identified as the '*Least Important*' by participants.

Validity of EARRS-S

The EARRS-S questionnaire was reviewed for opinions about face validity, content validity, and readability by two qualified and registered behavioural psychologists working for TKT-TAU who are experienced working with children in care with high and complex needs.

CHAPTER 3

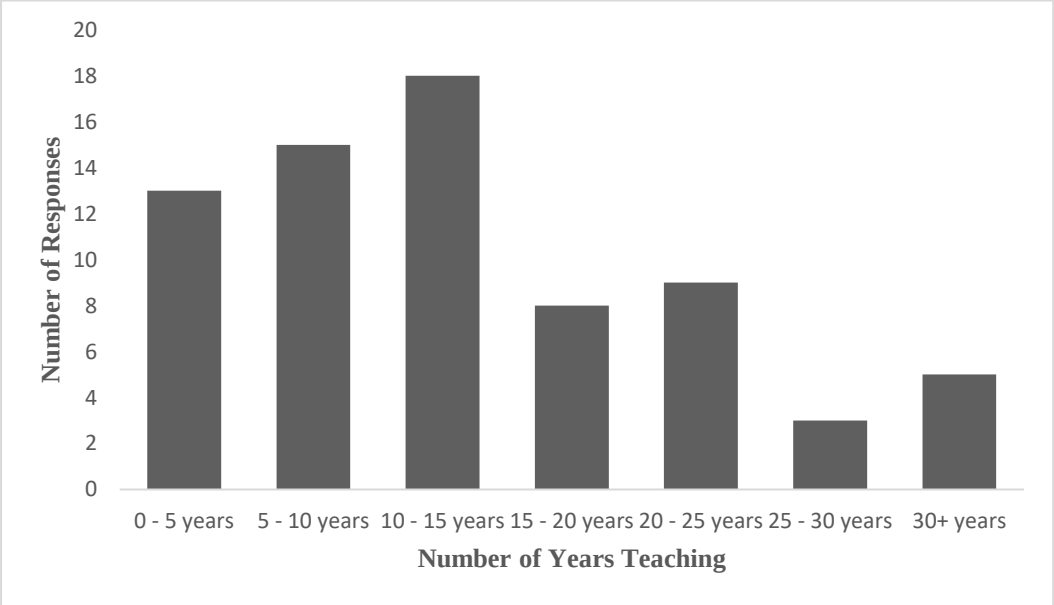
Results

Demographics

A total of 71 secondary school teachers across New Zealand elected to participate in this study; 58 (81.7%) of those participants identified as ‘Female’ and the remaining 13 (18.3%) identified as ‘Male’. Participants in this study had on average 10 – 15 years of teaching experience, as identified by 25.4% of participants (Figure 1).

Figure 1

Participants Self-Identified Years of Teaching Experience

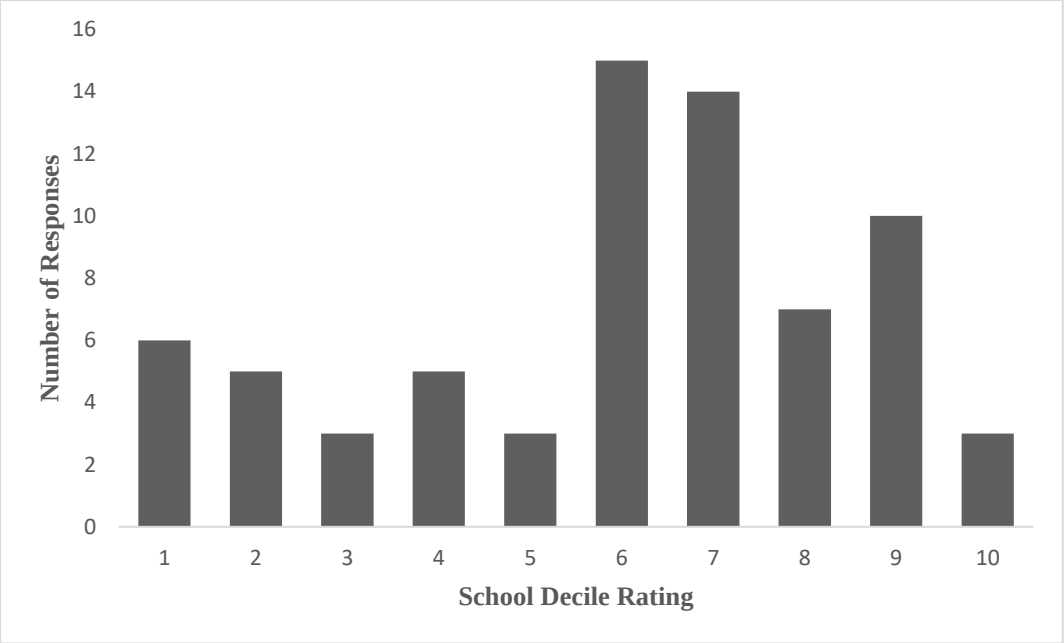


87.3% of participants in this study identified the setting of their school to be ‘Urban’, with the remaining 12.7% of participants identifying that their school setting was ‘Rural’. Participants in this study were also asked to identify the decile rating of their school/workplace (Figure 2). School decile ratings are a tool used by the Ministry of Education to calculate the amount of government funding required for each school, based on

the number of students living in communities that are impacted by hardship. Decile ratings are measured on a scale from 1 – 10 and aim to indicate how affected a school's area and their students are by socio-economic disadvantage, 1 = most affected and 10 = least affected. The average school decile rating among this cohort was 6, as identified by 21.1% of participants.

Figure 2

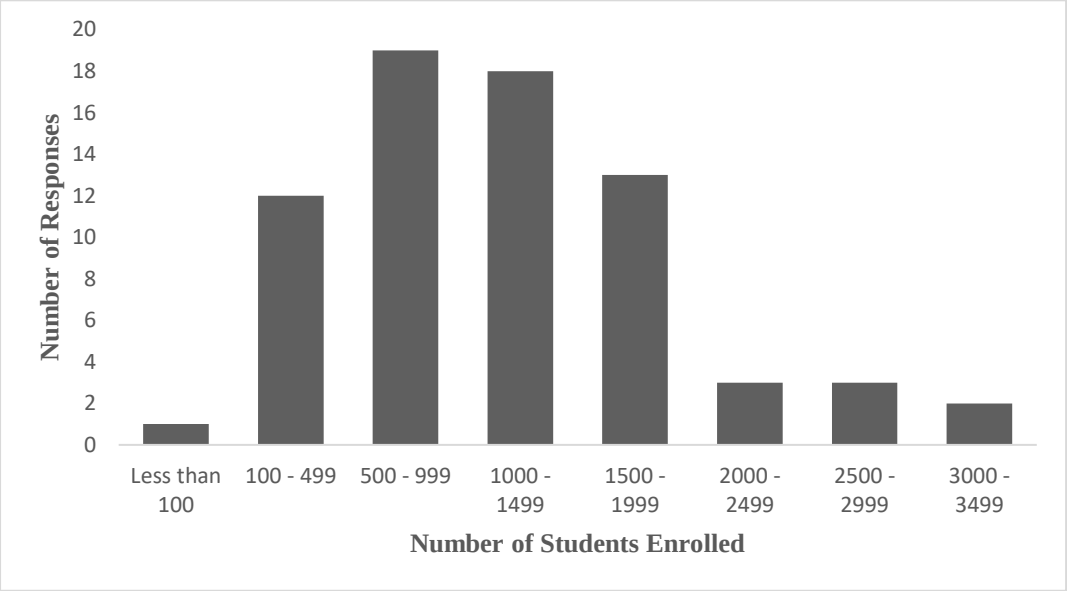
Participants Self-Identified School Decile Rating



Participants in this study also gave an estimate of the size of the student roll at their school (Figure 3). The average school roll size identified by teachers in this study was between 500 – 999 students, as selected by 26. 8% of participants.

Figure 3

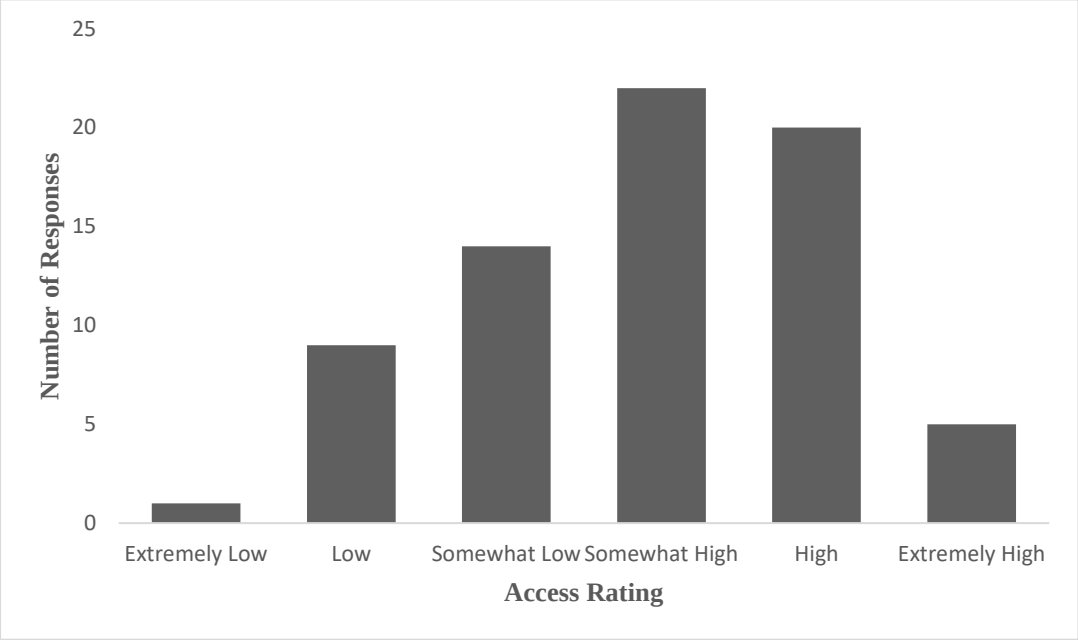
Participants Estimated Student Roll Sizes



Finally, participants in this study rated their perceived level of access to Professional Development (PD) opportunities in 2022, on a 6-point Likert scale ranging from '*Extremely Low*' to '*Extremely High*' (Figure 4.). The average access to PD opportunities among this cohort was identified to be '*Somewhat High*' by 31% of participants.

Figure 4

Participants Self-Rated Access to Professional Development Opportunities (2022)



Question One: Empathy (Situational, Accuracy & Concern)

Participants in this study were asked to describe what they thought Alex's intentions were in the situation outlined in the case vignette; what they believed Alex was thinking and feeling in that moment; and what they understood as to why Alex may have reacted the way that they did. Participant responses were coded into two categories '*Unempathic Responses*' (Table 1) and '*Empathic Responses*' (Table 2) based on the language and expressions participants used to convey their answer. Participant responses had the ability to be categorised into both categories if their response included elements of both unempathic and empathic language. Participants' responses were sorted into 'Unempathic' and 'Empathic' categories to calculate the frequency of specific expressions and their corresponding percentage across participant responses to Question One (Pre & Post). Percentages were calculated by dividing the frequency of each expression by the total frequency of expressions.

This was done in each ‘Unempathic’ and ‘Empathic’ category (pre & post) to illustrate the spread (%) of expressions used across participants responses pre vs post.

Table 1

Frequency of Expressions of Unempathic Language used in Participant Responses

	Pre-Question		Post-Question	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Alex is off task	2	0.55%	0	0.00%
Alex resorted to rage	2	0.55%	0	0.00%
Alex wants to retaliate	4	1.10%	1	0.30%
Alex wants to punch Riley	1	0.27%	1	0.30%
Alex used Riley’s comment as an excuse to leave the classroom	5	1.37%	1	0.30%
Alex is bored	2	0.55%	1	0.30%
Alex is attention-seeking to avoid doing the task	16	4.40%	7	2.12%
Alex has behavioural issues	1	0.27%	1	0.30%
Alex has ‘special needs’	2	0.55%	0	0.00%
Other students need to be instructed to ignore Alex	1	0.27%	0	0.00%
Alex’s intention was to make a scene	2	0.55%	0	0.00%
Alex may be on drugs	1	0.27%	0	0.00%
Alex wants to hurt Riley (emotionally)	1	0.27%	0	0.00%
Alex doesn’t like the class / subject / teacher	1	0.27%	0	0.00%
Alex has overreacted to Riley’s comment	0	0.00%	3	0.91%
Alex has not taken their ADHD medication	0	0.00%	1	0.30%
Total	**41**	**11.26%**	**16**	**4.85%**

The ‘Pre-Question’ column in Table 1 showed that 11.26% of expressions included in participants responses were unempathic in nature, with a total frequency of 41 expressions of unempathic language across participant pre responses to Question One. The most frequent expression of unempathic language used by the participants in this group was *‘Alex is*

attention seeking to avoid doing the task' with a frequency of 16; accounting for 4.40% of the expressions used across participants pre responses to Question One.

In contrast, the 'Post-Question' column in Table 1 showed that only 4.85% of expressions included in participants responses were unempathic in nature, with a total frequency of 16 expressions of unempathic language across participant post responses to Question One. The most notable expression of unempathic language continued to be *'Alex is attention seeking to avoid doing the task'* with a frequency of 7; accounting for a lesser 2.12% of expressions used across participants post responses to Question One

Table 1

Frequency of Expressions of Empathic Language used in Participant Responses

	Pre-Question		**Post-Question**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Alex may not understand the instructions / task	25	6.87%	16	4.85%
Riley's comment 'hit a nerve' for Alex	14	3.85%	10	3.03%
Riley's comment re-affirmed to Alex the negative self-perception they already have of themselves	18	4.95%	11	3.33%
Alex is taking control of their environment	3	0.82%	2	0.61%
Alex is feeling unsafe	5	1.37%	7	2.12%
Alex is not thinking in this moment they are purely reacting	19	5.22%	21	6.36%
Alex has been impacted by trauma	4	1.10%	12	3.64%
Something happened at morning-tea or online to escalate Alex's behaviour	14	3.85%	6	1.82%
Alex doesn't know how to express their feelings / emotions	9	2.47%	1	0.30%
Alex is feeling overwhelmed	2	0.55%	4	1.21%

Riley's comment pushed Alex 'over the edge'	22	6.04%	18	5.45%
Alex feels humiliated / embarrassed	14	3.85%	4	1.21%
Alex wants to stop Riley from calling them dumb	14	3.85%	5	1.52%
Alex is feeling belittled	5	1.37%	1	0.30%
Alex is feeling upset	15	4.12%	10	3.03%
Alex is feeling anxious	4	1.10%	1	0.30%
Alex is unsettled / dysregulated	14	3.85%	9	2.73%
Alex is agitated / angry	16	4.40%	9	2.73%
Alex is in fight / flight mode	7	1.92%	9	2.73%
Alex is feeling frustrated	20	5.49%	10	3.03%
Alex's behaviour stems from anxiety	2	0.55%	3	0.91%
Alex's behaviour stems from ADHD	5	1.37%	9	2.73%
Alex doesn't want to ask for help / look different from their peers	7	1.92%	9	2.73%
Alex's *mana has been slighted	1	0.27%	2	0.61%
Alex doesn't know how to control / regulate their emotions	9	2.47%	24	7.27%
Alex's behaviour is likely a learnt behaviour (from home)	4	1.10%	8	2.42%
Alex is trying to stand up for themselves	10	2.75%	11	3.33%
Alex is being bullied	4	1.10%	3	0.91%
Alex may have an underlying diagnosis causing their behaviour / underlying issues	9	2.47%	2	0.61%
Alex may have something going on at home	10	2.75%	5	1.52%
Alex is overstimulated	2	0.55%	1	0.30%
Alex is feeling vulnerable	1	0.27%	0	0.00%
Alex is hyper-vigilant of perceived threats	1	0.27%	12	3.64%
It is difficult to determine Alex's intention without knowing them personally	5	1.37%	0	0.00%
Alex wants to feel supported in class	4	1.10%	4	1.21%
Alex is struggling to focus & can't help but move about	4	1.10%	11	3.33%

Alex feels dumb / incapable	0	0.00%	6	1.82%
Alex is in survival mode	0	0.00%	7	2.12%
Alex's behaviour stems from FASD	0	0.00%	6	1.82%
Alex feels like the teacher doesn't like or understand them / that they don't belong in the classroom	0	0.00%	11	3.33%
Alex wants to be liked by their peers	0	0.00%	6	1.82%
Alex wants to get somewhere safe	0	0.00%	2	0.61%
Alex is releasing pent up energy	0	0.00%	2	0.61%
Alex's behaviours are attempts to self-soothe	0	0.00%	1	0.30%
Alex has no intention of hurting anyone	0	0.00%	2	0.61%
Alex has likely spent years unsupported in class	1	0.27%	1	0.30%
Total	**323**	**88.74%**	**314**	**95.15%**

*Mana – a person's power

The 'Pre-Question' column in Table 2 showed that 88.74% of expressions included in participants responses were empathic in nature, with a total frequency of 323 expressions of empathic language across participant pre responses to Question One. The most frequent expression of empathic language across participants in this group was *'Alex may not understand the instructions / task'* with a frequency of 25; accounting for 6.87% of the expressions used across participants pre responses to Question One.

In contrast, the 'Post-Question' column in Table 2 showed that 95.15% of expressions included in participants responses were empathic in nature, with a total frequency of 314 expressions of empathic language across participant post responses to Question One. The most frequent expression of empathic language across participants in this group was *'Alex doesn't know how to control / regulate their emotions'* with a frequency of 24; accounting for 7.27% of the expressions used across participants post responses to Question One.

Trauma-Informed Language

Table 2 showed an increase in the frequency of trauma-informed language across participants responses to Question One (Post). Examples of such responses included: *'Alex has been impacted by trauma'* which increased from a pre-frequency of 4 (1.10%) to a post-frequency of 12 (3.64%); *'Alex is hyper-vigilant of perceived threats'* which increased from a pre-frequency of 1 (0.27%) to a post-frequency of 12 (3.64%); and *'Alex is in survival mode'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 7 (2.12%).

A shift towards trauma-informed interpretations across participants post-responses corresponded with a decrease in 'surface-level' interpretations. This was exemplified by a decrease in the response *'Something happened at morning tea / online to escalate Alex's behaviour'* from a pre-frequency of 14 (3.85%) to a post-frequency of 6 (1.82%).

Attributions of Responsibility

Table 2 also demonstrated a marked shift in how 'responsible' participants deemed Alex to be for their behaviour. This was demonstrated by an increase in the response *'Alex doesn't know how to control / regulate their emotions'* from a pre-frequency of 9 (2.47%) to a post-frequency of 24 (7.27%). Additionally, Table 2 demonstrated an increased participant focus on the responsibility of the teacher for contributing to Alex's behaviour. This was highlighted by an increase in the response *'Alex feels like the teacher doesn't understand them / they don't belong in the classroom'* from a pre-frequency of 0 (0.00%) to a post-frequency of 11 (3.33%).

Table 2

Self-Focused vs Other-Focused Participant Responses (per response)

	Pre-Question		Post-Question	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Self-Focused perspective	39	46.99%	20	28.99%
Other-Focused perspective	44	53.01%	49	71.01%
Total	**83**	**100.00%**	**69**	**100.00%**

Participants' responses to Question One (Pre & Post) were also coded into two categories: '*Self-Focused*' and '*Other-Focused*' perspectives. Responses were categorised as '*Self-Focused*' when participants' emphasised their own perspective using "I" statements. Participants' responses were categorised as '*Other-Focused*' when their response emphasised Alex's perspective by using "Alex" or "they" directed statements. Participants responses had the ability to be sorted into both categories if their response included references to both '*Self-Focused*' and '*Other-Focused*' perspectives.

The 'Pre-Question' column in Table 3 showed a frequency of 39 *'Self-Focused'* perspectives across participant pre responses to Question One, accounting for 46.99% of the perspectives emphasised across participants responses. Comparatively, the 'Post-Question' column in Table 3 showed a frequency of 20 *'Self-Focused'* perspectives across participant post responses to Question One, accounting for 28.99% of the perspectives emphasised across participants responses.

The 'Pre-Question' column in Table 3 also showed a frequency of 44 *'Other-Focused'* perspectives across participant pre responses to Question One, accounting for 53.01% of the perspectives emphasised across participants responses. Comparatively, the 'Post-Question' column in Table 3 showed a frequency of 49 *'Other-Focused'* perspectives

across participant post responses to Question One, accounting for 71.01% of the perspectives emphasised across participants responses.

Table 4

Spread of Unempathic vs Empathic Responses across Participants who Identified their Response (Post) as being the Same or Similar to their Initial Response (Pre)

	Pre-Question		Post-Question	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Unempathic	**6**	**8.70%**	**6**	**7.14%**
Alex used Riley's comment as an excuse to leave the classroom	1	1.45%	1	1.19%
Alex is attention-seeking to avoid doing the task	3	4.35%	3	3.57%
Alex has behavioural issues	1	1.45%	1	1.19%
Alex wants to punch Riley	1	1.45%	1	1.19%
Empathic	**63**	**91.30%**	**78**	**92.86%**
Alex may not understand the instructions / task	5	7.25%	6	7.14%
Alex doesn't want to ask for help / look different from their peers	2	2.90%	3	3.57%
Alex feels humiliated / embarrassed	4	5.80%	5	5.95%
Alex wants to stop Riley from calling them dumb	2	2.90%	4	4.76%
Riley's comment re-affirmed to Alex the negative self-perception they already have of themselves	2	2.90%	4	4.76%
Riley's comment pushed Alex 'over the edge'	5	7.25%	6	7.14%
Alex is struggling to focus & can't help but move about	3	4.35%	4	4.76%
Alex's behaviour stems from ADHD	3	4.35%	3	3.57%
Alex wants to feel supported in class	3	4.35%	3	3.57%
Alex is feeling upset	3	4.35%	4	4.76%
Alex is agitated / angry	3	4.35%	3	3.57%

Alex has likely spent years unsupported in class	1	1.45%	1	1.19%
Alex's behaviour is likely a learnt behaviour (from home)	2	2.90%	3	3.57%
Alex is feeling unsafe	1	1.45%	2	2.38%
Alex is feeling anxious	1	1.45%	1	1.19%
Alex's behaviour stems from anxiety	2	2.90%	2	2.38%
Alex is unsettled / dysregulated	2	2.90%	2	2.38%
Something happened at morning-tea or online to escalate Alex's behaviour	1	1.45%	1	1.19%
Alex is not thinking in this moment they are purely reacting	6	8.70%	6	7.14%
Alex doesn't know how to control / regulate their emotions	4	5.80%	5	5.95%
Alex is feeling frustrated	3	4.35%	3	3.57%
Alex is taking control of their environment	1	1.45%	1	1.19%
Alex has been impacted by trauma	2	2.90%	2	2.38%
Alex is in survival mode	0	0.00%	1	1.19%
Alex is trying to stand up for themselves	0	0.00%	1	1.19%
Alex's *mana has been slighted	1	1.45%	1	1.19%
Riley's comment 'hit a nerve' for Alex	1	1.45%	1	1.19%
Total Participants n = 22	**69**	**100.00%**	**84**	**100.00%**

Table 4 demonstrated the spread of 'Unempathic' and 'Empathic' responses across participants (n = 22) who identified that their response to Question One (Post) was the same or similar to their initial response to Question One (Pre). Unempathic participant responses in this group remained stable at a frequency of 6 (pre and post) but decreased in expression percentage from 8.70% to 7.14%; due to the increased frequency of empathic expressions across participant responses (pre vs post). The most frequent unempathic response among participants in this group (pre and post) was *'Alex is attention-seeking to avoid doing the*

task' with a frequency of 3; accounting for 4.35% (pre) and 3.57% (post) of the expressions used across participants responses in this group. Out of the 4 different unempathic responses, all remained stable in frequency (pre and post).

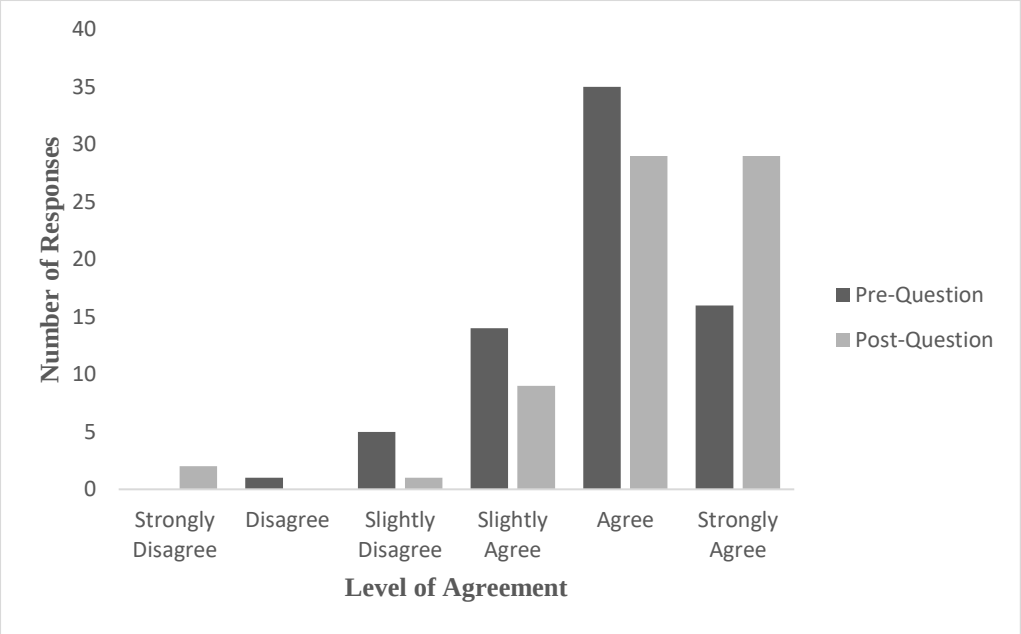
Empathic participant responses in this group rose from a pre-frequency of 63 to a post-frequency of 78; and increased in the percentage of empathic expressions across participants responses from 91.30% to 92.86%. The most frequent empathic response among participants in this group (pre and post) was *'Alex is not thinking in this moment they are purely reacting'* with a frequency of 6; accounting for 8.70% (pre) and 7.14% (post) of expressions used across participants responses in this group. Out of the 27 different empathic responses, 14 remained stable, and 13 increased slightly in frequency.

Question Two: Compassion

Participants in this study were asked to rate their level of agreement with the statement *"I feel compassion for Alex in this situation"*, both pre and post the presentation of Alex's 'Life Story' Document (Figure 5).

Figure 5

Participants Level of Agreement with the Statement "I feel compassion for Alex in this situation" (Pre vs. Post)



Out of the 71 participants who answered this pre-question the average response was *'Agree'*, as identified by 49.3% of participants. Out of the 70 participants who answered the post-question, the average response was an equal split between *'Agree'* and *'Strongly Agree'*, with 41.4% of participant responses on either side. The percentage of participants who identified that they agreed with the statement (Slightly Agree, Agree & Strongly Agree) rose by 4.16% pre vs post from 91.55% (n = 65) to 95.71% (n = 67).

Table 5

Participants Self-Rated Level of Empathic-Concern for Alex (Pre vs Post)

	Pre-Question	Post-Question
Low-level empathic concern (< 2)	1.41%	2.86%
Median-level empathic concern (3 – 4)	26.76%	14.28%
High-level empathic concern (> 5)	71.83%	82.86%
Total Participants	**71**	**70**

Participants level of empathic-concern for Alex was calculated based on their Likert ratings of Question Two (Pre & Post). Participant Likert ratings of equal to or < 2 were classified as '*Low-level empathic concern*'; Likert ratings of 3 or 4 were classified as '*Median-level empathic concern*'; And Likert ratings equal to or > 5 were classified as '*High-level empathic concern*'. The most frequent level of empathic-concern across participants in both pre and post responses to Question Two was *'High-level empathic concern'* as selected by 71.83% and 82.86% of participants respectively.

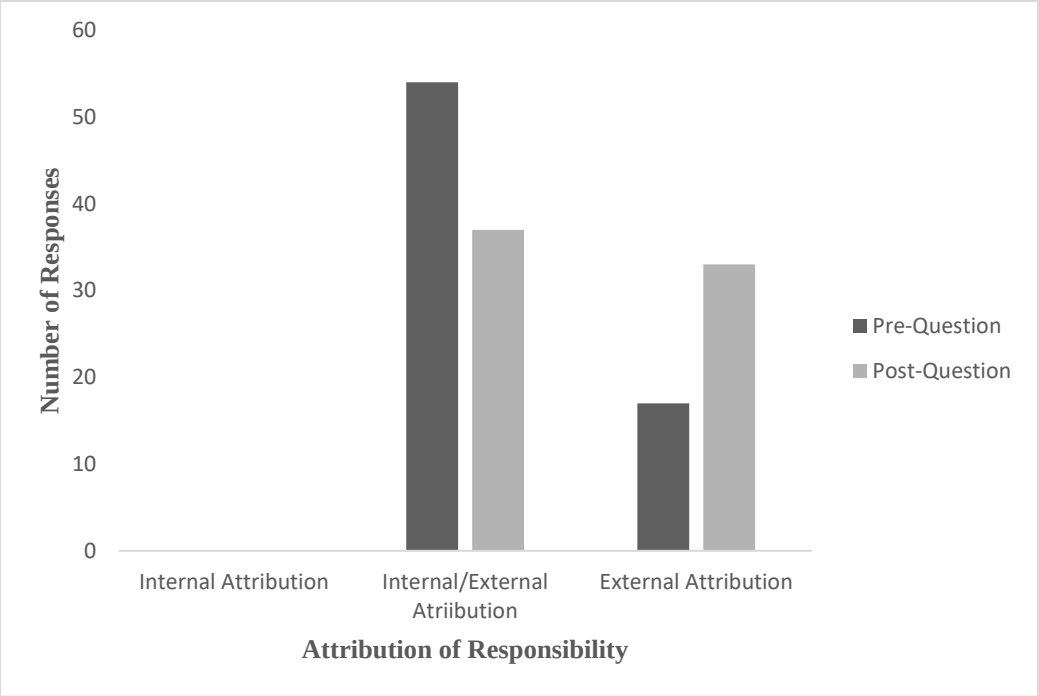
Question Three & Four: Attribution of Responsibility

Question Three

Participants in this study were asked to select the statement that best reflected their understanding of the causes driving Alex's behaviour (Figure 6).

Figure 6

Participants Internal vs External Attribution of Alex's Responsibility for their Behaviour (Pre vs. Post)



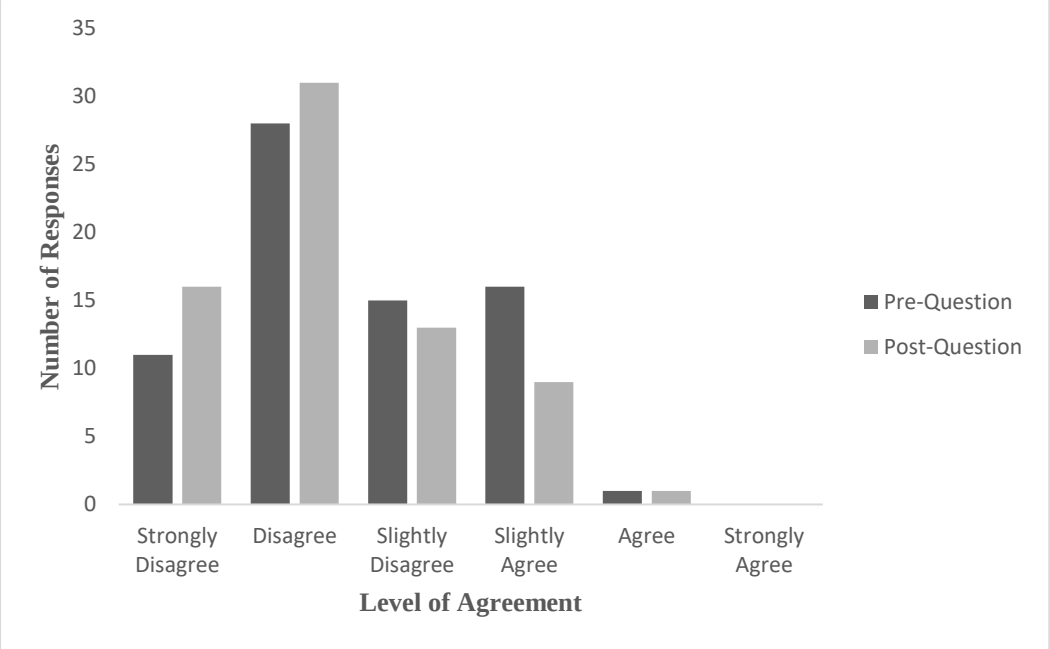
The first statement *"Alex is in control of [his/her/their] behaviour and has personally caused this situation"* (Internal Attribution) was not selected by any participants pre or post the presentation of the life story document. The second statement *"Alex may or may not be entirely in control of [her/their/his] behaviour; it is a mix of [their/her/his] personal attributes and environmental factors that have caused this situation"* (Internal/External Attribution) was selected by 76.06% (n = 54) of participants in the Pre-Question, and 52.86% (n = 37) participants in the Post-Question. The third statement *"Alex is not in control of [his/her/their] behaviour, [her/their/his] response is involuntary"* (External Attribution) was selected by 23.94% (n = 17) of participants in the Pre-Question and 47.14% (n = 33) of participants in the Post-Question.

Question Four

Participants were asked to rate their level of agreement with the Statement *"Alex should be held entirely responsible and therefore reprimanded for their behaviour in this situation"* (Figure 7).

Figure 7

Participants Level of Agreement with the Statement "Alex should be held entirely responsible and therefore reprimanded for their behaviour in this situation" (Pre vs Post)



The average participant response to this Pre-Question was *'Disagree'*, with 39.4% of participants responses. The average participant response to the Post-Question was also *'Disagree'*, with 44.3% of participants responses. The percentage of participants who identified that they disagreed with the statement (Slightly Disagree, Disagree & Strongly Disagree) rose by 9.65% pre vs post from 76.06% (n = 54) to 85.71% (n = 60).

Table 6

Participants Attribution of Responsibility for Alex's Behaviour (Pre vs Post)

	Pre-Question	Post-Question
Low-level attribution of responsibility (< 2)	54.93%	67.14%
Median-level attribution of responsibility (3 – 4)	43.66%	31.43%
High-level attribution of responsibility (> 5)	1.41%	1.43%
Total Participants	**71**	**70**

Participants level of attribution of responsibility for Alex's behaviour was calculated based on their Likert ratings of Question Four (Pre & Post). Participant Likert ratings of equal to or < 2 were classified as '*Low-level attribution of responsibility*'; Likert ratings of 3 or 4 were classified as '*Median-level attribution of responsibility*'; Likert ratings equal to or > 5 were classified as '*High-level attribution of responsibility*'. The lower the level of attribution of responsibility, the less responsible participants believed Alex to be for their behaviour. The most frequent attribution of responsibility across participants in both pre and post responses to Question Four was '*Low-level attribution of responsibility*' as selected by 54.93% and 67.14% of participants respectively, demonstrating a visible shift towards Alex being perceived as less responsible for their behaviour.

Question Five: Retributive, Restorative & Preventative Response

Participants in this study were asked to describe how they would respond to the situation outlined in the case vignette both in the moment and what further steps or actions they would take following the incident. It was initially intended to sort participant responses into the two categories of *'Retributive'* (Table 7) and *'Restorative'* (Table 8) responses. However, it became apparent (while coding) that a *'Preventative'* (Table 9) response category was required to reflect a number of participant responses. Participant responses had

the ability to be sorted into multiple categories if their response included expressions consistent with more than one specified category.

Table 7

Frequency of the Different Types of Retributive Responses used by Participants (Pre vs. Post)

	Pre-Question		Post-Question	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Remove Alex from the classroom	25	6.91%	15	4.31%
Remove Riley from the classroom	9	2.49%	3	0.86%
Involve senior leadership (Dean / Head of Department)	26	7.18%	12	3.45%
Telling Alex off (blaming)	14	3.87%	6	1.72%
Telling Riley off (blaming)	7	1.93%	4	1.15%
Contact Whānau / parent	8	2.21%	4	1.15%
Keeping Riley and Alex separate	12	3.31%	6	1.72%
Giving Riley a detention	0	0.00%	1	0.29%
Total Retributive	**101**	**27.90%**	**51**	**20.56%**

The ‘Pre-Question’ column in Table 7 showed that 27.90% of expressions included in participants responses were retributive in nature, with a total frequency of 101 retributive responses reported across participants pre responses to Question Five. The most frequent retributive response identified by participants in this group was *‘Involve senior leadership (Dean / Head of Department)’* with a frequency of 26; accounting for 7.18% of the expressions used across participants. Another notable response by participants in this group was to *‘Remove Alex from the classroom’* with a frequency of 25; accounting for 6.91% of expressions used across participants pre responses to Question Five.

In contrast, the ‘Post-Question’ column in Table 7 showed a decreased percentage of 20.56% of retributive expressions included in participants responses, with a total frequency of

51 retributive responses reported across participants post responses to Question Five. The most frequent retributive response reported by participants in this group was *'Remove Alex from the classroom'* with a frequency of 15; accounting for 4.31% of the expressions used across participants post responses to Question Five.

Table 8

Frequency of the Different Types of Restorative Responses used by Participants (Pre vs. Post)

	Pre-Question		Post-Question	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Gather information / both sides of the story	39	10.77%	26	7.47%
Offer a space to cool-down	40	11.05%	41	11.78%
Providing reassurance and clear and calm instructions	9	2.49%	8	2.30%
Restorative conversation between Alex and Riley	22	6.08%	15	4.31%
Attempts to understand deeper reasons behind Alex's behaviour	19	5.25%	14	4.02%
Providing strategies to avoid similar situations in the future	13	3.59%	12	3.45%
Allow Alex to have something to eat/drink or go for a walk	8	2.21%	10	2.87%
Re-focusing the class on their work / minimising class gossip	10	2.76%	10	2.87%
Address the situation with the wider class / ensure a safe and understanding classroom environment	8	2.21%	10	2.87%
Involve the school counsellor / guidance support	12	3.31%	10	2.87%
Ask for Alex's input for how to support them better	5	1.38%	7	2.01%
Ensure student safety / everyone is unharmed	16	4.42%	12	3.45%
Maintain Alex's *Mana	1	0.28%	0	0.00%

Have a deeper korero with Alex	1	0.28%	1	0.29%
Ask another teacher (or TA) to go with Alex to support them or supervise the class	11	3.04%	5	1.44%
Wider teacher discussion around next steps	3	0.83%	5	1.44%
Validate Alex's emotions	0	0.00%	11	3.16%
Notify and work with Alex's wider support team (wraparound team)	0	0.00%	4	1.15%
Identify and access further supports through school leadership team	0	0.00%	6	1.72%
Attempts to improve student / teacher relationship	0	0.00%	6	1.72%
Work alongside Alex's mum to support Alex	0	0.00%	5	1.44%
Maintain an unconditional positive regard towards Alex	1	0.28%	4	1.15%
Ask how Alex is feeling	2	0.55%	2	0.57%
Redirect Alex's attention to another task	2	0.55%	2	0.57%
Show empathy for Alex's situation	0	0.00%	1	0.29%
Total Restorative	**225**	**62.15%**	**227**	**65.23%**

*Mana –a person's power

The 'Pre-Question' column in Table 8 showed that 62.15% of expressions included in participants responses were restorative in nature, with a total frequency of 225 restorative responses reported across participant pre responses to Question Five. The most frequent restorative response reported by participants in this group was to *'Offer a space to cool-down'* with a frequency of 40; accounting for 11.05% of the expressions used across participants responses. Another notable response reported by participants in this group was to *'Gather information / both sides of the story'* with a frequency of 39; accounting for 10.77% of the expressions used across participants pre responses to Question Five.

In contrast, the 'Post-Question' column in Table 8 showed that 65.23% of the expressions included in participants responses were restorative in nature, with a total

frequency of 227 restorative responses reported across participant post responses to Question Five. The most frequent restorative response by participants in this group continued to be *'Offer a space to cool-down'* with a frequency of 41; accounting for 11.78% of the expressions used across participants responses.

Restoring Relationships

Participants 'restorative' responses to Question Five, showed a clear focus on restoring the relationships between Alex and Riley, Alex and the teacher, and Alex and the class as a whole. This was evidenced by the number of participants (pre and post) who identified the response *'Restorative conversation between Alex and Riley'* with a pre-frequency of 22 (6.08%) and a post-frequency of 15 (4.31%). Participants demonstrated an increased focus on bettering the relationship between the teacher and Alex evidenced by the responses *'Attempts to improve student / teacher relationship'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 6 (1.72%); and *'Validate Alex's emotions'* which increased from a pre-frequency of 3 (0.83%) to a post-frequency of 11 (3.16%). Finally, participants maintained the need to minimise the damage to Alex's relationship with the whole class evidenced by the responses *'Re-focusing the class on their work / minimising class gossip'* with an equal pre and post-frequency of 10; accounting for 2.76% (pre) and 2.87% (post) of the expressions used across participants responses to Question Five; and *'Address the situation with the wider class / ensure a safe and understanding classroom environment'* which increased from a pre-frequency of 8 (2.21%) to a post-frequency of 10 (2.87 %).

Restoring Alex's Feelings of Safety

Participants 'restorative' responses to Question Five also showed a clear participant focus on responding in a way that helped to restore Alex's personal feelings of safety.

Examples of responses that illustrated this focus were: *'Providing reassurance and clear and calm instructions'* which remained relatively stable pre and post with a pre-frequency of 9 (2.49%) and a post-frequency of 8 (2.30%); *'Allow Alex to have something to eat/drink or go for a walk'* which increased from a pre-frequency of 8 (2.21%) to a post-frequency of 10 (2.87%); *'Ask for Alex's input for how to support them better'* which increased from a pre-frequency of 5 (1.38%) to a post-frequency of 7 (2.01%); and *'Ensure student safety / everyone is unharmed'* which remained a substantial area of participant focus with a pre-frequency of 16 (4.42%) and a post-frequency of 12 (3.45%).

Table 9

Frequency of the Different Types of Preventative Responses used by Participants (Pre vs. Post)

	Pre-Question		Post-Question	
	Frequency	**Percentage**	**Frequency**	**Percentage**
'Scaffolding' / extra support to engage in the task	7	1.93%	8	2.30%
Regular check-ins with Alex	3	0.83%	6	1.72%
Alter / differentiate the delivery of the task	3	0.83%	6	1.72%
Validate Alex's emotions	1	0.28%	0	0.00%
Recognise Alex's early warning signs and intervene earlier	7	1.93%	9	2.59%
De-escalate the situation	11	3.04%	5	1.44%
Check KAMAR & search for a pattern of behaviour	4	1.10%	0	0.00%
Utilise activities that Alex is good at	0	0.00%	4	1.15%
Build Alex's social network at school / in-class	0	0.00%	4	1.15%
Allow Alex and the whole class regular breaks	0	0.00%	5	1.44%
Establish clear routines / structure within the classroom	0	0.00%	6	1.72%
Brainstorm a list of preventative strategies with	0	0.00%	6	1.72%

the pastoral team to be shared among Alex's teachers				
Use trauma-informed approaches and seek professional guidance / development	0	0.00%	4	1.15%
Identify a 'key' / safe staff member for Alex to go to when needed	0	0.00%	7	2.01%
Total Preventative	**36**	**9.94%**	**70**	**20.11%**

The 'Pre-Question' column in Table 9 showed that 9.94% of the expressions included in participants responses were preventative in nature, with a total frequency of 36 preventative expressions reported across participant pre responses to Question Five. The most frequent preventative response by participants in this group was *'De-escalate the situation'* with a frequency of 11; accounting for 3.04% of the expressions used across participants pre responses to Question Five.

In contrast, the 'Post-Question' column in Table 9 showed that 20.11% of the expressions included in participants responses were preventative in nature, with a total frequency of 70 preventative expressions reported across participant post responses to Question Five. The most frequent preventative response by participants in this group was *'Recognise Alex's early warning signs and intervene earlier'* with a frequency of 9; accounting for 2.59% of the expressions used across participant post responses to Question Five.

Participants' responses show a marked shift pre vs post from 'reactive' responses focused on modifying Alex's behaviour (retributive / restorative responses) to more 'proactive' responses focused on preventing Alex's behaviour from escalating to the point of requiring intervention.

Decreased Confidence in the Effectiveness of Retributive Measures

Table 7 demonstrated a decrease in teachers' stating that retributive measures would successfully address Alex's behaviour (pre vs post). Examples of responses highlighting this shift included: *'Remove Alex from the classroom'* which decreased from a pre-frequency of 25 (6.91%) to a post-frequency of 15 (4.31%); *'Involve senior leadership (Dean / Head of Department)'* which decreased from a pre-frequency of 26 (7.18%) to a post-frequency of 12 (3.45%); and *'Telling Alex off (blaming)'* which decreased from a pre-frequency of 14 (3.87%) to a post-frequency of 6 (1.72%).

Strength-Based Approaches

Table 9 demonstrated an increased participant focus on Alex's strengths, evidenced by the response *'Utilise activities that Alex is good at'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 4 (1.15%).

Modifying the Classroom Environment

Table 9 demonstrated an increased participant focus on modifying the classroom environment to accommodate Alex's needs. Examples of these responses included: *'Build Alex's social network at school / class'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 4 (1.15%); *'Allow Alex and the whole class regular breaks'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 5 (1.44%); and *'Establish clear routines / structure within the classroom'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 6 (1.72%).

School-Wide & Staff Collaboration

Table 9 demonstrated an increased participant focus on the importance of a consistent and collaborative approach to Alex's behaviour. This was highlighted by the increased

number of participants electing to *'Brainstorm a list of preventative strategies with the pastoral team to be shared among Alex's teachers'* from a pre-frequency of 0 (0.00%) to a post-frequency of 6 (1.72%).

Trauma-Informed Approaches

Table 9 showed a greater participant awareness of the need to *'Use trauma-informed approaches and seek professional guidance / development'* to successfully prevent Alex's behaviour. This response increased from a pre-frequency of 0 (0.00%) to a post-frequency of 4 (1.15%).

Relational Safety

Finally, Table 9 demonstrated a greater participant focus on the importance of safe and predictable relationships for Alex. This was highlighted by the response *'Identify a 'key' / safe staff member for Alex to go to when needed'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 7 (2.01%).

Table 10

Spread of Retributive, Restorative, and Preventative Responses across Participants who Identified their Response (Post) as being the Same or Similar to their Initial Response (Pre)

	Pre-Question		**Post-Question**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Retributive	**22**	**22.22%**	**23**	**19.33%**
Remove Alex from the classroom	6	6.06%	7	5.88%
Remove Riley from the classroom	1	1.01%	1	0.84%
Involve senior leadership (Dean / Head of Department)	9	9.09%	9	7.56%
Telling Alex off (blaming)	3	3.03%	3	2.52%
Contact Whānau / parent	2	2.02%	2	1.68%

Keeping Riley and Alex separate	1	1.01%	1	0.84%
Restorative	**75**	**75.76%**	**82**	**68.91%**
Offer a space to cool-down	11	11.11%	11	9.24%
Gather information / both sides of the story	13	13.13%	13	10.92%
Attempts to understand deeper reasons behind Alex's behaviour	6	6.06%	6	5.04%
Providing strategies to avoid similar situations in the future	5	5.05%	5	4.20%
Restorative conversation between Alex and Riley	5	5.05%	7	5.88%
Show empathy for Alex's situation	0	0.00%	1	0.84%
Have a deeper *kōrero with Alex	1	1.01%	1	0.84%
Redirect Alex's attention to another task	2	2.02%	2	1.68%
Ensure student safety / everyone is unharmed	4	4.04%	4	3.36%
Ask how Alex is feeling	2	2.02%	2	1.68%
Re-focusing the class on their work / minimising class gossip	6	6.06%	6	5.04%
Allow Alex to have something to eat/drink or go for a walk	3	3.03%	3	1.68%
Involve the school counsellor / guidance support	5	5.05%	6	5.04%
Validate Alex's emotions	3	3.03%	3	2.52%
Ask another teacher (or TA) to go with Alex to support them or supervise the class	2	2.02%	2	1.68%
Address the situation with the wider class / ensure a safe and understanding classroom environment	2	2.02%	2	1.68%
Providing reassurance and clear and calm instructions	3	3.03%	3	2.52%
Wider teacher discussion around next steps	1	1.01%	1	0.84%
Maintain an unconditional positive regard towards Alex	1	1.01%	4	3.36%
Preventative	**2**	**2.02%**	**14**	**11.76%**
'Scaffolding' / extra support to engage in the task	0	0.00%	3	2.52%

Utilise activities that Alex is good at	0	0.00%	1	0.84%
Establish clear routines / structure within the classroom	0	0.00%	2	1.68%
Recognise Alex's early warning signs and intervene earlier	1	1.01%	2	1.68%
Regular check-ins with Alex	0	0.00%	1	0.84%
Build Alex's social network at school / in-class	0	0.00%	1	0.84%
De-escalate the situation	1	1.01%	1	0.84%
Allow Alex and the whole class regular breaks	0	0.00%	1	0.84%
Brainstorm a list of preventative strategies with the pastoral team to be shared among Alex's teachers	0	0.00%	2	1.68%
Total Participants n = 37	**99**	**100.00%**	**119**	**100.00%**

Table 10 demonstrated the spread of 'Retributive', 'Restorative', and 'Preventative' responses across participants (n = 37) who identified that their response to Question Five (post) was the same or similar to their initial response to Question Five (pre). Retributive responses in this group increased from a pre-frequency of 22 to a post-frequency of 23; but decreased in expression percentage from 22.22% to 19.33% due to increased frequencies in restorative and preventative participant responses (pre vs post). The most frequent retributive response among participants in this group (pre and post) was *'Involve senior leadership (Dean / Head of Department)'* with frequencies of 9; accounting for 9.09% (pre) and 7.56% (post) of the expressions used across participants responses to Question Five. Out of the 6 different retributive responses, 5 remained stable, and 1 response *'Remove Alex from the classroom'* increased from a pre-frequency of 6 (6.06%) to a post-frequency of 7 (5.88%).

Restorative responses in this group rose from a pre-frequency of 75 to a post-frequency of 82; but decreased in expression percentage from 75.76% (pre) to 68.91% (post) due to the increased frequency of preventative responses (pre vs post). The most frequent

restorative response among participants in this group (pre and post) was *'Attempts to understand deeper reasons behind Alex's behaviour'* with frequencies of 13; accounting for 13.13% (pre) and 10.92% (post) of the expressions used across participants pre and post responses to Question Five. Out of the 19 different restorative responses, 15 remained stable and 4 increased in frequency: *'Restorative conversation between Alex and Riley'* increased from a pre-frequency of 5 (5.05%) to a post-frequency of 7 (5.88%); *'Show empathy for Alex's situation'* increased from a pre-frequency of 0 (0.00) to a post-frequency of 1 (0.84%); *'Involve the school counsellor / guidance support'* increased from a pre-frequency of 5 (5.05%) to a post-frequency of 6 (5.04%); and *'Maintain an unconditional positive regard towards Alex'* increased from a pre-frequency of 1 (1.01%) to a post-frequency of 4 (3.36%).

Preventative responses in this group rose from a pre-frequency of 2 to a post-frequency of 14; and increased in percentage from 2.02% (pre) to 11.76% (post) of expressions across participants post responses to Question Five. The most frequent preventative response (post) was *'Scaffolding / extra support to engage in the task'* with a frequency of 3; accounting for 2.52% of expressions across participants responses. Out of the 9 different preventative responses, 1 remained stable, and 8 increased in frequency. The most notable increases included: *'Scaffolding / extra support to engage in the task'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 3 (2.52%); *'Establish clear routines / structure within the classroom'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 2 (1.68%); and *'Brainstorm a list of preventative strategies with the pastoral team to be shared among Alex's teachers'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 2 (1.68%).

Restoring Relationships (same/similar responses)

Participants in this group demonstrated a focus on restoring the relationship between Alex and Riley, Alex and the teacher, and Alex and the class as a whole. Examples of these responses included: *'Restorative conversation between Alex and Riley'* which had a pre-frequency of 5 (5.05%) and a post-frequency of 7 (5.88%); *'Re-focusing the class on their work / minimising class gossip'* which had a pre-frequency of 6 (6.06%) and a post-frequency of 6 (5.04%); *'Address the situation with the wider class / ensure a safe and understanding classroom environment'* which had a pre-frequency of 2 (2.02%) and a post-frequency of 2 (1.68%); and *'Maintain an unconditional positive regard towards Alex'* which had a pre-frequency of 1 (1.01%) and a post-frequency of 4 (3.36%).

Restoring Alex's Feelings of Safety (same/similar responses)

Participants in this group also demonstrated a focus on responding in a way that helped to restore Alex's feelings of safety. Examples that illustrated this included: *'Providing reassurance and clear and calm instructions'* which had a pre-frequency of 3 (3.03%) and a post-frequency of 3 (2.52%); *'Allow Alex to have something to eat/drink or go for a walk'* which had a pre-frequency of 3 (3.03%) and a post-frequency of 3 (1.68%); and *'Ensure student safety / everyone is unharmed'* which had a pre-frequency of 4 (4.04%) and post-frequency of 4 (3.36%).

Question Six: Academic, Therapeutic, Tailored Support

Participants in this study were asked to describe what kind of support(s) they believed Alex would require to successfully address their challenging behaviour and the potential barriers they might encounter trying to access or implement support(s) for Alex. Participant responses were sorted into three categories: *'Academic Supports'* (Table 11); *'Therapeutic*

Supports' (Table 12); and *'Tailored Supports'* (Table 13). Participant responses had the ability to be sorted into multiple categories if their response included expressions consistent with more than one specified category.

Table 11

Frequency of the Different Types of Academic Supports Identified across Participants Responses (Pre vs. Post)

	Pre-Question		Post-Question	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Identifying a key person / trusted adult at school for Alex	4	1.83%	11	4.23%
Check-in at the beginning of each lesson (see how Alex is going that day)	5	2.29%	4	1.54%
Brief instructions / broken down into manageable pieces	3	1.38%	7	2.69%
Scaffolding / extra support to engage in the task	13	5.96%	9	3.46%
Utilising a teacher aide	11	5.05%	25	9.62%
Special Educational Needs Coordinator/Dean/Pastoral team referral to put a plan in place for Alex	20	9.17%	15	5.77%
Developing an accepting, understanding, and supportive classroom environment	4	1.83%	6	2.31%
Encouraging regular breaks for movement / fidget toys /a 'time-out card' system for Alex	8	3.67%	15	5.77%
Focus on building a strong student teacher relationship	9	4.13%	7	2.69%
Identify a safe space for Alex to go when overwhelmed	7	3.21%	12	4.62%
Individual Education Plan / Individual Learning Plan (IEP/ILP)	3	1.38%	4	1.54%

Resource Teacher Learning and Behaviour (RTLB) referral for support	6	2.75%	9	3.46%
Restorative meeting (Alex & Riley)	4	1.83%	0	0.00%
Change class seating plan	2	0.92%	2	0.77%
Refer for further testing for learning disabilities	9	4.13%	0	0.00%
Special learning accommodations / Universal Design for Learning (UDL) approach	8	3.67%	4	1.54%
Identify root cause behind Alex's behaviour	5	2.29%	3	1.15%
Referral to 'Learning Support Centre'	2	0.92%	4	1.54%
Upskill teachers in ADHD/FASD/Trauma-informed approaches	0	0.00%	7	2.69%
Focus on praising Alex (noticing successes)	0	0.00%	6	2.31%
Putting Alex in a classroom with fewer students	0	0.00%	2	0.77%
Utilising visual and hands-on learning activities at Alex's level	0	0.00%	10	3.85%
Total	**123**	**56.42%**	**162**	**62.31%**

The 'Pre-Question' column in Table 11 showed that 56.42% of expressions included in participants responses related to academic supports, with a total frequency of 123 academic supports reported across participant pre responses to Question Six. The most frequent academic support reported by participants in this group was *'Special Educational Needs Coordinator / Dean / Pastoral team referral to put a plan in place for Alex'* with a frequency of 20; accounting for 9.17% of the expressions used across participants pre responses to Question Six.

In contrast, the 'Post-Question' column in Table 11 showed that 62.31% of expressions included in participants responses related to academic supports, with a total frequency of 162 academic supports reported across participant post responses to Question

Six. The most frequent academic support reported by participants in this group was *'Utilising a teacher aide'* with a frequency of 25; accounting for 9.62% of the expressions used across participants post responses to Question Six.

Relational Safety

Participants post responses to Question Six demonstrated an increased frequency of participants emphasising the importance of relational safety for Alex. This was illustrated by the support *'Identifying a key person / trusted adult at school for Alex'* increasing from a pre-frequency of 4 (1.83%) to a post-frequency of 11 (4.23%).

Modifying the Classroom Environment / Structure

Participants post responses to Question Six demonstrated a notable shift towards supports that modified the classroom environment and structure to accommodate Alex. Examples of responses that illustrated this shift included: *'Brief instructions / broken down into manageable pieces'*, which increased from a pre-frequency of 3 (1.38%) to a post-frequency of 7 (2.69%); *'Developing an accepting, understanding, and supportive classroom environment'*, which increased from a pre-frequency of 4 (1.83%) to a post-frequency of 6 (2.31%); and *'Encouraging regular breaks for movement / fidget toys / a 'time-out' card system for Alex',* which increased from a pre-frequency of 8 (3.67%) to a post-frequency of 15 (5.77%).

Strength-Based Supports

Participant post responses to Question Six demonstrated a notable shift towards participants identifying supports that built-upon Alex's existing strengths. Examples that illustrated this shift included: *'Utilising visual and hands on learning activities at Alex's level'*, which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 10 (3.85%);

and *'Focus on praising Alex (noticing successes)'*, which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 6 (2.31%).

Supports Aimed to Better Understand Alex's Behaviours

Participant post responses to Question Six showed a decreased participant focus on supports that aimed to investigate the reason for Alex's behaviours in order for the teacher to identify support(s) for Alex. Examples of supports that illustrated this included: *'Special Educational Needs Coordinator (SENCO) / Dean / Pastoral team referral to put a plan in place for Alex'*, which decreased from a pre-frequency of 20 (9.17%) to a post-frequency of 15 (5.77%); *'Refer for further testing for learning disabilities'*, which decreased from a pre-frequency of 9 (4.13%) to a post-frequency of 0 (0.00%); and *'Identify root cause behind Alex's behaviour'* which decreased from a pre-frequency of 5 (2.29%) to a post-frequency of 3 (1.15%).

Table 12

Frequency of the Different Types of Therapeutic Supports Identified across Participants Responses (Pre vs. Post)

	Pre-Question		Post-Question	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Referral to guidance team / counsellor / social worker in school (SWIS)	26	11.93%	19	7.31%
Specialist support to help Alex develop coping mechanisms and strategies that they can use in class	9	4.13%	8	3.08%
Psychiatric / medical assessment for medication	0	0.00%	3	1.15%
Total	**35**	**16.06%**	**30**	**11.54%**

The ‘Pre-Question’ column in Table 12 showed that 16.06% of the expressions included in participants responses related to therapeutic supports, with a total frequency of 35 therapeutic supports reported across participant pre responses to Question Six. The most frequent therapeutic support reported by participants in this group was *‘Referral to guidance team / counsellor / social worker in school (SWIS)’* with a frequency of 26; accounting for 11.93% of the expressions used across participants pre responses to Question Six.

In contrast, the ‘Post-Question’ column in Table 12 showed that 11.54% of the expressions included in participants responses related to therapeutic supports, with a total frequency of 30 therapeutic supports reported across participant post responses to Question Six. The most frequent therapeutic support reported by participants in this group continued to be *‘Referral to guidance team / counsellor / social worker in school (SWIS)’* with a frequency of 19; accounting for 7.31% of the expressions across participants post responses to Question Six.

Table 13

Frequency of the Different Types of Tailored Supports Identified across Participants Responses (Pre vs. Post)

	Pre-Question		Post-Question	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Gaining insight into Alex’s triggers, escalation profile, safety & behaviour support plan	13	5.96%	9	3.46%
Referral to a group / programme to support Alex to develop emotion regulation & social skills	19	8.72%	9	3.46%
Identify activities & sports Alex enjoys playing to develop these skills	1	0.46%	2	0.77%

Support plan developed in collaboration with home, school, and community supports (multi-agency support / wraparound support)	7	3.21%	11	4.23%
Addressing immediate & basic needs for Alex (food, safety, shelter etc)	3	1.38%	2	0.77%
Referral to a youth worker / mentor to support Alex	5	2.29%	4	1.54%
Behavioural Psychologist assessment / assessment of Alex's needs	6	2.75%	2	0.77%
Regular communication with home (Stacie)	0	0.00%	9	3.46%
School-wide communication, consistency in application of supports, and access to / sharing of information	4	1.83%	16	6.15%
Understanding more about Alex's home life / environment to identify possible stressors	1	0.46%	3	1.15%
Ask Alex what would help them	1	0.46%	1	0.38%
Total	**60**	**27.52 %**	**68**	**26.15%**

The 'Pre-Question' column in Table 13 showed that 27.52% of the expressions included in participants responses related to tailored supports, with a total frequency of 60 tailored supports reported across participant pre responses to Question Six. The most frequent tailored support reported by participants in this group was *'Referral to a group / programme to support Alex to develop emotion regulation & social skills'* with a frequency of 19; accounting for 8.72% of the expressions used across participants pre responses to Question Six.

In contrast, the 'Post-Question' column in Table 13 showed that 26.15% of the expressions included in participants responses related to tailored supports, with a total

frequency of 68 tailored supports reported across participant post responses to Question Six. The most frequent tailored support reported by participants in this group was *'School-wide communication, consistency in application of supports, and access to / sharing of information'* with a frequency of 16; accounting for 6.15% of the expressions used across participants post responses to Question Six.

Ecological Supports

Participants post responses to Question Six demonstrated an increased participant focus on ecological supports for Alex. Examples of supports that illustrated this included: *'Support plan developed in collaboration with home, school, and community supports (multi-agency support / wraparound support)'*, which increased from a pre-frequency of 7 (3.21%) to a post-frequency of 11 (4.23%); and *'Regular communication with home (Stacie)'*, which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 9 (3.46%).

School-Wide Communication and Consistency

Participants post responses to Question Six illustrated a greater participant focus on school-wide communication and consistency to support Alex. This was evidenced by a marked increase in participants identifying *'School-wide communication, consistency in application of supports, and access to / sharing of information'*, from a pre-frequency of 4 (1.83%) to a post-frequency of 16 (6.15%).

Table 14

Types of Barrier's Participants Identified as Limiting Their Ability to Implement Supports for Alex (Pre vs. Post)

	Pre-Question	Post-Question

	Frequency	Percentage	Frequency	Percentage
Inflexible school processes / rules	2	1.37%	0	0.00%
Teachers under reporting behaviours – resulting in limited access to supports within-school	2	1.37%	1	1.04%
Other kids bullying / targeting Alex	2	1.37%	1	1.04%
Confusing referral pathways	2	1.37%	1	1.04%
Lack of funding	17	11.64%	17	17.71%
Lack of time (Teachers/Deans)	17	11.64%	13	13.54%
Other teachers not understanding Alex	12	8.22%	6	6.25%
Family not onboard with suggestions / supports	10	6.85%	5	5.21%
Lack of access to supports	12	8.22%	3	3.13%
Long wait-lists / lack of availability for services	14	9.59%	10	10.42%
Alex refusing supports / not ready to engage with supports	11	7.53%	10	10.42%
Lack of training / ability to identify needs and implement supports	9	6.16%	3	3.13%
Lack of support from schools to teachers to handle complex needs students by themselves	2	1.37%	1	1.04%
Poor student / teacher relationship	2	1.37%	1	1.04%
School disciplinary processes (too punitive)	3	2.05%	2	2.08%
Large class sizes	6	4.11%	6	6.25%
Other teacher's consistency in application of supports	6	4.11%	5	5.21%
Being inadequately informed of behavioural difficulties, needs, and diagnoses of high needs students	4	2.74%	0	0.00%
Multiple high needs students to manage	2	1.37%	2	2.08%

Too high of a threshold to access supports (not severe enough)	5	3.42%	1	1.04%
Limited access to culturally appropriate supports	1	0.68%	1	1.04%
Lack of staff	5	3.42%	1	1.04%
Stigma associated with FASD	0	0.00%	3	3.13%
Finding the right Teacher Aide for Alex (consistent throughout schooling)	0	0..00%	3	3.13%
Total	**146**	**100.00%**	**96**	**100.00%**

Participants in this study were also asked to identify any potential barriers they might encounter trying to access or implement support(s) for Alex. The 'Pre-Question' column in Table 14 showed that participants reported a frequency of 146 barriers in total across their pre responses to Question Six. The most frequent barriers reported by participants were *'Lack of funding'* and *'Lack of time (teachers/deans)'* with an equal frequency of 17; each accounting for 11.64% of the expressions used across participants pre responses to Question Six.

The 'Post-Question' column in Table 14 showed that participants reported a frequency of 96 barriers in total across their post responses to Question Six. The most frequent barrier reported by participants continued to be *'Lack of funding'* with a frequency of 17; accounting for 17.71% of the expressions used across participants post responses to Question Six.

Barriers at the Government Level

Participants responses to Question Six demonstrated several 'big-picture' barriers at the 'Government Level' that were outside of the control of the teacher (Table 14). Examples of responses that illustrated this were: *'Lack of Funding'* which maintained a pre and post

frequency of 17 accounting for 11.64% (pre) and 17.71% (post) of the expressions across participants responses; *'Lack of training / ability to identify needs and implement supports'* which had a pre-frequency of 9 (6.16%) and a post-frequency of 3 (3.13%); *'Lack of staff'* which had a pre-frequency of 5 (3.42%) and a post-frequency of 1 (1.04%); *'Large class sizes'* which maintained a pre and post-frequency of 6, accounting for 4.11% (pre) and 6.25% (post) of expressions across participants responses; *'Confusing referral pathways'* which had a pre-frequency of 2 (1.37%) and a post-frequency of 1 (1.04%); *'Lack of access to supports'* which had a pre-frequency of 12 (8.22%) and a post-frequency of 3 (3.13%); *'Long wait-lists / lack of availability for services'* which had a pre-frequency of 14 (9.59%) and a post-frequency of 10 (10.42%); *'Too high of a threshold to access supports (not severe enough)'* which had a pre-frequency of 5 (3.42%) and a post-frequency of 1 (1.04%); and *'Limited access to culturally appropriate supports'* which maintained a pre and post-frequency of 1, accounting for 0.68% (pre) and 1.04% (post) of expressions across participants responses.

Out of the total frequency of 146 barriers identified across participants pre responses to Question Six, a frequency of 71 (48.61%) barriers were identified as being at the 'Government Level'. In comparison, out of the total frequency of 96 barriers identified across participants post responses to Question Six, a frequency of 43 (44.80%) of barriers were identified as being at the 'Government Level'.

Barriers at the Organisational Level

Participants responses to Question Six demonstrated multiple barriers at the 'Organisational Level' both within the school and within outside organisations, that were generally outside of the direct control of the teacher (Table 14). The most notable responses that illustrated this were: *'Lack of time (Teachers/Deans)'* which had a pre-frequency of 17 (11.64%) and a post-frequency of 13 (13.54%); *'Other teachers not understanding Alex'*

which had a pre-frequency of 12 (8.22%) and a post-frequency of 6 (6.25%); *'Other teacher's consistency in application of supports'* with a pre-frequency of 6 (4.11%) and a post-frequency of 5 (5.21%); *'Being inadequately informed of behavioural difficulties, needs, and diagnoses of high needs students'* which had a pre-frequency of 4 (2.74%) and a post-frequency of 0 (0.00%); *'Stigma associated with FASD'* which had a pre-frequency of 0 (0.00%) and a post-frequency of 3 (3.13%); and *'Finding the right Teacher Aide for Alex (consistent throughout schooling)'* which had a pre-frequency of 0 (0.00%) and a post-frequency of 3 (3.13%).

Out of the total frequency of 146 barriers identified across participants pre responses to Question Six, a frequency of 52 (35.61%) barriers were identified as being at the 'Organisational Level' (as detailed above). In comparison, out of the total frequency of 96 barriers reported across participants post responses to Question Six, a frequency of 37 (38.54%) barriers were identified as being at the 'Organisational Level'.

Barriers at the Family/Whānau Level

Participants responses to Question Six demonstrated one barrier at the 'Family / Whānau Level' that was outside of the direct control of the teacher (Table 14). This barrier was *'Family not onboard with suggestions / supports'* which had a pre-frequency of 10 (6.85%) and a post-frequency of 5 (5.21%).

Out of the total frequency of 146 barriers reported across participants pre responses to Question Six, a frequency of 10 (6.85%) barriers were identified as being at the 'Family / Whānau Level'. In comparison, out of the total frequency of 96 barriers identified across participants responses to Question Six, a frequency of 5 (5.21%) of barriers were identified as being at the 'Family / Whānau Level'.

Barriers at the Individual Level

Finally, participants responses to Question Six demonstrated a couple of barriers at the 'Individual Level' either at the level of the student or the level of the teacher, that may or may not be within the teacher's control (Table 14). Responses that illustrated this were: *'Alex refusing supports / not ready to engage with supports'* which had a pre-frequency of 11 (7.53%) and a post-frequency of 10 (10.42%); and *'Poor student / teacher relationship'* which had a pre-frequency of 2 (1.37%) and a post-frequency of 1 (1.04%).

Out of the total frequency of 146 barriers identified across participants pre responses to Question Six, a frequency of 13 (8.90%) barriers were identified as being at the 'Individual Level' (as detailed above). In comparison, out of the total frequency of 96 barriers identified across participants responses to Question Six, a frequency of 11 (11.46%) barriers were identified as being at the 'Individual Level'.

Table 15

Spread of Academic, Therapeutic, Tailored Supports and Barriers across Participants who Identified their Response (Post) as being the Same or Similar to their Initial Response (Pre)

	Pre-Question		**Post-Question**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Academic	**14**	**29.17%**	**16**	**29.09%**
Identify a safe space for Alex to go when overwhelmed	2	4.17%	2	3.64%
Brief instructions / broken down into manageable pieces	1	2.08%	1	1.82%
Encouraging regular breaks for movement / fidget toys /a 'time-out card' system for Alex	1	2.08%	2	3.64%
Focus on building a strong student teacher relationship	2	4.17%	2	3.64%

Check-in at the beginning of each lesson (see how Alex is going that day)	1	2.08%	1	1.82%
Identifying a key person / trusted adult at school for Alex	1	2.08%	1	1.82%
Special Educational Needs Coordinator/Dean/Pastoral team referral to put a plan in place for Alex	2	4.17%	2	3.64%
Referral to 'Learning Support Centre'	2	4.17%	2	3.64%
Utilising a teacher aide	1	2.08%	2	3.64%
Scaffolding / extra support to engage in the task	1	2.08%	1	1.82%
Therapeutic	**5**	**10.42%**	**6**	**10.91%**
Referral to guidance team / counsellor / social worker in school (SWIS)	5	10.42%	5	9.09%
Specialist support to help Alex develop coping mechanisms and strategies that they can use in class	0	0.00%	1	1.82%
Tailored	**10**	**20.83%**	**14**	**25.45%**
Support plan developed in collaboration with home, school, and community supports (multi-agency support / wraparound support)	1	2.08%	2	3.64%
Referral to a group / programme to support Alex to develop emotion regulation & social skills	4	8.33%	4	7.27%
Gaining insight into Alex's triggers, escalation profile, safety & behaviour support plan	1	2.08%	1	1.82%
Referral to a youth worker / mentor to support Alex	1	2.08%	1	1.82%
School-wide communication, consistency in application of supports, and access to / sharing of information	1	2.08%	2	3.64%
Identify activities & sports Alex enjoys playing to develop these skills	1	2.08%	1	1.82%

Regular communication with home (Stacie)	0	0.00%	1	1.82%
Asking Alex what would help them	1	2.08%	1	1.82%
Understanding more about Alex's home life / environment to identify possible stressors	0	0.00%	1	1.82%
Barriers	**19**	**39.58%**	**19**	**34.55%**
Alex refusing supports / not ready to engage with supports	3	6.25%	3	5.45%
Lack of time (Teachers/Deans)	1	2.08%	1	1.82%
Other teachers not understanding Alex	2	4.17%	2	3.64%
Lack of funding	2	4.17%	2	3.64%
Other teacher's consistency in application of supports	1	2.08%	1	1.82%
Limited access to culturally appropriate supports	1	2.08%	1	1.82%
Family not onboard with suggestions / supports	3	6.25%	3	5.45%
Teachers under reporting behaviours – resulting in limited access to supports within-school	1	2.08%	1	1.82%
Long wait-lists / lack of availability for services	1	2.08%	1	1.82%
Lack of training / ability to identify needs and implement supports	2	4.17%	2	3.64%
Other kids bullying / targeting Alex	1	2.08%	1	1.82%
Lack of support from schools to teachers to handle complex needs students by themselves	1	2.08%	1	1.82%
Total Participants n = 33	**48**	**100.00%**	**55**	**100.00%**

Table 15 demonstrated the spread of 'Academic', 'Therapeutic', and 'Tailored' Supports as well as the 'Barriers' across participants (n = 33) who identified that their response to Question Six (Post) was the same or similar to their initial response to Question Six (Pre). Participants responses that included academic supports increased from a pre-

frequency of 14 to a post-frequency of 16; but decreased in expression percentage from 29.17% to 29.09% due to increased frequencies of therapeutic and tailored supports (pre vs post). The most frequent academic supports (pre and post) were: *'Identify a safe space for Alex to go to when overwhelmed'*; *'Focus on building a strong student teacher relationship'*; *'Special Educational Needs Coordinator/Dean/Pastoral team referral to put a plan in place for Alex'*; and *'Referral to Learning Support Centre'*, all with a pre and post frequency of 2 accounting for 4.17% (pre) and 3.64% (post) of the expressions used across participants responses. Out of the 10 different academic supports identified by participants, 8 remained stable, and 2 increased in frequency: *'Encouraging regular breaks for movement / fidget toys / a 'time out card' system for Alex'*; and *'Utilising a teacher aide'* both increased from a pre-frequency of 1 (2.08%) to a post-frequency of 2 (3.64%).

Participants responses that included therapeutic supports increased from a pre-frequency of 5 to a post-frequency of 6; and increased in percentage from 10.42% to 10.91% across participants responses to Question Six. The most frequent therapeutic support reported by participants in this group was *'Referral to guidance team / counsellor / social worker in school (SWIS)'* with a pre and post frequency of 5, accounting for 10.42% (pre) and 9.09% (post) of expressions across participants responses. Out of the 2 different therapeutic supports identified by participants, 1 remained stable, and 1 increased in frequency *'Specialist support to help Alex develop coping mechanisms and strategies that they can use in class'* from a pre-frequency of 0 (0.00%) to a post-frequency of 1 (1.82%).

Participants responses that included tailored supports increased from a pre-frequency of 10 to a post-frequency of 14; and increased in percentage from 20.83% to 25.45% of expressions across participants responses to Question Six. The most frequent tailored support identified by participants (pre and post) was *'Referral to a group / programme to support*

Alex to develop emotion regulation and social skills' with a frequency of 4; accounting for 8.33% (pre) and 7.27% (post) of expressions across participants responses. Out of the 9 different tailored supports identified by participants, 5 remained stable, and 4 increased in frequency: *'Support plan developed in collaboration with home, school, and community supports (multi-agency support / wraparound support'* which increased from a pre-frequency of 1 (2.08%) to a post-frequency of 2 (3.64%); *'School-wide communication, consistency in application of supports, and access to / sharing of information'* which increased from a pre-frequency of 1 (2.08%) to a post-frequency of 2 (3.64%); *'Regular communication with home (Stacie)'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 1 (1.82%); and *'Understanding more about Alex's home life / environment to identify possible stressors'* which increased from a pre-frequency of 0 (0.00%) to a post-frequency of 1 (1.82%).

Participants responses that included barriers remained stable at a pre and post frequency of 19; but decreased in expression percentage from 39.58% (pre) to 34.55% (post) due to increased frequencies in academic, therapeutic, and tailored expressions across participants post responses to Question Six. The most frequent barriers reported by participants (pre and post) were: *'Alex refusing supports / not ready to engage with supports'* with frequencies of 3, accounting for 6.25% (pre) and 5.45% (post) of the expressions used across participants responses; and *'Family not onboard with suggestions / supports'* with frequencies of 3, also accounting for 6.25% (pre) and 5.45% (post) of the expressions used across participants responses. Out of the 12 different barriers reported by participants in this group, all 12 remained stable, and none increased in frequency.

Barriers at the Government Level (same/similar responses)

Out of a total frequency of 19 barriers identified across participants within this group, an equal frequency (pre and post) of 6 barriers were identified as being at the 'Government Level' (Table 15). Such barriers included: *'Lack of funding'* with frequencies of 2, accounting for 4.17% (pre) and 3.64% (post) of the expressions used across participants responses; *'Limited access to culturally appropriate supports'* with frequencies of 1, accounting for 2.08% (pre) and 1.82% (post) of the expressions used across participants responses; *'Long wait-lists / lack of availability for services'* with frequencies of 1, accounting for 2.08% (pre) and 1.82% (post) of the expressions used across participants responses; and *'Lack of training / ability to identify needs and implement supports'* with frequencies of 2, accounting for 4.17% (pre) and 3.64% of the expressions used across participants responses to Question Six in this group.

Barriers at the Organisational Level (same/similar responses)

Out of a total frequency of 19 barriers identified across participants within this group, an equal frequency (pre and post) of 7 barriers were identified as being at the 'Organisational Level' (Table 15). Such barriers included: *'Lack of time (Teachers/Deans)';'Other teacher's consistency in application of supports'*; *'Teachers under reporting behaviours – resulting in limited access to supports within-school'; 'Other kids bullying / targeting Alex'*; and *'Lack of support from schools to teachers to handle complex needs students by themselves'* which all had a pre and post frequency of 1, accounting for 2.08% (pre) and 1.82% (post) of expressions across participants responses. *'Other teachers not understanding Alex'* had a pre and post frequency of 2, accounting for 4.17% (pre) and 3.64% (post) of expressions across participants responses to Question Six in this group.

Barriers at the Family / Whānau Level (same/similar responses)

Out of a total frequency of 19 barriers reported across participants within this group, a frequency of 3 barriers were identified as being at the 'Family / Whānau Level' (Table 15). This barrier was *'Family not onboard with suggestions / supports'* with a pre and post frequency of 3, accounting for 6.25% (pre) and 5.45% (post) of expressions used across participant responses to Question Six in this group.

Barriers at the Individual Level (same/similar responses)

Out of a total frequency of 19 barriers reported across participants within this group, a frequency of 3 barriers (15.79%) were identified as being at the 'Individual Level' (Table 15). This barrier was *'Alex refusing supports / not ready to engage with supports'* with a pre and post frequency of 3, accounting for 6.25% (pre) and 5.45% (post) of the expressions used across participant responses to Question Six in this group.

Table 16

Number of Participants who Allocated Male Pronouns to Alex in Their Responses (Pre vs Post)

	Pre-Question		**Post-Question**	
	Number of Participants	**Percentage**	**Number of Participants**	**Percentage**
Question One	24	33.80%	30	42.25%
Question Five	21	29.56%	16	23.53%
Question Six	15	21.13%	13	19.12%
Total Participants	**71**		**68**	

Table 16 illustrated the number of participants who used male pronouns when referring to Alex in their responses to Questions One, Five, and Six (pre and post). From the 71 participants who responded to each pre-question, 24 participants (33.80%) allocated male pronouns to Alex in their response to Question One; 21 participants (29.56%) allocated male pronouns to Alex in their response to Question Five; and 15 participants (21.13%) allocated male pronouns to Alex in their response to Question Six.

From the 68 participants who responded to each post-question, 30 participants (42.25%) allocated male pronouns to Alex in their response to Question One; 16 participants (23.53%) allocated male pronouns to Alex in their response to Question Five; and 13 participants (19.12%) allocated male pronouns to Alex in their response to Question Six.

Question Seven: Contextual Factors

Participants in this study were also asked what contextual factors they believed were important for them (as a teacher) to be aware of in order to effectively individualise student support(s). Participants were asked to rank the following contextual factors: Gender Identity; Culture; Ethnicity; Medical Diagnoses; Psychiatric Diagnoses; Socioeconomic Disadvantage; Current Home Situation; and Previously Tried Interventions, from most important (1) to least important (8).

Figure 8

Mean Participant Ranking of the Importance of the Contextual Factors that Influence how Teachers Individualise Student Support(s) (Pre vs. Post)

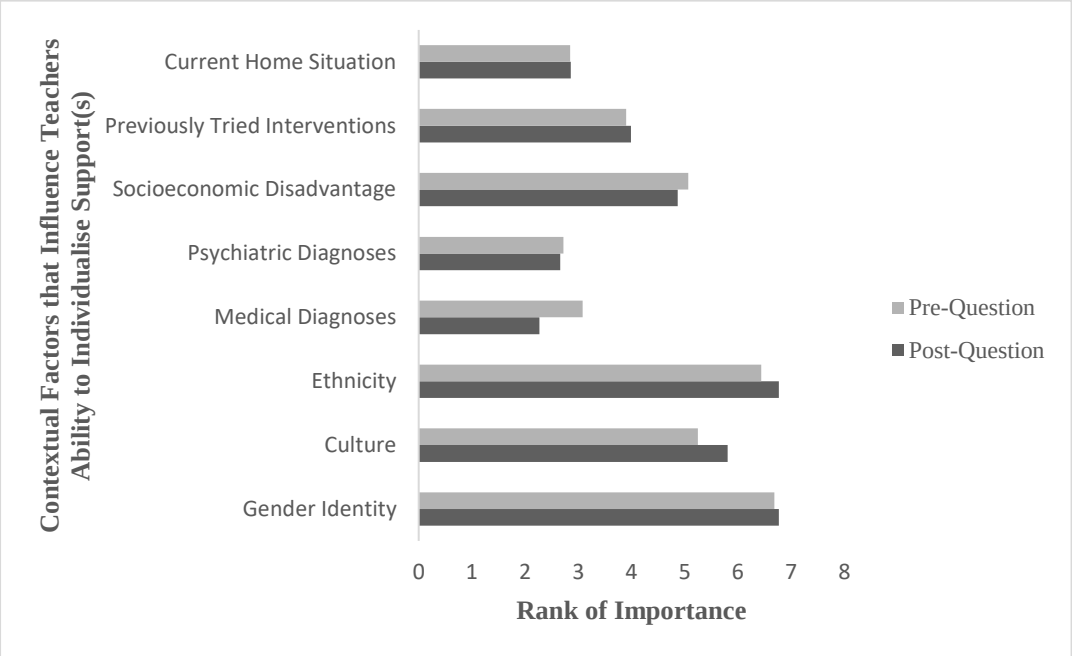


Figure 8 showed the mean rank of importance participants assigned to the above mentioned contextual factors pre and post the presentation of the life story document. A lower mean correlated with a higher level of importance that participants assigned to each contextual factor. Conversely, a higher mean correlated with a lower level of importance that participants assigned to each contextual factor. The 'most important' contextual factor identified across participant pre responses to Question Seven were *'Psychiatric Diagnoses'*, with a mean ranking of 2.72 by participants. *'Current Home Situation'* followed closely with a mean ranking of 2.85 assigned by participants. The 'least important' contextual factor identified across participant pre responses was identified as *'Gender Identity'*, with a mean participant ranking of 6.69.

In contrast, Figure 8 also showed how participants ranked the above-mentioned contextual factors post the presentation of the life story document. The 'most important' contextual factor identified across participant post responses to Question Seven was *'Medical Diagnoses'*, with a mean ranking of 2.27 assigned by participants. The 'least important' contextual factors identified across post participant responses was an equal split between *'Gender Identity'* and *'Ethnicity'*, with mean participant rankings of 6.77.

CHAPTER 4

Discussion

Summary of Findings

This study yielded several key findings that were pertinent to its aims. Teachers' levels of Situational Empathy, Empathic Accuracy, and Empathic Concern towards Alex improved after reading the life story document. Teachers increasingly used empathic expressions across their responses, extended their attempts to take Alex's perspective (Cognitive Empathy), and adopted a clear trauma-informed interpretation of Alex's behaviour. Teachers who identified that their response remained the same or similar to their initial response to Question One (Empathy), were already highly empathic in their responses. This suggested that they were able to identify symptoms of distress and draw appropriate interpretations from the vignette even before receiving any information relating to Alex's background.

Teachers self-identified feelings of compassion for Alex increased in strength after reading the life story, with teachers selecting more 'definitive' levels of agreement (Agree / Strongly Agree). Teachers also attributed Alex as 'less responsible' for their behaviour after

reading the life story, suggesting that teachers saw Alex's behaviours as being more impacted by external factors outside of their control.

A key finding of this study was that when teachers were given adequate information about a young person's life story, they were more likely to use this information appropriately with regards to their understanding of the situation, the child's needs and potential responses (both in the moment and preventative). Moreover, following the life story, teachers doubled in their use of 'preventative strategies' as a response to Alex's challenging behaviour, which was an unexpected but significant outcome of this research.

Additionally, after reading Alex's life story teachers demonstrated an increase in their restorative responses and a decrease in their retributive responses to manage Alex's behaviour. These teachers were better placed to identify symptoms of trauma in Alex's behaviour, suggesting that they had an increased awareness of subtle triggers that may be underlying Alex's behaviour that were not overtly obvious in the present situation, which allowed these teachers to respond appropriately. Teachers who identified that their response would remain the same or similar to their initial response to Question Five (Response) were already highly restorative in their responses before reading Alex's life story.

Teachers in this study were more likely to implement tailored supports after reading Alex's life story. This reflected an increased understanding that Alex's behaviour needed a consistent, team-based, and collaborative response across Alex's home, school, and community environments to be successful. Teachers also identified significantly less barriers to implementing supports for Alex, and were less likely to identify Alex's family as a barrier to implementing support after reading the life story. This finding reinforced the value of life story documents not only positively reframing the child but also their family to improve collaborative efforts between a child's school and home environments.

Finally, another key finding of this study was that teachers identified ‘Gender Identity’ as consistently the ‘least important’ contextual factor for individualising supports for students like Alex. It was interesting to note that a large number of teachers in their responses to qualitative items in this study referred to Alex as a male, despite the fact that Alex’s gender was intentionally disguised. These key findings are discussed at length in the following sections.

Empathy

Situational Empathy, Empathic Accuracy & Cognitive Empathy

After reading the life story the teachers used substantially less ‘Unempathic’ language in their responses to describe what they believed Alex’s intentions were in the situation outlined in the case vignette; what they believed Alex was thinking and feeling in that moment; and what they understood as to why Alex may have reacted the way that they did. Consequently, the overall percentage of ‘Unempathic’ expressions decreased substantially after reading the life story, which resulted in an increased percentage of ‘Empathic’ expressions across participants post responses to Question One. While teachers as a group were highly empathic to begin with, ‘Empathic’ expressions increased by 6.41% after reading Alex’s life story. This change indicated a shift in teachers attitudes towards Alex and their behaviour to be more understanding, compassionate, and empathic towards Alex’s situation. This finding was in line with research by Harvey (2004) that highlighted that teachers able to empathically understand their students emotions had a deeper appreciation for their students as ‘human beings’, with complex emotions that influence their behaviour in the classroom.

Increases in teachers’ ‘Situational Empathy’ and ‘Empathic Accuracy’ towards Alex was also evidenced by an uptake in ‘trauma-informed’ language across responses. This

finding suggested that after reading Alex's life story teachers adopted an increasingly 'trauma-sensitive lens' to make sense of Alex's behaviour (Paiva, 2019). Teachers shifted their focus from interpretations that centred on 'what was wrong with Alex', to interpretations that favoured understandings of 'what has happened to Alex' to make them react in that way (Dorado et al., 2016). This was further illustrated through teachers adopting the language of the life story document and directly applying it to their interpretations of Alex's behaviour. This was demonstrated by the significant increase in participants referencing concepts such as 'survival mode' and 'hypervigilance' that were explicitly emphasised throughout Alex's life story. These findings suggested that teachers were digesting the information available to them and allowing this newfound knowledge to shape their attitudes towards Alex, using it to contextualise their interpretation of Alex's behaviour.

Participants demonstrated their 'Empathic Accuracy' and 'Situational Empathy' towards Alex by accurately identifying Alex's 'lack of ability to control and regulate their emotions' as an interpretation of their behaviour. While this interpretation still technically resides 'internally' within Alex, teachers positioned it as something that Alex would need support to manage, due to their trauma. This interpretation indicated a diminished level of blame towards Alex for their behaviour; this was further reinforced by the substantial increase in teachers identifying the role of the teacher in contributing to Alex's behaviour. Poulou and Norwich (2002) reinforced this finding and found that teachers who attributed challenging student behaviours to factors related to the teacher, viewed the student's behaviour as able to be changed. These teachers were also able to identify more solutions to positively address challenging student behaviours. The authors also identified that teachers who attributed challenging student behaviours as arising from factors 'within the child' were more likely to experience feelings of 'hopelessness'; since they believed that the student behaviours would be difficult to alter without intensive specialist support from outside

organisations. Therefore, teachers' attributions about student behaviours have a direct effect on teachers' beliefs about the effectiveness of supports and interventions to resolve challenging student behaviours. This has the impact of affecting their motivation and willingness to come up with - and implement solutions - to resolve challenging student behaviours. Granziera and Perera (2019) suggest that teacher's feelings of self-efficacy and engagement are significantly related to their job satisfaction; and teachers' feelings about their ability to plan, organise, and execute teaching tasks that result in desired outcomes mediate feelings of burnout. Indicating that reading a student's life story could improve teacher's feelings of self-efficacy and job satisfaction, supporting them to identify and implement solutions, and preventing burnout.

Finally, after reading the life story, teachers demonstrated increased levels of 'Cognitive Empathy' towards Alex through their attempts to take Alex's perspective. Teachers emphasised Alex's perspective through their increased use of "they" or "Alex" directed statements and their decreased use of "I" directed statements that emphasised their own perspective. This shift indicated that reading the life story encouraged the teachers to interpret Alex's behaviour through Alex's perspective, rather than through their own.

Meyers et al. (2019) argued that empathy is a necessary component of teachers' practice. They defined 'teacher empathy' specifically as "the degree to which instructors work to deeply understand students' personal and social situations, feel caring and concern in response to students' positive and negative emotions, and communicate their understanding and caring to students through their behaviour" (Meyers et al., 2019). This author supported the claim that this study posits; that cognitive empathy is illustrated through teachers' attempts to take the perspective of the student, which in turn, helps them to understand the students' unique social worlds. This finding is further supported by Meyers et al. (2019)

argument that the better a teacher understands their students personal circumstances and social worlds, the more they were able to cognitively empathise with the student. Thus, the increased rates of 'Other-Focused' perspectives demonstrated across teachers' responses suggested that reading the life story increased teachers' levels of cognitive empathy towards Alex.

Empathic Concern

Although teachers' self-rated levels of 'Empathic Concern' (Compassion) were already high, it is worth noting that participants' compassion towards Alex increased in strength after reading the life story. Meyers et al. (2019) highlighted that teachers who are highly empathic are in a better position to identify when students are struggling, and therefore tend to communicate increased feelings of compassion towards their students. This finding supported the claim that this study posits; that reading a student's life story directly increases teachers' feelings of empathy towards a student with high and complex needs.

Attribution of Responsibility

A key finding of this study was that teachers attributed Alex as 'less' responsible for their behaviour after reading the life story. Teachers in this study (before and after reading the life story) favoured the interpretation that Alex's behaviour was caused by both internal and external factors, which attributed Alex as having 'some' control over their behaviour. It is worth noting that after reading the life story, there was a notable increase in teachers who attributed Alex's behaviour to purely external factors, which suggested that a number of teachers believed Alex had 'no' control over their behaviour. This finding was reinforced by the demonstrated increase in teachers' level of 'certainty' of disagreement with the statement; suggesting that Alex should be held entirely responsible and therefore reprimanded for their

behaviour. This shift saw teachers migrate from uncertain levels of agreement ('Slightly Disagree' and 'Slightly Agree') towards more definitive ('Disagree' and 'Strongly Disagree') levels of disagreement. Nemer et al. (2019) echo that teachers' attributions of student control over their behaviour affect their feelings towards the student and influence the way that they respond to their behaviour in the classroom. Of note, teachers who attribute students as having internal control over their behaviour often respond with feelings of anger and frustration, which lead to reprimand and punishment. In contrast, teachers who attribute students as having little or no control over their behaviour respond with feelings of empathy and sympathy, which in turn leads to the use of supportive strategies to help address student behaviours.

The above-mentioned findings closely align with the conclusions drawn by Miller (2003) and Weiner (2005), which highlighted that teachers who attributed student misbehaviour to an external force were more likely to adopt prosocial strategies to manage student behaviour. Conversely, teachers who attributed student misbehaviour as caused by internal factors were more likely to use reprimands to manage behaviour. The notion that teachers' attributions impact how they respond to and manage student misbehaviour has also been linked to teachers level of empathy. Meyers et al. (2019) argued that teachers who attribute student misbehaviour to internal factors, perceived to be in their control, often had non-empathic, superficial, and pejorative interpretations of misbehaviour.

Response

After reading the life story teachers decreased their frequency and expression percentage of 'retributive' responses and increased their frequency and expression percentage of 'restorative' responses to manage Alex's behaviours. After reading the life story the frequency of 'retributive' responses almost halved, suggesting a substantial decrease in

teachers' belief in the effectiveness of retributive responses, to successfully manage Alex's behaviour. The shift away from retributive responses towards restorative responses illustrated the teachers desire to re-integrate Alex back into the classroom environment, by actively avoiding responses that would alienate Alex from their classroom and peers (González, 2012). Findings by Poulou and Norwich (2002) suggested that teachers who exhibited negative or indifferent feelings towards students who engaged in challenging behaviour were less likely to offer help and support. This finding links back to teachers' level of empathy toward students engaging in challenging behaviour.

After reading the life story, teachers tended to focus on responses that aimed to restore the relationship between Alex and Riley, Alex and the teacher, and Alex relationship and the class, in order to successfully respond to their behaviour. This 'restoring' approach highlighted teachers understanding that student misbehaviour often does not occur in isolation; and that 'retribution' does not restore and resolve conflict, it exacerbates it (Rainbolt et al., 2019). This interpretation is consistent with ideas expressed by Avery et al. (2022) who defined punitive responses to managing challenging student behaviour as harmful to relationships which only serve to disconnect students from school, and further entrench their challenging behaviours. As previously mentioned, teachers in this study emphasised the importance of using restorative responses to managing Alex's behaviour; such responses aimed to equip students with the skills to reconcile and avoid similar occurrences of behaviour in the future (Morrison & Vaandering, 2012).

The notion that restorative responses have a greater ability to prevent challenging behaviours from reoccurring is further reinforced by the findings of this study. Further to this, a key and significant finding was that after reading the life story teachers almost doubled in their use of 'preventative' responses. The substantial uptake in preventative responses

demonstrated that teachers felt able to respond in a way that not only appropriately addressed Alex's behaviour but also actively sought to prevent it from occurring in the first place, and thus reoccurring in the future. The shift towards preventative responses to managing Alex's behaviour suggested a deeper awareness of the ongoing and likely chronic nature of Alex's triggers - and the need to put strategies in place to support Alex proactively rather than a reactively.

Teachers' responses demonstrated an increased focus on 'Strength-Based Approaches' to responding to Alex's behaviour. After reading the life story, teachers were more likely to utilise approaches to manage Alex's behaviour that built-on and acknowledged Alex's strengths. These findings demonstrated a solution-focused and more empowering approach to responding to Alex's behaviour, mirroring the values in the life story and the way in which it was written (Rawana et al., 2011). Approaches that utilise student strengths support teachers to effectively individualise and adapt the curriculum to recognise the full potential of a child and thus promote increased opportunities for the child to attain success (Pye, 2006). Strength-based approaches, in turn, reinforce to the student that they are valued, and that they are capable of achieving success in school (Rawana et al., 2011). An increased focus on developing and building on student strengths is also thought to act as a 'buffer' against student misbehaviour in the classroom (Park, 2004; Steen et al., 2003). Taking a strength-based approach to students' learning, in essence, supports students to develop the mindset that their strengths are assets that can help them problem-solve aspects of their learning that they find challenging (Rawana et al., 2011).

After reading the life story teachers, increasingly referenced responses that involved modifying the classroom environment to support Alex's needs. Teachers that actively alter the organisation of the classroom to best suit the needs of their students, recognise the

essential role that the ‘physical’ classroom plays in effectively preventing challenging student behaviour (Banks, 2014). Modifying the classroom environment by establishing clear structure and routine to prevent challenging student behaviour was well-supported both by the teachers in this study and Banks (2014), who identified that clear structure and routines in the classroom helps students to better understand what is expected of them, and thus reduce the occurrence of challenging behaviour.

After reading the life story, teachers frequently sought strategies that ensured school-wide collaboration across staff to coordinate a consistent response to Alex’s behaviour. This finding is consistent with the recent uptake in schools implementing ‘School-Wide Positive Behaviour Support’ (SWPBS) as an effective tool to prevent and manage challenging student behaviours (Warren et al., 2006). This approach aligns with the understanding that consistency and collaboration across teaching staff (especially in secondary school settings where students are exposed to multiple teachers throughout the day) is essential for the reinforcement and maintenance of expected student behaviours. The use of SWPBS strategies that aimed to improve teacher-wide consistency - as used by teachers in this study - also demonstrated an important element of trauma-informed educational practice (Cavanaugh, 2016). School-wide consistency in response to students is essential for fostering a ‘safe and predictable’ school environment; this is especially important for traumatised students who require extra care and support to maintain a sense of predictability and safety while at school (Pappano, 2014).

After reading the life story, teachers’ responses to managing Alex’s behaviour were markedly influenced by trauma-informed practice. Teachers identified the need to seek out trauma-informed professional development/guidance to individualise their response to Alex’s behaviour, in a way that understood Alex’s history of trauma. Seeking further training and understanding about the effects of trauma, enables teachers to interpret challenging behaviour

from a different lens and alter their responses appropriately (Avery et al., 2022). Trauma-informed responses such as this further reinforced teacher's alignment with 'restorative' responses to manage Alex's behaviour, as trauma-informed responses prioritise repair, relationships, and reconnection.

After reading the life story, teachers emphasised the importance of 'relational safety' particularly the need for Alex to have safe and predictable relationships. This finding reinforced the understanding that building trusting relationships with key adults supports traumatised children to feel a sense of safety and stability at school (Morgan et al., 2015). Focusing on building relationships is the first step to engaging traumatised students in the classroom environment and is essential to fostering students' sense of belonging at school. This is a proactive approach that decreases the risk of social isolation, which can exacerbate students challenging behaviour in the classroom.

Support

Academic Supports

After reading the life story, teachers demonstrated an increase in both the frequency of 'Academic Supports' identified to successfully address Alex's behaviour and the expression percentage related to academic supports across participants responses to Question Six (pre vs post). An overfocus on academic supports to address a young person's challenging behaviour would usually be underpinned by the belief that challenging behaviours are fundamentally caused by deficits in academic abilities or unmet learning needs (Morris & Howard, 2003). This view often ignores the presence and influence of ecological factors that may be contributing to a young person's challenging behaviour. However, the large number of teachers in reporting academic supports was anticipated, as this study asked teachers to identify the supports that they believed would successfully address Alex's behaviour. It was

unsurprising that the majority of supports identified across teachers were focused within the context of school, since these supports were able to be directly implemented by the teacher. This is consistent with findings by Long et al. (2016) who found that two-thirds of teachers cited academic interventions as the most frequent type of intervention that they implemented; compared with thirty percent of teachers who identified behavioural/social/emotional interventions as the most frequent type of intervention that they implemented.

The academic supports identified by teachers in this study align with four out of the five aspects of inclusive practice outlined by Finkelstein et al. (2021), which help teachers to construct a learning environment that removes educational barriers for students. The aspect of 'instructional practice' was demonstrated by teachers through their efforts to differentiate the delivery of class tasks for Alex and allowing Alex access to further support in-class i.e., a Teacher Aide.

Teachers inclusive practice was further exemplified by the increase in modifications made to the classroom environment to accommodate Alex's needs, which reflected the aspect of 'organisational practices' outlined by Finkelstein et al. (2021). These supports demonstrated teachers increased efforts to remove barriers to Alex's learning, by incorporating strategies that sought to make learning accessible.

Teachers increased use of 'social/emotional/behavioural practices' within their identified academic supports also demonstrated a third aspect of inclusive practice (Finkelstein et al., 2021). Social, emotional, and behavioural practices were illustrated through teacher's efforts to build and maintain a supportive classroom environment to successfully address Alex's behaviour. The increased focus on ensuring Alex felt that they belonged and were accepted within the classroom was a further powerful demonstration of teachers' understanding of the importance of 'relational safety' for Alex; and indicated that teachers were seeing Alex's

behaviour through a trauma-informed lens and individualising their supports accordingly (Lindner & Schwab, 2020).

Teachers demonstrated the fourth aspect of inclusive practice which was to ‘determine progress’ (Finkelstein et al., 2021). Supports that ‘determined progress’ included those that aimed to monitor Alex’s progress by implementing an individualised education plan, adopting learning accommodations, and the increased focus on utilising tasks/activities that Alex was good at. The observed increase of teachers utilising activities that Alex is good at and increased praise (noticing Alex’s successes) demonstrated teachers’ emphasis on ‘strength-based approaches’ to successfully support Alex. Higher rates of ‘praise’ towards students has been proven to facilitate engagement in the classroom, as well as reducing the likelihood of challenging behaviours (Conroy et al., 2009). Praise, and noticing student efforts has a significant role to play in supporting students to feel successful at school; this is particularly important for maltreated and traumatised students who often may not experience positive attention from adults in their lives (Cavanaugh, 2016).

After reading the life story, there was a notable decrease in identified supports that aimed to elicit further insight about why Alex was exhibiting challenging behaviour. This indicated that the information included in the life story decreased the need for teachers to refer for further testing/specialist knowledge to investigate the root cause driving Alex’s behaviours. This finding is reinforced by a practical implication outlined by Gersch and Axup (2008) that sharing relevant information about a student’s background, supports teachers to understand the social and emotional needs of their students. Providing teachers with a student’s life story could then be argued to potentially reduce the demand on internal/external services and supports to identify a student’s needs and implement appropriate supports.

Therapeutic Supports

After reading the life story teachers decreased in both the frequency of 'Therapeutic Supports' identified to successfully address Alex's behaviour and the expression percentage related to therapeutic supports across participants responses to Question Six (pre vs post). Teachers acknowledgment of therapeutic supports indicated an understanding that a student's challenging behaviour could be driven by factors external to the school environment (Bottrell & Armstrong, 2012). However, it is vital to note that therapeutic supports that misguidedly focused on 'fixing' a student fail to address a student's immediate and broader ecological contexts that may be contributing to their challenging behaviour. The decrease in 'Therapeutic Supports' reported by teachers may be attributed to the increased frequency of 'Tailored Supports' reported by teachers, after reading the life story. Perhaps the increase in 'Academic Supports' reported by teachers, could be responsible for the drop in 'Therapeutic Supports', which suggested that the information provided in Alex's life story helped teachers to identify and implement supports within the classroom environment to support Alex. The observed drop in 'Therapeutic Supports' may suggest that teachers thought therapeutic supports were already in place for Alex due to the involvement of wraparound, and that this sat outside of their role to suggest. Alternatively, teachers may have identified the increased need for a more holistic and systemic approach to addressing Alex's behaviour, rather than individual therapeutic intervention.

Tailored Supports

After reading the life story, teachers demonstrated a greater focus on ecological and 'Tailored Supports' to successfully address Alex's behaviour. These supports aimed to address Alex's behaviour across their home, school, and community contexts. This finding demonstrated the fifth and final domain of 'collaboration and team work' as outlined by

Finkelstein et al. (2021) in their model of inclusive teaching. The increased emphasis on ecological, wraparound, and tailored supports suggested that teachers believed Alex's behaviour needed to be addressed across home, school, and community contexts to achieve the best chance of success (Lindner & Schwab, 2020). Increased teacher emphasis on wraparound supports suggested their understanding that Alex's needs required collaboration between Alex's family, the school, and external agencies; to make meaningful and sustainable change within Alex's entire ecosystem (Hill, 2020).

Wraparound supports empower students to have a voice on their own individualised plan; increasing the students buy-in to engage with the supports that they themselves helped to design (Cavanaugh, 2016). Teachers' suggestion of wraparound supports acknowledged Alex's behaviour as symptomatic of their environment, rather than a problem internal to Alex that needed to be corrected. Wraparound supports also highlight teachers' understanding that supports need to be moulded and individualised around Alex to effectively target their complex needs; and that academic supports in isolation would not be sufficient to successfully address Alex's challenging behaviour. This view considered the young person as a whole and acknowledged that 'cookie-cutter' interventions would not appropriately or effectively address the complex nature of Alex's trauma and presenting behaviours.

Barriers

After reading the life story teachers identified substantially less barriers to implementing supports for Alex. The barriers that teachers identified were organised ecologically into domains of 'Government Level', 'Organisational Level', 'Family/Whānau Level', and 'Individual Level' barriers that impacted teachers perceived ability to implement supports for Alex. This was consistent with research described in Long et al. (2016) who outlined the ecological organisation of barriers that affect the successful implementation of

interventions. Feldstein and Glasgow (2008) outlined an example of an ecological model termed the Practical, Robust Implementation and Sustainability Model (PRISM) that supported the ecological organisation of barriers, as identified by the teachers in this study.

Government Level

The frequency of 'Government Level' barriers reported by teachers dropped substantially after reading the life story. The government level barriers were comparable to 'external environmental factors' outlined in PRISM as barriers that sit well outside of the teacher's control (Woodbridge et al., 2014). External environmental factors often refer to government agencies, legislation and policies that are fixed and not easily altered. In this study these factors focused on lack of funding, insufficient training, lack of staff, large class quotas/sizes, and inadequate access to support services. Lack of access to external services is consistently identified as a frequent barrier by teachers to implementing interventions (Long et al., 2016). The decrease in 'Government Level' barriers demonstrated an improved level of confidence among teachers in their ability to implement supports for Alex alongside the support of the external services, as detailed in Alex's life story.

This finding was reinforced by the Poulou and Norwich (2002) who argued that teachers feelings of 'self-efficacy' to implement student supports is heavily tied to their perceived level of access to support from outside organisations. Teachers' confidence in their ability to support students with challenging behaviours is also understood to affect their level of enthusiasm and motivation to offer support. Findings such as these, reinforced the ecological organisation of barriers to implementing interventions; such as barriers relating to self-efficacy at the 'Individual Level' of the teacher which seem to be heavily influenced by factors at the 'Government' and 'Organisational' level (Feldstein & Glasgow, 2008; Woodbridge et al., 2014).

Organisational Level

After reading the life story teachers identified less ‘Organisational Level’ barriers to implementing supports for Alex. ‘Organisational Level’ barriers observed in this study, can be compared with the variables ‘implementation and sustainability infrastructure’ and the ‘organisational’ aspect of ‘organisational and participant characteristics’ outlined by PRISM (Woodbridge et al., 2014). These barriers tend to centre around teacher training, implementation support, leadership structures and processes within the school, school-culture, and available resources. ‘Organisational Barriers’ centred around inflexible and punitive school processes, across-teacher inconsistency in the application of supports, lack of resources and time, and lack of support/teacher training to implement interventions. The decreased number of ‘Organisational Level’ barriers reported by teachers suggested that the information included in Alex’s life story increased their ability to implement supports for Alex within their organisational context.

Lack of time was a barrier frequently identified by teachers, both before and after reading the life story. Long et al. (2016) likewise cited lack of time as a frequent barrier identified by teachers, to implement supports for students across several studies (Bambara et al., 2009; Cho & Nadow, 2004; Kincaid et al., 2007; Winnail & Bartee, 2002). Teachers perceived lack of time is understood to negatively impact their level of motivation to identify supports for students, as well as their ability to follow through with implementing and maintaining such supports.

Inadequate levels of staffing and inadequate time to plan/implement interventions are consistently identified as major barriers for teachers to implement successful interventions for students (Long et al., 2016). This was reinforced by the findings of this study, in which lack of time, inadequate access to support and staffing reflected a considerable number of barriers

identified by teachers. Long et al. (2016) further cited lack of support from school principals as a frequently identified barrier by teachers. Lack of support from the principal was not something specifically observed in this study; however, this element may have been reflected in teachers' responses that communicated the inflexible and punitive nature of school disciplinary processes, that often filter from the 'top-down'.

Long et al. (2016) in their study, found that the majority of teachers had access to some degree of implementation support through school-leadership; however, this support was often extremely limited, hindering its effectiveness. This support was often not ongoing and was only able to be accessed on a limited and 'needs only basis' due to the limited availability of expertise and school resources. Research suggests that teacher's prior access to training in implementing interventions facilitates higher degrees of self-efficacy which is highly predictive of increased levels of intervention use (Dusenbury et al., 2004; Forman et al., 2009; Henderson et al., 2006).

This study highlighted a decrease in teachers citing other teachers as a barrier to implementing support for Alex. After reading the life story teachers were less concerned about not having the buy-in of their colleagues, which is argued by Kincaid et al. (2007) to be a major barrier to implementing interventions. This finding may point to teachers assuming that other teachers working with Alex would have also had access to the life story and therefore would identify and implement similar supports. The shared access to information between teachers may have increased their feelings of support between colleagues, thus increasing their willingness to implement supports for Alex.

The reduction in identified 'Organisational Level' barriers suggested that teachers were able to digest the information outlined in the life story and apply their own training to effectively implement supports for Alex. This in turn, resulted in a reduced teacher

dependency on experts within their organisational context to implement supports for Alex. Reducing demand on internal/external supports to assess the students' behaviours; and increasing teachers' feelings of self-efficacy to identify and implement supports for high and complex needs students within their classroom and school environments. This finding suggested that teachers were able to go beyond barriers at the organisational level and focus on implementing individualised academic, therapeutic, and tailored supports for Alex that went beyond purely assessing Alex's behaviours.

Family/Whānau Level

After reading the life story, teachers identified less 'Family/Whānau Level' barriers to implementing supports for Alex. This finding suggested that the life story helped teachers to identify Alex's family as a positive system of support. This finding is reinforced by research outlined in Long et al. (2016) which argued that collaboration with student support systems (community and home) is vital for the successful implementation of interventions (Bosworth et al., 1999; Durlak & DuPre, 2008; Kincaid et al., 2007). Long et al. (2016) in the results of their own study reinforced that teachers' perceptions of a student's support system affected their beliefs about the probable success of interventions implemented to support students. This finding suggested that after reading the life story, teachers shifted their view of Alex's family from a hindrance to successful collaboration for intervention - towards the view of them as an asset to intervention, and a key to Alex's success.

Individual Level

After reading the life story teachers' identification of 'Individual Level' barriers to implementing support for Alex remained relatively stable. Individual level barriers can be compared to PRISM's 'participant characteristics' portion of the 'organisational and participant characteristics' variable category (Feldstein & Glasgow, 2008; Woodbridge et al.,

2014). This study's finding of a relatively consistent number of 'Individual Level' barriers identified by teachers before and after reading the life story aligned with the information included in Alex's life story. The life story specifically described Alex as reluctant to engage with support for fear of looking different to their peers, so it was expected that teachers would cite Alex as a barrier to the successful implementation of supports. This finding suggested that teachers were absorbing the information referenced in the life story and directly applying it to their understanding of how best to support Alex.

Contextual Factors

Finally, teachers were asked to rank a series of contextual factors in order of importance for them to have knowledge of to effectively individualise supports for students like Alex. Before reading the life story, teachers identified that they most importantly needed to know about a student's 'Psychiatric Diagnoses' and 'Current Home Situation' in order to effectively individualise supports for students like Alex. This finding could suggest that teachers felt that they were missing key pieces of information relating to Alex's mental state and environment that would help them individualise support(s) for Alex.

After reading the life story, the most important contextual factor to teachers was knowledge about Alex's 'Medical Diagnoses'. It was unclear whether this was because teachers felt Alex's life story was missing information regarding Alex's medical history or whether Alex's FASD & ADHD diagnoses were seen as 'medical diagnoses' rather than 'psychiatric'.

Before and after reading the life story teachers consistently identified 'Gender Identity' as the least important contextual factor when individualising support for students like Alex. It is unclear why this was, as it was expected that teachers might rank gender high

on the list of importance as it was a contextual factor that was purposely disguised in the vignette and life story document. Perhaps this effect was due to teachers making assumptions about Alex's gender due to the 'externalising' nature of Alex's behaviours described in the vignette. This could be due to the common link that people make between males and externalising behaviours (Chen, 2010). This interpretation is supported by this study's findings that a large number of participants used male pronouns to refer to Alex in their responses to Questions One, Five, and Six; and in the case of Question One (Post) almost half of the participants assumed that Alex was a male.

There is significant evidence to suggest that teachers participate in gender-based stereotyping, affecting the way that they treat and support students of different genders in the classroom. Berekashvili (2012) highlight that teachers are often unaware of their own gender-biases, citing that they treat students equally regardless of gender. The consistently low ranking of 'Gender Identity' could suggest that teachers either made undue assumptions about Alex's gender as being male, which made needing an explicit confirmation of Alex's gender unimportant; or the general view among teachers that gender is not an important factor for individualising student supports.

Finally, after reading the life story teachers identified 'Ethnicity' as an equally unimportant contextual factor for individualising student supports. Perhaps this was also due to the purposeful exclusion of information relating to Alex's ethnicity in the vignette and life story; leading teachers to believe ethnicity wasn't an 'important' or 'meaningful' part of Alex's life. This deliberate exclusion may have led teachers to believe that culture and ethnicity would have had limited bearing on the supports that would appeal to Alex. However, it is unclear why teachers ranked 'ethnicity' as unimportant due to the limited and quantitative nature of this question.

Participants

Gender

A majority of teachers who took part in this study were female, accounting for just over 80% of the participants who took part. This population is somewhat reflective of the gendered split of teachers in Aotearoa, New Zealand. Data from the New Zealand Census (2018) found that 61.1% of secondary school teachers were female. However, this study's population was slightly more reflective of the gendered split of primary school teachers in New Zealand which was found to be 86.1% female in 2018.

The overwhelming female orientation of teachers in this study could in part account for the already high levels of empathic and restorative responses prior to reading Alex's life story. Rochat (2022) supported this interpretation by acknowledging the existence of gender and sex differences in the development of empathy among adults. Females are suggested to have an advantage over their male counterparts in their ability to quickly and accurately decipher emotional nonverbal behaviours in others (Kirkland et al., 2013). Neufeld et al. (2016) suggest that females are also more effected by 'emotional contagion'. Finally, Croson et al. (2010) suggest that females tend to be more 'altruistic' compared to males as women tend to base their behaviours and reactions heavily on empathic-reasoning. While it is well beyond the scope of this study to determine whether teachers were largely more empathic due to sex and gender differences in empathic expression, it is important to note the existing research underlying these differences due to the substantial female orientation of teachers in this study.

Teaching as an Empathic Profession

It is important to note that teaching is universally considered to be a highly empathic profession (Stojiljković et al., 2012). The high levels of empathy and restorative practice

observed in this study prior to teachers reading the life story, could be in-part attributed to the fact that teachers, due to their profession are already inclined to possess high levels of empathy and understanding. Stebnicki (2007) noted that compassion and empathy are the cornerstones of 'helping professions.' Helping professions (like teaching) not only generally attract more empathically minded people, they also require attributes related to empathy and compassion to effectively fulfil the role of a teacher. These attributes allow teachers to build rapport, trust, and relationships with their students. Loyola (2016) found that teachers were generally more empathetic compared to other helping professions; and that the specific nature of 'teaching' required caring for students interpersonal, social, and emotional needs.

Experience

A high concentration of the teachers in this study fell within the range of 0 – 15 years of teaching experience, with a substantially lower concentration of teachers identifying that they had over 15 years of teaching experience. The high levels of empathy, restorative practice, and flexibility to individualising student supports observed in this study could be partly attributed to the large majority of teachers considered to be in the early years of their teaching career. Teachers in the 'earlier stages' of their careers are often considered to have higher levels of enthusiasm, optimism, and adaptability compared to their counterparts in the 'later stages' of their careers (Hargreaves, 2005). Teachers in the later stages of their careers often identify waning levels of energy, patience, and flexibility. These teachers (through no fault of their own) have been exposed to many changes within the education system and have seen many educational reforms come and go during their years of teaching. As a result, they may have become more resistant to change and less willing to implement 'new school' ways of teaching into their practice. Therefore, the results of this study may largely reflect the responses of teachers in the early and mid-stages of their careers; possibly demonstrating a

level of optimism and flexibility that might not be as obviously observed if the range of teaching experience in this study was more spread.

School Setting – Decile & School Roll

Teachers in this study largely belonged to ‘Urban’ schools, accounting for almost 90% of participants in this study. Teachers in this study largely identified that they belonged to schools with mid - high range decile ratings (6 – 10), with a substantial portion of teachers belonging to a decile 6 or 7 school. Finally, there was a high concentration of teachers in this study who fell within the small – mid range of school roll sizes (100 – 1499 students), with a large majority of those teachers belonging to a school of between 500 – 999 students. These demographics suggested that teachers who took part in this study most likely had increased access to resources due to the urban, high decile, and ‘smaller’ school environments. Sullivan et al. (2018) highlighted that increased resources, teaching expertise, and smaller class sizes resulted in less distractions in the classroom and were often indicative of urban and middle to upper class schools. These conditions, and generally the reduced presence of disadvantage and stress, facilitate supportive and caring student-teacher relationships which lead to the development of a productive learning environment (Aultman et al., 2009).

Professional Development Access

Teachers largely identified themselves as having high levels of access to Professional Development opportunities in 2022. This was consistent with the large volume of teachers working in urban school settings in this study. It is understood that teachers working in rural settings likely have reduced opportunities for skill development compared to their counterparts working urban settings, who are often more highly resourced (Sullivan et al., 2018). Holmqvist and Lelinge (2021) in their research also found that teachers who participated in professional development on average had more positive attitudes towards

‘inclusive practice’. Teachers identified ‘high’ access to PD opportunities was consistent with the potential link between PD access and the increased use of ‘trauma-informed’ and ‘inclusive practice’ observed in this study.

Same/Similar Responses

After reading the life story a substantial portion of teachers identified that their response remained the same or similar to their initial response to open-ended questions relating to empathy, response, and support. Teachers who identified that their response remained the same or similar to their initial response to Question One (Empathy), were already largely empathic, accounting for over 90% of responses. This trend continued with just over half of the teachers identifying that they would keep their response the same or similar to their initial response to Question Five (Response). Before reading the life story these teachers were already largely restorative in their responses. This finding suggested that teachers who initially applied a trauma-informed approach to understanding and responding to Alex’s behaviour were able to respond in a way that was safe and appropriate, even before knowing anything about Alex’s background. Additionally, these teachers were able to identify further preventative strategies to support and emphasised the importance of building safe and consistent relationships for Alex.

Writing Style of the Life Story

The life story utilised in this study was written in a way that specifically sought to reframe how a student with high and complex needs, behaviours were perceived and interpretated. The developmental, contextual, and diagnostic information included in the life story was strategically worded to emphasise strengths, protective factors, and resilience; to give teachers an opportunity to view challenging behaviours in a different light (Potter & Urbanová, 2021). This life story was written to draw teachers’ attention to the wider ecology

surrounding a student, placing their behaviours in a context that 'made sense' in the environment that they have lived, endured, and survived (Farmer, 2010). This approach intended to equip teachers with the information to understand a student in the context of their complex environment; allowing them to draw information about the students' needs and abilities to effectively mould the demands and expectations of the environment to suit the uniqueness of the student.

The writing of this life story thus differs from others that solely focus on helping a young person and their family reframe the story of their own lives. While this life story was written in a way that also did this, it was also written to specifically elicit empathy and compassion from adults around a young person. This life story aimed to strike a balance of information about a child's trauma and their positive strengths and protective factors to allow teachers to respond appropriately (Watson et al., 2015). Special care was taken to ensure the information included was not overly emotional and focused on the negative to reduce transference, negative emotional reactions, and the inappropriate weaponization of information. The way in which the life story was written is a strength of this study, one that the findings suggest should be adopted when formulating life stories for the purpose of eliciting empathy, compassion, and understanding from those around a young person with high and complex needs.

Limitations

There are a few limitations in this study that are important to note. Firstly, the voluntary response sample method used limited the generalisability of the findings. Teachers who took part in this study did so purely because they were interested in the research. This sampling method was more likely to attract teachers who felt strongly enough about the

research topic to have their input included, opening the study up to a potential risk of bias in its findings.

Secondly, this study was limited due to its 'hypothetical nature'. While the use of a vignette scenario to depict a young person engaging in challenging behaviour had its advantages, it ultimately led to conclusions that lacked generalisability to real-life scenarios. This methodology was unable to draw conclusions about how teachers might respond in the moment to a young person exhibiting challenging behaviour in their classroom. The design of this study allowed teachers to think at length about their responses, allowing them the time and space to carefully curate an answer. This is a luxury that is often not possible when teachers are faced with a 'real-life' scenario that requires an immediate response. While this is helpful on a theoretical level for understanding how teachers might respond to a student exhibiting challenging behaviour, it does little to conclude how teachers will respond when faced with a similar situation in 'real-life'. This study was also limited as the young person described in the vignette was not an actual student of the teachers who took part in this study. This fictional student was relatively free of teachers' preconceived understandings and perceptions that would undoubtedly be present if this was a student that teachers knew themselves. This limitation means that teachers perceptions were likely easier to shift, than they would be if this was a student in their class that they already knew.

Thirdly, the EARRS-S questionnaire was designed specifically for the needs of this study; as such, it hasn't been subjected to any tests of reliability and validity. At minimum, face validity was established through the design process alongside two behavioural psychologists, and one clinical psychologist experienced in working with children with high and complex needs. Future research should focus on testing the EARRS-S for reliability and

validity to prove its ability to accurately measure teachers' empathy, attributions of responsibility, response, and support towards students exhibiting challenging behaviours.

Finally, disguising Alex's gender and ethnicity in the vignette and life story limited the conclusions that this study was able to draw. It was not the purpose of this study to directly examine how gender, ethnicity, and culture may influence how teachers choose to interpret and respond to behaviour; disguising Alex's gender and ethnicity trusted that teachers would not make undue assumptions about Alex's gender, cultural, and ethnic identity. However, it was difficult to completely control for this variable as people often draw unconscious assumptions, that are highly specific to their past experiences.

Recommendations for Future Research

The findings of this study have resulted in several exciting directions for future research in the area of life stories and their ability to support those supporting young people with high and complex needs.

Firstly, there are many variations of what life stories can look like across sectors, making the actual writing of life story documents highly dependent on the author, their occupation, and services objective. Future research should focus on developing a set of useable guidelines for writing life stories in a way that increases empathy and understanding among their readers, to effect meaningful change for the young person and their family. It is also pertinent to develop specific guidelines for writing life stories in a way that can be safely shared with those supporting young people with complex needs, that reduces the risk of sensitive information being shared and used inappropriately. The way that the life story was written in this study differs from others due to its holistic narrative-style storying and strength-based focus. Future research in this area is needed to compare and contrast different

ways of writing life story documents, and how differing styles may service different purposes, and therefore impact readers differently.

Additionally, there is a clear need for the development of training to support professionals working in social services to take a consistent approach within their service to writing life stories. This will ensure that life stories are conducted in a safe, consistent, and supportive manner by highly specialised professionals who are able to co-author supportive narratives alongside young people and their families to create meaningful change in their lives.

Finally, future research in this area should look at replicating these findings in real-life scenarios by using case studies to explore how presenting life stories about students to their teachers can make meaningful and lasting change in the way that teachers understand, respond to, and support their students who are exhibiting challenging behaviours. Replicating this study's findings with real young people and their teachers has the ability to strengthen the student-teacher relationship in a way that could quite literally change the trajectory of a student's life course.

Conclusion

This thesis has provided deeper insight into the potential use of life stories as an effective psychoeducational tool to support teachers of young people with high and complex needs to: improve their level of empathy and compassion; change their attributions of responsibility; and individualise how they respond to and support young people with high and complex needs. Specifically, sharing of students' life stories can improve teachers' accuracy in identifying their students' thoughts and feelings, enabling teachers to take the perspectives of their students into account when trying to understand their behaviour. Reading life stories helps teachers to understand their students from the view of 'what has happened to them' and

identify and understand the complex external factors that may be contributing to their behaviour in the classroom. Although this is highly dependent on the way an author chooses to write and present a young person and their families life story. Strength-based, holistic, and trauma-informed approaches to writing life stories can positively influence how readers view a young person and their family.

Life stories can also influence the types of responses teachers have to students exhibiting challenging behaviour, helping them to implement highly restorative responses to addressing student behaviour. When teachers were given a student's life story, they were shown to increasingly implement preventative approaches to manage students' behaviours; suggesting that teachers found the information in the life story to be helpful for identifying strategies to reduce the occurrence of student behaviours and their overall management of the classroom. Life stories also supported teachers to effectively individualise support for students, both inside and outside of the classroom and place increased emphasis on the value home, school, and community collaboration to support students with high and complex needs. The life story written for the purposes of this study reinforced to teachers the value of relationships, and just how important they are to successfully supporting a student like Alex. The act of reading a student's life story also resulted in teachers identifying significantly less barriers to implementing support(s) for students; suggesting that this sharing of information helped teachers to feel more confident to identify and implement supports for students.

The findings of this thesis will be of interest to not only those in the education sector but also those in a wide variety of social sectors. Many social services could use life stories to support those around people with high and complex needs to build better relationships; and thus increase many positive outcomes in the lives of those being supported and those doing the supporting.

Appendix A - Vignette

Instructions: Please carefully read the following vignette.

****Alex's gender was redacted from this vignette, use of alternating [his/her/their], [her/their/his], and [their/her/his] pronouns were used to keep Alex's gender ambiguous; this was not intended to signal that Alex is non-binary.**

You are a teacher in a year 10 classroom. The bell rings, signaling the start of the third period of the day, and all of your students begin to file in after morning tea while loudly conversing with their peers. You ask your students to please take their seats and start quietening down to start the lesson; after some initial pushback, all of the students eventually take their seats and lower their volume enough to begin the lesson. A few minutes into the 'quiet' portion of the lesson, where the students focus on a self-directed project, you notice that Alex (aged 14) keeps getting up from [his/her/their] seat to move around the classroom. This is becoming quite distracting to the other students in the classroom, who turn their heads to watch what Alex is doing. You instruct Alex to retake [her/their/his] seat and continue working on [their/her/his] project. Alex does not react to what you say the first time, so you repeat yourself in a firmer tone, and Alex sits down again. After a minute or two, Alex begins to tap [his/her/their] pen on the desk loudly. You notice that this is causing the students sitting around Alex to become frustrated and glare at [her/them/him] with annoyance. You ask Alex quietly if [they/she/he] can stop tapping [his/her/their] pen and ask if [she/they/he] needs any help with their project. Alex shakes [their/her/his] head to signal 'no' so you return to your marking. You hear another student, Riley, sitting next to Alex, whisper something to Alex and laugh; however, you could not determine what was said. Alex quickly becomes visibly escalated and upset and starts shouting, "DO YOU WANT TO FIGHT, GET UP THEN, LET'S GO". Before you can react, Alex has flipped over [her/his/their] desk and is standing over Riley, shouting, "I'M NOT DUMB, YOU'RE DUMB" and picks up Riley's project and rips it in half.

Appendix B - Empathy, Attribution of Responsibility, Response, and Support Survey (EARRS-S)

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Instructions: Please answer the following questions before moving to the next page.

1) Describe what you think Alex's intentions are in this situation; what do you believe Alex is thinking and feeling in this moment? What do you understand as to why Alex may have reacted this way?

2) Do you agree with the statement "I feel compassion for Alex in this situation"?

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

3) Select the statement that best reflects your understanding of the causes driving Alex's behaviour.

- ○ Alex is in control of [his/her/their] behaviour and has personally caused this situation.
- ○ Alex may or may not be entirely in control of [her/their/his] behaviour; it is a mix of [their/her/his] personal attributes and environmental factors that have caused this situation.
- ○ Alex is not in control of [his/her/their] behaviour, [her/their/his] response is involuntary.

4) Do you agree with the statement "Alex should be held entirely responsible and therefore reprimanded for their behaviour in this situation" ?

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
○	○	○	○	○	○

5) How would you respond to this situation in the moment? And what further steps/actions would you take following this incident?

6) What kind of support(s) do you believe Alex would require to successfully address their challenging behaviour?; are there any potential barriers you might encounter trying to access or implement support(s) for Alex? If so, what barriers?

7) Please rank the factors listed below from 'Most Influential' (1) to 'Least Influential' (8) for you as a teacher when shaping support(s) for students exhibiting challenging behaviours like Alex?

Instructions: Please drag the options to reorder them 1 - 8

Gender Identity

Culture

Ethnicity

Medical Diagnoses

Psychiatric Diagnoses

Socioeconomic Disadvantage

Previously Tried Interventions

Current Home Situation

Appendix C - Life Story

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Instructions: Please read Alex's 'Life Story' Document (detailed below)

Intensive Wraparound Service
Overview of Strengths, Perspectives and Needs

For Distribution to Team Members at First Team Meeting following family approval

**The information in this summary has been approved by the family and is confidential to this student, family and planning team*

Youth Name: Alex Smith	**DOB:** 04/07/2008	**National Student Number:** 0123456789	**Date:** 28/03/2022
Parents Name: Hunter Smith	**Address:** Unknown		
Parents Name: Stacie Peters	**Address:** 123 Melody Drive		
Social Worker Name: Byrne Smythe	**Phone:** 0271234567		
Referring Agency: Oranga Tamariki	**TAU Service Start Date:** 20/02/2022		

Family/Whanau

Vision:

Alex's vision - "Life will be better when people understand me, and I am no longer getting in trouble all of the time"

Family/whanau Story:

*****Alex's gender was redacted from this document, use of alternating [his/her/their], [her/their/his], and [their/her/his] pronouns were used to keep Alex's gender ambiguous; this was <u>not</u> intended to signal that Alex is non-binary.***

Alex is a 14-year-old adolescent, born in Auckland Hospital on the 4th of July 2008. Alex is the youngest child of Stacie Peters and Hunter Smith. Alex has three younger siblings called Indiana (12), Hillary (11) & Dayton (9).

Stacie looks back on her pregnancy with Alex with some really fond memories; although it was a really nerve-wracking time for her, as Alex was her first child, she remembers having so many mixed feelings of excitement and apprehension all at once. After the initial excitement of the first trimester, Stacie admits that she started to feel really worried about being a 'mum' to Alex. She became terrified of potentially exposing Alex to the patterns of abuse she had experienced in her childhood.

Stacie coped with her worries and fears by occasionally drinking alcohol during her second and third trimesters of pregnancy, as drinking was something that had eased her worries and brought her comfort before falling pregnant. Stacie has been really open and honest with professionals, that she drank alcohol once or twice a week during this period. Stacie feels a lot of guilt and shame around this, and she admits that

she had heard a lot of misinformation from family members and friends that drinking alcohol while pregnant was safe if only done occasionally. Alex's diagnosed Foetal Alcohol Spectrum Disorder (FASD) and how this impacts [him/her/them] is discussed in more detail towards the end of this document. After Alex received a diagnosis of FASD, Stacie reached out to a support group for parents of children diagnosed with FASD and has been regularly attending their meetings for around a year now. This group has enabled Stacie to seek support from others in similar situations and has, as a result, taught her new skills to support Alex.

Stacie described Alex as a happy and healthy baby for the first year; although Alex was slightly smaller (height & weight), [she/they/he] was no different from any of her other children. When it came to Alex meeting developmental milestones, Stacie noticed that Alex was slower to speak, struggled to communicate, be understood by others, and had difficulty hearing.

Alex and [their/her/his] siblings became known to Oranga Tamariki Ministry for Children when Alex was 5 years old due to several Reports of Concern made by neighbours informing the Police and Oranga Tamariki about their concerns of domestic violence between Stacie and Hunter. Stacie describes this time in her and her children's lives as incredibly distressing. She identified feeling stuck in an unhealthy and abusive relationship that she thought she had no way out of. Stacie says that she stayed in this relationship because she feared what Hunter, the children's father, would do to her children if she attempted to leave him.

Alex witnessed significant verbal, emotional, and physical violence against [his/her/their] mum and siblings. Alex also received continuous verbal, emotional, and physical abuse, mainly when Hunter believed [she/they/he] stepped out of line. When Alex got older, [they/she/he] received several serious injuries, mostly broken arms and wrists sustained trying to fight back and protect [his/her/their] mum Stacie from harm. Upon Alex's second admission to the hospital for a broken arm, the hospital notified Oranga Tamariki, who subsequently uplifted the children from their parent's care and placed them in the care of temporary caregivers Jean & Thomas Wigram. Following this, Hunter was arrested and charged for these assaults and remanded to Mt Eden Correctional Facility. Stacie bravely applied for a restraining order against Hunter, which resulted in a no-contact order being put in place that stopped Hunter from contacting Stacie and her children. Stacie talks about how hard this was for her at the time, as it required 'going out on her own' to solely support and parent her children; however, she recalls knowing that this was necessary to build a better life for herself and her children.

Although having her children removed from her care was incredibly distressing, Stacie saw it as a 'wake-up' call to get her life back on track. During this time, Stacie saw her children regularly, at least twice a week, supervised by the children's social worker. However, in the beginning, Stacie found this arrangement quite upsetting and decided not to see her children for a period of two months because she felt she didn't know how to answer her children when they asked her why they couldn't live with her at that moment. Stacie engaged incredibly well with Oranga Tamariki and completed the necessary steps, assessments, and courses to return her children to her care. Alex and [her/their/his] siblings were in the care of Jean & Thomas for 8 months.

Alex has experienced many Adverse Childhood Experiences (ACEs) in [their/her/his] life, including: physical abuse; emotional abuse; emotional neglect; physical neglect; parental mental health issues; incarcerated family member; parental substance abuse; exposure to domestic violence and divorce, making [his/her/their] ACEs score 9 out of 10. The effect of ACEs is cumulative, meaning that the higher the score, the higher the risk is for adverse outcomes. Alex's trauma has meant that [she/they/he] has spent a large chunk of [their/her/his] formative years in heightened states of physiological stress causing damage to the central nervous system affecting Alex's brain, ability to regulate emotions, and ability to form and maintain meaningful relationships with others which are all further exacerbated by Alex's challenges with FASD.

Growing up in an abusive and unpredictable household, Alex's brain has spent most of its time in 'survival mode'. Alex has learnt to 'fight' in situations where there is perceived danger to protect [his/her/them] self from further harm. This has caused Alex to become hypervigilant of [her/their/his] surroundings, leading Alex to escalate quickly and misappraise some non-threatening situations as dangerous situations that require immediate and automatic actions to survive. This survival mode has meant that Alex has missed many opportunities to develop critical skills to regulate [their/her/his] emotions in times of stress. Emotional neglect by Alex's father has also impacted Alex's desire and ability to make friends and maintain healthy relationships with others. Alex has learned aggression from [his/her/their] father as a way of coping with stress and communicating [her/their/his] feelings and emotions. This has impacted Alex's sense of self and feelings of worthiness of affection and love.

When Alex was 5 years old, [they/she/he] began going to school. Stacie remembers that teachers often wrote in Alex's reports that [he/she/they] had difficulties with: concentration; a short attention span; hyperactivity; constantly climbing high structures and refusing to come down; sitting still; impulsivity; following instructions; and was significantly behind [her/their/his] peers in most academic areas. Alex's trauma has impacted [their/her/his] cognitive functioning, specifically memory, attention, language, and overall intelligence, which has made Alex find academic work at the level of [his/her/their] peers extremely challenging. This leads Alex to act out and disrupt [her/their/his] peers to hide that the work assigned to [them/her/him] is too hard. A Resource Teacher for Learning and Behaviour (RTLB) at Alex's school noticed these struggles and suggested that [he/she/they] be tested for Attention Deficit Hyperactivity Disorder (ADHD) and Foetal Alcohol Spectrum Disorder (FASD). Alex was subsequently diagnosed with FASD & ADHD when [she/they/he] was 8 years old.

Alex's exposure to alcohol in the womb has caused [them/her/him] a certain kind of brain damage called FASD. This brain damage causes Alex to process things slower than others. Alex says that [he/she/they] find it easier to understand things when instructions are simple, when [she/they/he] is given enough time to think about the instruction, and when the instruction is repeated because Alex often forgets instructions quickly. Alex's FASD causes [them/her/him] to have challenges with memory, abstract thinking, social skills, cognitive ability, and language/communication. A massive trigger for Alex is being treated as if [he/she/they] are different from others. Due to this, Alex doesn't like asking for or accepting help and is extremely worried about looking 'dumb' in front of [her/their/his] peers.

Alex's ADHD has caused [them/her/him] to have difficulties sustaining attention on tasks, controlling impulses, and being hyperactive. Alex says [he/she/they] sometimes don't like [her/their/his] ADHD because it gets [them/her/him] into trouble, often for distracting others. Stacie struggles with this diagnosis as she believes it allows people to label Alex as 'naughty' without properly getting to know [him/her/them]. However, Alex sometimes calls [her/their/his] ADHD a "superpower", which gives [them/her/him] a lot of energy and makes others laugh, which is something that Alex enjoys.

Stacie recalled that Alex was stood down multiple times from [his/her/their] previous school due to climbing on top of rooftops and trees and refusing to get down, aggressive behaviours towards teachers and peers, and fighting at school. These stand-downs eventually led to Alex being excluded and transferred to [her/their/his] current school, which was incredibly difficult for Stacie and Alex. Alex and Stacie now have to drive an extra 35 minutes to get Alex to school, which has put a strain on Stacie, who also must drop her other children at different schools quite a distance away. Alex doesn't know anyone at [their/her/his] new school and is struggling to make friends after being transferred schools mid-year. Stacie talks about how

proud she is of Alex for getting up and going to school every day after being transferred. She admires Alex's resilience and efforts to make the best out of this challenging situation.

Alex is a bright and bubbly young person with a lot of energy. Alex excels when this energy is channelled into sports or activities outside. Alex is athletic and extremely talented at any sport that [he/she/they] give a go. Alex is loyal and protective of [her/their/his] siblings, mum, and friends, who describe Alex as having "a hard exterior but a very kind and gentle heart". Alex has a genuine desire to 'please' people to make them happy and 'lights up' when validated or given positive praise/feedback.

Alex does well in the classroom when the activities are hands-on, things are presented visually, when there is structure and routine that is predictable, consistent and safe, there are limited unplanned changes, simple instructions (one at a time), repetition, and when given a choice between activities. Alex doesn't respond well to punishment and reprimand as [they/she/he] struggles to understand consequences.

Everyone who knows Alex talks about how much potential [he/she/they] have. Alex has made great strides with [her/their/his] wraparound team in the past few months. Alex and Stacie are committed to working towards their vision of Alex being better understood by others, in hopes of Alex having every possible opportunity to have a successful and bright future.

Student Strengths	
Description:	**Use/Function:**
Alex is gifted athletically	Alex can play any sport that [he/she/they] tries with an incredible ability
Alex is loyal, protective, and caring	Alex will do anything to protect family, [she/they/he] always puts the needs of others before [their/her/his] own
Alex has a big heart	Underneath a tough exterior, Alex has a longing to be liked and admired by [his/her/their] teachers and peers
Alex enjoys making people laugh	

Family Strengths	
Description:	**Use/Function:**
Stacie is incredibly resilient and strong	Stacie has gone through so much in her life, and come out the other side to be there for her children
Stacie has a deep love and care for her children	Stacie always has her kids best interests at heart and will do anything to protect them

Stacie always tries to do what's best for her children	Stacie has reflected on her past and accepted where she may have made mistakes to strive to become a fantastic mother
Stacie is incredibly self-reflective	Stacie is always keen to learn more about how she can best support Alex, she is always open to engaging with supports
Stacie understands Alex's needs	Stacie knows her own mind, and will always advocate for what is best for her children
Stacie is an incredible advocate for Alex	

Current Plans in Place
• **Safety plan dated:** 13/03/2022

Information Collected By:
Name: Claire McGill **Role:** Wraparound Facilitator **Name:** Kelsey Rodgers **Role:** Wraparound Psychologist

Appendix D - Information Sheet

School of Psychology

Massey University

Level 3, North Shore Library Building

229 Dairy Flat Highway, Albany, Auckland 0632.

Life stories as psychoeducation: effect on a teachers' ability to support high and complex needs students in their classrooms.

PARTICIPANT INFORMATION SHEET

Researcher Introduction

Kia Ora, my name is Marykate Daley. I am a Master of Arts (Psychology) student at Massey University. This research project is a Master's thesis that will aid me in fulfilling the requirements to graduate with this qualification. This project is supervised by Dr Kirsty Ross (PGDipClinPsych, PhD, BA(Hons)), Senior Lecturer in Clinical Psychology at Massey University and registered Clinical Psychologist.

Whakawhanaungatanga – Getting to know me

Kia Ora Tātou
Ko Marykate Daley Tōku Ingoa
Ko opuke te maunga e rū nei, taku ngākau
Ko Waimakariri te awa, e mahea nei aku māharahara
Nō ōtautahi ahau
E mihi ana, ki ngā tohu o nehe, o Aotearoa e noho nei au
Nō reirā, tēnā koutou katoa

Greetings to All
My name is Marykate Daley
Mt Hutt is the mountain that speaks to my heart
Waimakariri is the river that alleviates my worries
I am from Christchurch
I recognise the ancestral and spiritual landmarks of Aotearoa, where I live
Thus, my acknowledgement to you all

Tika – My Purpose

This Pepeha is my invitation to you to learn a little bit about me, where I come from, and the important places in my life that have helped shape who I am. A major driver behind my 'why' for choosing to embark on this research journey is primarily owed to the place in which I work. I have worked as a Wraparound Facilitator for three years, working with young people in the care of Oranga Tamariki with high and complex needs. These young people whom I work with (and children in care, in general) are often misunderstood due to an overall lack of research surrounding them. I consider working with these young people not just a job, but a passion and privilege, which has led me to want to use my Master's as an opportunity to conduct research to improve the ways that we can support these young people. Supporting schools to support high and complex needs young people has also been a huge part of my role as a Wraparound Facilitator. I have since gained a profound level of admiration for the tireless time and effort that teachers and education staff put in, to best support their students. It is my hope that the outcomes of this research will help to inform how services can best support teachers and support staff to support these students, to make meaningful change for both teacher and student.

Project Description and Invitation

In my research, I am aiming to examine how a student and their family's 'life story' can help teachers to best support students with high and complex needs in their classrooms. It is my hope that this research will explore and inform how life stories can be a useful tool for services working with high and complex needs young people to provide teachers with further insight into a young person's life, strengths, and needs. It is the intention to explore how these stories may inform the way teachers can respond to students and improve their ability to access and implement support for high and complex needs students.

I invite you to be a part of this much-needed research in Aotearoa, New Zealand. The Post Primary Teacher's Association (PPTA) consented to advertise this study to their body of registered members so as to provide an opportunity for any interested members to participate. Participation in this study is purely voluntary, and you have every right to decline this invitation.

Participant Identification and Recruitment

This study is open to all secondary school teachers currently registered as members of the PPTA in Aotearoa, New Zealand. Steps were taken in this research to ensure two-way anonymity between the researcher and the PPTA. The researcher will not be privy to the identities of the PPTA members that receive the questionnaire, and the PPTA will not be aware of which of their members choose to respond.

This study will not ask for or obtain the names of any participants who take part. However, participants will be asked to fill in several non-identifiable demographic questions at the outset of the questionnaire relating to their gender; years of teaching experience; decile of school (workplace); setting of school (rural/urban); an estimate of the school roll; and their perceived access to Professional Development opportunities. These questions will only be answerable using numerical values and multiple-choice questions so that there is no risk of participants accidentally including identifiable information in their responses.

This study will aim to gain at least 30 responses; however, should more than 30 participants come forward, all responses will be welcomed and analysed. A minimum of 30 participants was decided as appropriate for the population size and the limited access to time and resources of this study. There are no specific exclusion criteria for participants in this study; however, participant's responses will be excluded if they decide not to complete the study by leaving questions unanswered and exiting the questionnaire before it is completed.

Koha – Appreciation for your time

Participants who elect to take part in this study will be offered a $20.00 Whitcoulls gift card as a thank-you for their time and contribution to this study. Participants' can choose to enter their contact details for koha at the conclusion of the survey; these details will be separated from participants' responses to ensure their responses are kept anonymous. Participants' contact details will be erased immediately after they have been sent their voucher.

Potential Risks

It is a possibility that some participants may feel uncomfortable answering some questions in this study as they may relate to their teaching practice. However, it is not the intention of this study to call anyone's professional practice into question. Participants' responses will be entirely anonymous to encourage you to give full and frank answers to the questions.

The subject matter of the life story document utilised in this study, may also contain some potentially distressing content that may be triggering for some individuals who have gone through similar life experiences or know of someone who has. If the content within this study raises some uncomfortable or distressing feelings for you, please know that you can stop participating in this study and remove your consent at anytime by exiting out of the survey and not completing it. If you need to talk to anyone about these distressing feelings please reach out to your mentor teacher, team leader, or principal, who may be able to also access Employee Assitance Programme (EAP) Services to offer support. You can also consult with your General Practitioner (GP) about the support services available in your area that may be suitable for you.

Project Procedures

Participants in this study will be asked to read a case vignette describing a challenging behaviour taking place in the classroom. Following this, participants will be asked to answer a seven-item questionnaire containing a mix of open-ended and closed questions. Participants will then be asked to

read a life story document relating to the student described in the case vignette, re-read the scenario described in the initial case vignette and re-answer the same seven-item questionnaire. The survey will take no longer than 30 minutes to complete.

Data Management

The data collected from participants' responses will be used to write this thesis project which may go on to be published as a journal article for other researchers and professionals who are engaged in this field of study to read. Data will not be reused for any other purpose or for further studies unless participants' explicit consent is sought for that specific purpose. Any identifying information relating to a participant, or their school (employer/workplace) will be removed from the participant's response and allocated a pseudonym that disguises the identities of the individual/school/employer.

Information relating to this study will be stored on a locked and password-protected computer and uploaded to a secure and private server on OneDrive to ensure all data is backed up. Once the results of this study have been analysed, the original data containing participants' responses will be destroyed. A copy of the data will be kept on a password protected flashdrive and stored for 5 years before being erased. As a participant, you are entitled to have access to the findings of this study; the PPTA will publish a detailed summary of the research findings on their website for their members to read. If you would like to receive a copy of the full thesis, please contact me via email to request this (MarykateDaleyResearch@gmail.com). If you have any further questions about this research, please feel free to contact me at MarykateDaleyResearch@gmail.com or, alternatively, my supervisor Dr Kirsty Ross at k.j.ross@massey.ac.nz.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to decline to answer any question in this study and elect to stop participating at any time by exiting and not completing the entirety of the questionnaire. Completion and return of the questionnaire imply consent.

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Professor Craig Johnson, Director (Research Ethics), email humanethics@massey.ac.nz.

Application ID: 4000026764

I have read and understood the information sheet for this study and consent to the collection of my responses. (Please click on the 'Yes' button if you wish to proceed.)

- ○ Yes
- ○ No

Appendix E: Participants Demographics (Questions)

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

What is your gender?

- ○ Male
- ○ Female
- ○ Non-binary
- ○ Prefer not to say

How many years have you been a teacher?

What decile is the school that you work for?

How would you describe the setting of your school?

- ○ Rural
- ○ Urban

Please provide a rough estimate of the size of the student roll at your school.

How would you rate your access to Professional Development opportunities over the last year (2022)?

Extremely Low	Low	Somewhat Low	Somewhat High	High	Extremely High
○	○	○	○	○	○

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