"Who Minds the Minders?" – A Mixed Methods Examination of Irish Primary School Teachers' Experiences of and Perspectives on Supporting Pupils Exposed to Adversity

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A Thesis Submitted to the

Department of Educational Psychology, Inclusive and Special Education,

Mary Immaculate College,

In Partial Fulfilment of the Requirements

For the Degree of Doctorate of Educational and Child Psychology

Word Count for Thesis: 33,366

Submitted to Mary Immaculate College, April 2021

Abstract

Background

Adverse Childhood Experiences (ACEs) have the capacity to influence neurobiological processes, impacting upon children's cognitive, social, emotional and behavioural wellbeing, which can impede their ability to function appropriately in the school environment. Accordingly, school constitutes an important microsystem in a child's life, with the interactions a child experiences having the potential to mitigate, or conversely exacerbate, the impact of adversity. ACEs therefore confront schools, endowing teachers with considerable responsibility.

Aims

This study aimed to elucidate how the field of Educational and Child Psychology can assist teachers to optimally support their pupils who have experienced adversity. Based on previous research, it is possible that the consequences of ACEs are present in Irish classrooms on a daily basis. Resultantly, attention and assistance are required, and Educational Psychologists (EPs) are especially well suited for such support. However, in order for EPs to fulfil this need, an exploration of teachers' experiences of and perspectives on this matter is warranted.

Sample

The sample comprised qualified primary school teachers practising in Ireland. A total of 492 participants partook in the online questionnaire within Phase One. A subsample of eight participants from Phase One partook in the Phase Two interviews.

Method

An explanatory sequential mixed-methods design was adopted, with two distinct yet interactive phases occurring. Quantitative data was collected in Phase One using an online questionnaire exploring multiple dimensions. The subsequent qualitative phase of the study was designed so that it followed on from the results of the quantitative phase, explaining and further expanding upon the findings.

Results

Path analysis indicated the potential presence of a conceptual model, comprising teachers' understanding of behaviours related to ACEs, teachers' self-efficacy in supporting

pupils exposed to ACEs, and teachers' reactions to working with pupils experiencing adversity. Hybrid thematic analysis elaborated upon the interrelationships between these variables.

Conclusions

The implications of the findings pertaining to the field of Educational and Child Psychology are presented, with recommendations for policy, practice and research delineated.

Key Words: Adversity, ACEs, Trauma, Teachers, Pupils, Self-Efficacy, Secondary Traumatic Stress, Mixed Methods Research, Explanatory Sequential Design

Declaration

I hereby declare that this thesis is entirely my own work and has not been submitted for any other awards at this or at any other academic establishment. Where use has been made of the work of other people, it has been fully acknowledged and referenced.

Name: Hollie Hayes

Signature: Hollie Hayes

Date: 27th April 2021

Acknowledgements

Pursuing this doctorate has been a journey, one that would not have been possible if not for the support provided by others. I would like to take this opportunity to thank those who made this journey possible.

To Dr John Perry and Dr Laura Ambrose, my thesis supervisors. Thank you for your continued guidance and encouragement. At times the research process felt like a marathon and at times it felt like a sprint, and without your unconditional support throughout the process this thesis would not have come to fruition. I would also like to thank Dr Maeve Dooley who started the research process with me, and whose advice from the outset inspired me to pursue my passion within the realm of trauma. I would also like to express my gratitude to the wider DECPsy team for the guidance and support provided along this journey.

I am indebted to the teachers who partook in this project, as without them this thesis would not have been possible. The emails I received from many teachers sharing with me their desire and determination to support pupils in need, warmed my heart, and at times was the push I needed to continue.

To my fellow DECPsy Trainees, it has been a privilege to go on this journey with you all. The chats in T203 that turned into chats over Zoom made this journey more enjoyable than I ever thought possible. The countless phone calls that often started with "I'll only keep you ten minutes" but ended an hour later are what undoubtedly kept me sane at times.

To my friends, near and far. I count myself very lucky to be in a position where naming you all individually would take up far too much space, I'm not sure what I did in a past life to be able to count you all as close friends. Whether it was being sent care packages from Limerick or being dragged from the desk for a swim in Inchydoney, I could always count on you to lift me up whenever it was needed.

To my family, words cannot express how grateful I am to you. From allowing me to take over countless rooms with notes, to nodding and smiling as I ranted nonsensically so that I didn't feel like I was talking to myself, your love and understanding is what has got me through this journey. Mum and Dad, you instilled a passion for education all those years ago, and wholeheartedly ensured every opportunity was afforded to us. I'm sure at times you questioned that, seeing as my formal education is only drawing to a close now, 22 years after I first stepped foot in school, but your steadfast support has led me to where I am today. Without you, none of this would have been possible.

Dedication

This thesis is dedicated to the staff and students with whom I have had the privilege of working with and learning from over the years.

"Every child deserves a champion, an adult who will never give up on them, who understands the power of connection, and insists they become the best that they can possibly be"

- Rita Pierson (2013)

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List of Abbreviations

ACEs – Adverse Childhood Experiences

EP – Educational Psychologist

PEIN – Prevention and Early Intervention Network

SAMHSA – Substance Abuse and Mental Health Service Administration

STS – Secondary Traumatic Stress

NCTSN – National Child Traumatic Stress Network

CDC – Centre for Disease Control and Prevention

NEPS – National Educational Psychological Service

COTDC – Centre On The Developing Child

SAM – Sympathetic-Adrenal-Medullary

HPA – Hypothalamic-Pituitary-Adrenal

PTSD – Post-Traumatic Stress Disorder

AAP – American Academy of Paediatrics

DES – Department of Education and Skills

SET – Special Education Teacher

NCCA – National Council for Curriculum and Assessment

DCYA – Department of Children and Youth Affairs

WoE – Weight of Evidence

MMAT – Mixed Methods Appraisal Tool

TA – Thematic Analysis

JBI – Joanna Briggs Institute

MMD – Mixed Methods Design

ESD – Explanatory Sequential Design

P1 – Phase One

P2 – Phase Two

MIREC – Mary Immaculate Research Ethics Committee

PSI – Psychological Society of Ireland

BPS – British Psychological Society

ARTIC – Attitudes Related to Trauma-Informed Care

DEIS – Delivering Equality of Opportunity in Schools

HSCL – Home School Community Liaison

SPSS – Statistical Programme for the Social Sciences

NQT – Newly Qualified Teacher

INTO – Irish National Teachers' Organisation

ITE – Initial Teacher Education

Chapter One: Introduction

1.1. Research Area

Whilst terms such as trauma and adversity have arguably reached buzzword status in recent years (Venet, 2018), comprehensive understanding of such terms has in fact only relatively recently come to light (Felitti et al., 1998). It is only within the past two decades that research has demonstrated how prevalent and potentially detrimental such experiences can be in the lives of children (Felitti et al., 1998; Finkelhor et al., 2015; Hughes et al., 2017; Perfect et al., 2016). Furthermore, research regarding the role of schools within the realm of trauma and adversity is merely emerging, with this being particularly true in the Irish context (Delaney, 2020; Dorado et al., 2016; McIntyre et al., 2019; Overstreet & Chafouleas, 2016). Notwithstanding the fact that such work is still in its infancy, it is hoped that the proliferation of research interest will prove beneficial through the proffering of evidence-based guidelines.

My interest in the realm of trauma and adversity emerged and developed during my experience as an Assistant Psychologist. For several years I found myself in the privileged position of working with children and families in a community synonymous with trauma. During this time, I witnessed first-hand the life changing role that a school can play in the lives of children affected by trauma. However, during this time I also witnessed teachers attempting to navigate the provision of support for such pupils in the absence of a blue-print or road map. The paucity of policy explicitly related to trauma or adversity within the Irish context necessitated the translation of international guidelines into the context of the Irish education system (Prevention and Early Intervention Network [PEIN], 2019). As I transitioned from the role of Assistant Psychologist to Trainee Psychologist, my passion for providing psychological support to pupils who have experienced adversity was reinforced during professional placements. However, my perception of the role of the EP regarding such work was altered. While continuing to value the role of the EP in the provision of direct intervention, my appreciation for the need to "give psychology away" (Miller, 1969, p. 1074) evolved. It became evident that by engaging in collaborative work with the people who support these pupils on a daily basis, such as their teachers, systemic benefits could potentially emerge. It was these experiences, beliefs and attitudes that posed as the inspiration for the research study that is hereafter presented.

1.2. Key Terms

It has been noted that lack of clarity regarding terminology used in research studies has created and perpetuated challenges within the field of research related to trauma and adversity (McLaughlin, 2016; Perfect et al., 2016). Accordingly, definitions of key terms used within this thesis are provided for clarity.

- Trauma: "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (Substance Abuse and Mental Health Service Administration [SAMHSA], 2014a, p.7).
- Childhood Adversity: "Experiences that are likely to require significant adaptation by an average child and that represent a deviation from the expectable environment" (McLaughlin, 2016, p. 363).
- Self-Efficacy: "Beliefs in one's capabilities to organise and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3).
- Secondary Traumatic Stress (STS): "The emotional duress that results when an individual hears about the first hand trauma experiences of another" (The National Child Traumatic Stress Network [NCTSN], 2011, p. 2).
- Trauma-Informed Care: "A programme, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation" (SAMHSA, 2014a, p. 9).

1.3. Overview of Thesis Layout

The structure of this thesis is in line with recommendations from Mary Immaculate College and is composed of three components: Review Paper, Empirical Paper and Critical Review and Impact Statement.

The Review Paper presents a critical review of the literature base relevant to the current research study. The study is contextualised within the field of trauma and adversity. The impact of trauma on children's development is delineated, with the role of the school and teachers in supporting affected children outlined within the framework of Ecological Systems Theory

(Bronfenbrenner, 1979). Furthermore, a systematic review is outlined in which existing research is appraised methodologically and conceptually, with findings synthesised, in an attempt to ascertain what is known from extant studies, as well as clarify what is yet to be known in order to inform the ensuing empirical study.

The Empirical Paper reports on the execution of the current study, and follows the traditional format comprising the following sections; Introduction, Method, Results and Discussion. The Introduction section provides a summary of the conclusions drawn from the literature review, an account of the key aims of the study and concludes with a statement of the research questions posed. The Method section outlines the design employed in this study and provides a description of the participants, the measures utilised, as well as data collection and data analysis procedures. Pertinent ethical considerations are also briefly depicted. The Results section portrays the quantitative and qualitative findings of this study. The Discussion section presents the integration of quantitative results with related qualitative results, with such integrated findings discussed in relation to previous research within the literature base.

The Critical Review and Impact Statement provide a critical review of the execution of the research study. This includes an account of the research paradigm embraced, and a contemplation of unexpected ethical considerations which arose. Furthermore, an appraisal of the key features of the study related to the design adopted and the collection and analysis of data are presented, in which the strengths and limitations of the study are incorporated. Importantly, in-depth consideration of the implications of the findings established are advanced, with recommendations for policy, practice and research delineated. Finally, this thesis concludes with an Impact Statement, which outlines the potential impact of this thesis within the field of Educational and Child Psychology.

Chapter Two: Review Paper

2.1. Trauma in Childhood

The presence of trauma in childhood has been referred to as a hidden epidemic (Lanius, et al., 2010). This is quite a powerful declaration, and one which continues to gain substantiation given the mounting evidence related to childhood trauma (Gerson & Rappaport, 2013). Prior to delving into such evidence, it would be remiss to assume a common understanding was in place as to what childhood trauma actually is. In fact, the definition of trauma and what constitutes a traumatic event or experience continues to be discussed within the literature (Krupnik, 2019; McLaughlin, 2016; Oh et al., 2018; Saunders & Adams, 2014). Nonetheless, a widely accepted definition of trauma that is applied in international research, practice and policy has been put forth by the SAMHSA in the United States which explicates that trauma results from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (2014a, p. 7). Within this definition, there are three aspects that need to be considered, what SAMHSA (2014a) refers to as the three E's of trauma; the event(s), the experience of the event(s), and the effects.

In line with this, it is becoming increasingly understood that it is not merely the occurrence of an event itself that determines whether it is traumatic, but a person's experience of the event (SAMHSA, 2014b). In fact, the same event or set of circumstances may be experienced and interpreted as traumatic for one individual and not for another (Guarino & Chagnon, 2018; Nelson et al., 2020; SAMHSA, 2014a). Whether an event is experienced as traumatic is influenced by various factors which can interact in complex ways (SAMHSA, 2014a). Such factors can include an individual's internal coping resources, the presence and availability of external supports, broader cultural beliefs or the developmental stage of the individual in question (SAMHSA, 2014a). Whilst the experience is considered to be the central "E" in the previously outlined definition of trauma, it is in fact the "event" and the "effect" that underpin the argument that trauma in childhood is a hidden epidemic. More specifically, the striking prevalence of potentially traumatic events and the immediate and long-term deleterious effects they can have on an individual's life is what has concerned much of the recent research within this field (Finkelhor et al., 2015; Gerson & Rappaport, 2013; McLaughlin et al., 2013).

2.2. Adverse Childhood Experiences

A wide range of events have the potential to prove traumatic for children and young people, with these events often referred to as ACEs. The term ACE was coined in a seminal study which took place in the 1990's by Kaiser Permanente and the Centre for Disease Control and Prevention (CDC) (Felitti et al., 1998). Whilst a definition for adversity or an adverse event was not provided in this study, ten distinct experiences were understood to constitute an ACE; the presence of physical, emotional or sexual abuse, the presence of physical or emotional neglect, the presence of mental illness, substance abuse or domestic violence in the family home, having an incarcerated relative, and having parents who were separated or divorced (Felitti et al., 1998). However, the term ACE and what it encapsulates has broadened in recent years, with the consensus at present being that a range of experiences can prove potentially traumatic for children and young people (Nelson et al., 2020), including experiences such as poverty, homelessness, witnessing community violence, exposure to war and peer violence, amongst others (Mersky et al. 2017; Oh et al., 2018). Accordingly, childhood adversity has been defined as "experiences that are likely to require significant adaptation by an average child and that represent a deviation from the expectable environment" (McLaughlin, 2016, p. 363). Such events can occur at the individual level, the family level as well as the community and wider society level (NCTSN, 2019). Furthermore, such potentially traumatic events can arise as a once off singular occurrence, or they can be persistent and transpire over a protracted period of time, with some even being generational in nature (SAMHSA, 2014a).

The widespread prevalence of these adverse experiences has only relatively recently come to light, and was not fully understood until data were published in the aforementioned study conducted by Felitti and colleagues (1998), which is commonly referred to as the ACE study. This study is viewed as the impetus for the proliferation of research interest directed towards understanding these events and how pervasive they are in individual's lives (Felitti et al., 1998). Within the ACE study, one of the primary findings was that adverse experiences in childhood are alarmingly common; of over 17,000 adults who partook in the study, a staggering 63.9% of participants reported experiencing at least one ACE (Felitti et al., 1998). Additionally, more than one in 10 (12.5%) endorsed experiencing four or more ACEs, with this being particularly pertinent given the dose-response relationship uncovered in this study. Moreover, the large sample of participants were considered representative of average Americans: 75% of the sample were white, participants were middle aged with an average age of 57 years, 36% of participants had attended college, and all were considered to be middle-class given that they

were recruited through Kaiser Permanente and thusly had quality health care. These were startling and unexpected results which propelled the realm of trauma and adversity into the spotlight.

Since the original ACE study, much research attention has been directed towards attempting to more accurately capture the presence of adversity in childhood. However, difficulties in doing so have arisen, with such issues concerning definitional frameworks (McLaughlin, 2016; Saunders & Adam, 2014), measurement (Hodges et al., 2013; Oh et al., 2018), individuals' privacy and ethics (Masten & Osofsky, 2010), as well as high rates of underreporting due to the presence of shame and stigma which can accompany traumatic events of an interpersonal nature (Finkelhor et al., 2015; McLaughlin et al., 2013; Saunders & Adams, 2014). Such factors undoubtedly contribute to the wide-ranging variability present in the literature related to rates of exposure (Hughes et al., 2017). Nonetheless, researchers do agree that exposure to ACEs or potentially traumatic events in childhood is widespread (American Psychological Association, 2008; Finkelhor et al., 2015), with a recent systematic review and meta-analysis of 37 studies indicating that approximately 57% of the pooled participants reported at least one ACE, with 13% reporting at least four ACEs (Hughes et al., 2017). Whilst such results are informative, from an Irish perspective they should be viewed with caution as none of the included studies were conducted in Ireland. In fact, a prevalence study among the general adult population in Ireland is notably absent from the literature, with the only related research being conducted by Lambert and colleagues with the Cork Simon Community (2017). Within this study, it was found that of the 50 participants accessing the services of Cork Simon Community and being supported by the Adult Homeless Integration Team, 100% reported having experienced at least one ACE, with 77% having experienced four or more ACEs. While caution again is advised in interpreting such results, given that such a sample could not be considered reflective of the general population, all the findings outlined above do indicate that ACEs are undoubtedly present in Irish society.

Looking more specifically within studies that have sought to reveal prevalence rates in child only samples, findings again display variations (Saunders & Adam, 2014). Nonetheless, prevalence rates in many samples comprising different age ranges and nationalities, which ultimately parallel prevalence rates in the original ACE study, continue to be recorded (Alisic et al., 2008; McLaughlin et al., 2013; Finkelhor et al., 2015; Porche et al., 2016; Liming & Grube, 2018). Within an Irish context, a limited research base is available. A research study led by Gordon (2017) on behalf of the National Educational Psychological Service (NEPS)

explored the prevalence of ACEs in a cohort of young early school leavers within a Youthreach programme as part of a wider study. Within this cohort, there were 23 participants. Results indicated that 96% of the participants had experienced at least one ACE, with 83% experiencing four or more ACEs. These results were based on the presence of a possible 13 ACEs; the original 10 ACEs, in addition to the experience of poverty, experiencing threat from the community and experiencing the death of a parent or caregiver. Furthermore, the Growing Up in Ireland study, an ongoing national longitudinal study in which the development of children and their families has been monitored, has also explored the presence of stressful events in the lives of the children involved (Williams et al., 2009). Whilst the term "stressful life events" may not be synonymous with the term ACE, the 13 experiences presented to the parents of the children involved are closely related to many of the established and accepted ACEs: death of a parent, death of a close family member, death of a close friend, divorce/separation of parents, moving house, moving country, stay in foster/residential care, serious illness/injury to self, serious illness/injury of family member, drug taking/alcoholism in immediate family, mental disorder in immediate family, conflict between parents, parent in prison (Williams et al., 2009, p. 81). Of the above 13 events, aggregated data from parent reports indicated that 78% of children had experienced at least one stressful life event before the age of nine years (Williams et al., 2009). Similar to the sentiments expressed above, such findings highlight that ACEs are present in the lives of the children of Ireland.

2.3. The Impact of Trauma on Child Development

Whilst prevalence data from the ACEs study was one of the primary findings of the ground-breaking research, so too was the powerful correlation found between the experiencing of ACEs and negative outcomes later in life (Felitti et al., 1998). More specifically, what was found was that a dose-response relationship existed between the number of ACEs a person reported and the risk of significant physical and mental health issues. Such increased risk was identified for chronic physical diseases such as cancer, heart disease, diabetes, emphysema etc., as well as mental health difficulties such as depression, alcoholism, drug abuse and suicide attempts. The severity of the detected dose-response relationships is underscored by findings such as, for example, an ACE score of four or more being linked to a person being more than twice as likely to develop heart disease, or 12 times more likely to attempt suicide, when compared to a person who reported an ACE score of zero (Felitti et al., 1998). Key findings from countless subsequent studies have demonstrated such associations to be powerful and persistent (Hughes et al., 2017). Resultantly, researchers were faced with the challenge of

uncovering what developmental pathways were at play in order to understand how ACEs were linked with such consequences (Tobin, 2016). What was found is that ACEs have the potential to "get under the skin" and trigger biological reactions that lead to the aforementioned outcomes (Liu & Nusslock, 2018, p. 653). The mechanism through which this occurs involves the human stress response system.

Experiencing normative levels of stress in childhood is an essential aspect of development (Centre On The Developing Child [COTDC], 2014). When a child is faced with an event or situation that may be perceived as stressful, the body responds accordingly by triggering a stress response which activates an array of physiological, neurochemical and hormonal reactions, which predominantly involve the Sympathetic-Adrenal-Medullary system (SAM system) and the Hypothalamic-Pituitary-Adrenal axis (HPA axis) (Yates, 2007). The stress response evolved as a survival mechanism and can be viewed as adaptive, with the goal of preserving homeostasis (Wilson et al., 2011). In the context of a child's stress response, when an everyday stressor, such as taking a class test, subsides, the physiological sequelae of the activation of the SAM system and HPA axis return to baseline, such as the child's heart rate returning to its normal rhythm (McEwen, 2008). Such short-lived, moderate stress responses are an essential feature of developing a healthy stress response system. Correspondingly, not all stress can be considered harmful (COTDC, 2014). In fact, significantly stressful events such as the death of a loved one or witnessing a frightening accident (or many other previously outlined ACEs) have been found to be considered tolerable if/when protective factors are present. One such integral protective factor that can buffer the response to stress and make it tolerable for a child is the presence of a supportive adult relationship (COTDC, 2014). Within the context of relationships that are safe, stable and nurturing, where the child learns to cope with and recover from such adverse experiences, markers of stress are reduced (Gunnar et al., 1996; McEwen, 1998a; McEwen, 1998b; Traub & Boynton-Jarrett, 2017). This is of great significance, as it demonstrates how and explains why some children are able to function in an appropriate and healthy manner with only mild trauma-related symptoms evident following a traumatic and stressful event (Little & Akin-Little, 2013; Masten, 2014). This is critical in establishing that the experiencing of adversity in childhood is not deterministic, with many individuals going on to live full and meaningful lives (Hardcastle et al., 2018). However, if the stress response experienced by a child is extreme, prolonged, frequent and proceeds in the absence of protective factors such as a buffering adult relationship, then the resultant stress can become toxic as opposed to tolerable (COTDC, 2014).

A toxic stress response is characterised by a dysregulated and maladaptive stress response: the stress response is activated at much lower thresholds, as well as being activated more frequently and for protracted periods than would be considered appropriate (Nelson et al., 2020; Shonkoff et al., 2009). When such alterations to the regular stress response system are present as a result of adverse events, it can be considered as a traumatic stress response (Weber & Reynolds, 2004). It is through this traumatic stress and its interaction with a child's neurodevelopment that the plethora of complications resultant from traumatic events can be understood (Tobin, 2016).

Whilst much research attention is focused on the clinical symptoms and outcomes associated with exposure to traumatic events, such as Post-Traumatic Stress Disorder (PTSD) for example, emphasis has also been placed on how a child's neurodevelopment is impacted in order to understand the broad influence trauma exposure can have across several facets of development (Briere & Scott, 2015; Hodges et al., 2013; COTDC, 2014). While a full explication is not possible within the confines of the present review paper, a brief elucidation of some of the key factors at play is necessary in order to better understand how such clinical symptoms, which will subsequently be outlined, manifest. As previously stated, the SAM system and HPA axis are integral to the body's stress response, with the former tasked with producing adrenaline and the latter responsible for the production of cortisol, both of which are integral in preparing the body to cope with stress (Sapolsky et al., 2000). However, when a traumatic stress response is present, in which the activation of the system is sustained and/or frequent, such cortisol levels remain elevated for prolonged periods of time (Kearney et al., 2010). This prolonged elevation of cortisol can prove detrimental, as specific structures and regions in the brain have been proven to be sensitive to hormones such as cortisol. Furthermore, such brain regions and structures undergo development over a protracted period of time throughout childhood. Resultantly, such regions and structures are especially vulnerable to the experience of stress in childhood, with the increased cortisol altering their architecture through neuroplasticity (DeGregorio & McLean, 2013; Teicher et al., 2003). As well as the structures implicated in the SAM system and the HPA axis, such brain structures that have proven to be compromised include the prefrontal cortex, the limbic system, the cerebellum and the corpus callosum (Beers & DeBellis, 2002; Gunnar & Quevedo, 2007; Hart & Rubia, 2012; Pechtel & Pizzagalli, 2011; Teicher et al., 2003). Such structures and regions are responsible for a whole host of processes, and it has been established that individuals who have been exposed to

adverse events and display symptoms of traumatic stress exhibit deficits in the processes and abilities that correspond to these specific parts of the brain (DeBellis & Zisk, 2014).

In line with such findings, a wide array of difficulties can manifest as a consequence of exposure to adverse events and traumatic stress reactions. Again, an unabridged appraisal of the plethora of difficulties is beyond the scope of this paper. Nonetheless, some of the more pertinent consequences will be described briefly. Firstly, the symptoms of a traumatic stress response, existing in a constant state of fight, flight or freeze, can be significant (Wilson et al., 2011). The child's brain and body are primed to reflect an orientation for survival. Such manifested symptoms may include hyperarousal, heightened anxiety/fear, emotional dysregulation, irritability, aggression, intrusive thoughts, difficulty concentrating, memory deficits, emotional numbing or dissociation (Cook et al. 2005; Bell et al., 2013; Gerson & Rappaport, 2013). Whilst such symptoms can be indicative of PTSD, it is understood that a minority of youth (15.9%) who have been exposed to traumatic events actually receive a diagnosis of PTSD (Alisic et al., 2014). Accordingly, the lens used to recognise reactions to trauma has been expanded and extended beyond PTSD. Related to the aforementioned brain structures and regions which are implicated in the traumatic stress response, difficulties have been noted in the following areas: cognitive functioning, social, emotional and behavioural functioning, and well as physical functioning (Bell et al., 2013; Cook et al., 2005). With regard to cognitive functioning, a systematic review determined that intelligence, reasoning, executive functioning, language, memory and attention can all be negatively affected by exposure to traumatic events and traumatic stress (Enlow et al., 2012; Mills et al., 2011; Perfect et al., 2016). In relation to social, emotional and behavioural functioning, a plethora of difficulties have been shown to result from trauma. Children and adolescents can present with behavioural regulation difficulties, which can result in issues related to impulsivity and over-activity, with higher levels of oppositional, disruptive and noncompliant behaviours noted (Cook et al., 2005; NCTSN, 2003; Perfect et al., 2016). Children can also present as significantly more anxious or depressed in comparison to their peers, they can withdraw socially and isolate themselves, as well as exhibit controlling behaviours such as resistance to change, insistence on inflexible routines or excessive compliance (Bell et al., 2013; Little & Akin-Little, 2013; NCTSN, 2003). Importantly, when the child-parent/caregiver relationship is either implicated in or the source of trauma, a child's internal working model of attachment can be impaired, resulting in significant difficulties in functioning within relationships with both adults and peers (Cole et al., 2013; Cook et al., 2005; NCTSN, 2003). In addition, a child's physical development and

functioning can be impacted by traumatic stress. Medical issues such as the presence of seizure activity, autoimmune disorders and asthma have been increasingly reported in child cohorts exposed to traumatic events, as well as physical difficulties such as those affecting balance and coordination (NCTSN, 2003). What is more, such deleterious impacts can be detected in children as young as pre-schoolers, and can continue throughout childhood and adolescence, proving the general misconception that children are immune to trauma and can simply outgrow the traumatic experience to be unsupported (Cook et al., 2013; Graham-Bermann et al., 2012; Milot et al., 2010; NCTSN, 2003; Tobin, 2016).

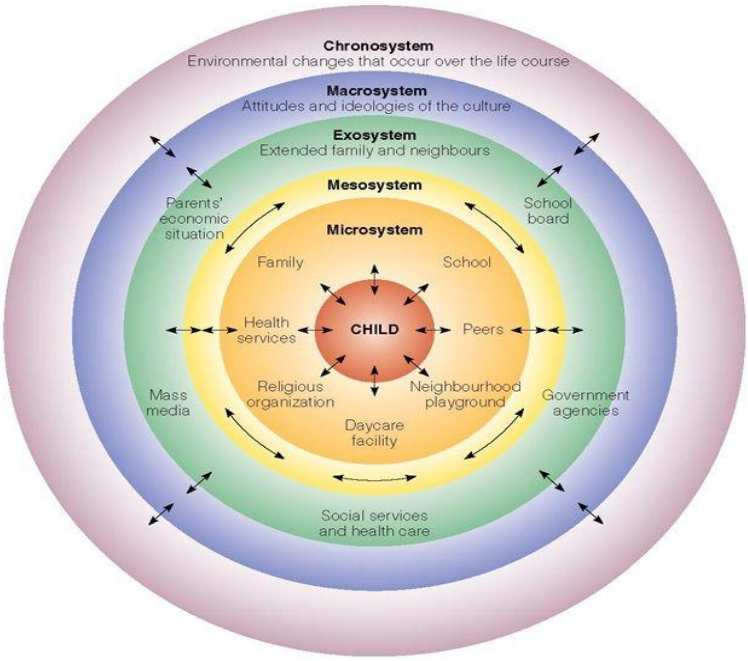
2.4. School as a System within a Social-Ecological Model of Trauma

Whilst new understandings in developmental and neuroscience research have done much to extend what is known about traumatic events and their impact on the lives of children, it is argued that in order to more adequately understand this phenomenon, trauma must be considered in the context of the systems within which the child develops (SAMHSA, 2014b; Tobin, 2016). Moving away from a within child model, a broader systemic perspective has been adopted in recent years, in which the influences of various systems, as well as the interactions between such systems, is recognised (SAMHSA, 2014b). Specifically, the social-ecological framework has been embraced in order to advance our understanding of trauma and facilitate the development of prevention strategies and interventions (CDC, 2009). Within the social-ecological model, emphasis is placed upon the compatibility, or the degree of fit, between an individual and their environments (McLaren & Hawe, 2005; Stokols, 1996). This social ecological framework is heavily influenced by Bronfenbrenner's ecological systems theory (1979). Within ecological systems theory, it is posited that an individual child's development is influenced by several environmental systems, as well as the interactions embedded within such systems (Bronfenbrenner & Ceci, 1994). From its conception, Bronfenbrenner continued to revise his theory, which comprised five environmental systems that he portrayed in a nested arrangement, as can be seen in Figure 1. These five systems are referred to as the microsystem, the mesosystem, the exosystem, the macrosystem and the chronosystem (Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006). The microsystem is the child's immediate environment which contains people and things that have direct contact with the child, such as parents, siblings, schools, teachers, peers etc. The interactions within a microsystem between the child and others are bi-directional in nature and of critical importance. The mesosystem comprises the interactions between the child's different microsystems, such as interactions between home/parents and school/teachers.

The exosystem embodies settings or structures, both formal and informal, that do not directly contain or involve the child but can indirectly exert influence upon them through the microsystems. The macrosystem focuses on the larger societal and cultural context which exert influence upon a child. Finally, the chronosystem consists of the dimension of time as it relates to the child's environments, encompassing changes that occur throughout the course of a lifetime that exert influence on development, such as historical events and major life transitions.

Figure 1

Visual Depiction of Bronfenbrenner's Ecological Systems



Within this ecological approach advanced by SAMHSA (2014a), it is recognised that the environmental systems within which a child develops, as well as the interaction within and between such systems, have the capacity to ease or exacerbate the impact of traumatic events on an individual's functioning. Correspondingly, it is unsurprising that there is a growing demand for schools to be considered as a critical piece of the puzzle when it comes to understanding and supporting childhood trauma, given that the education system, schools and teachers play a role in every ecological system previously outlined, from the microsystems to the macrosystem (Ko et al., 2008). This is of great importance, as how a child interacts with the school system and those within it (teachers and peers) will affect their developmental trajectory (Bronfenbrenner, 1979). Consequently, schools are endowed with considerable responsibility, possessing the capacity to mitigate or magnify the impact of trauma.

For pupils who display the psychological, cognitive, social, emotional and behavioural effects of traumatic stress, school plays an increasingly important role, being described as the first line of defence when it comes to working with such pupils (Baum et al., 2009; Roseby & Gascoigne, 2021; Leek Openshaw, 2011). Spending a considerable amount of time with their pupils on a daily basis places teachers in a particularly influential position within the lives of pupils who have experienced adversity and traumatic stress (Bell et al., 2013; Brunzell et al., 2016). Whilst key contributions have been noted in the literature, the focus on schools as an environment in which the effects of trauma could be addressed is still only emerging (Dorado et al., 2016; Guarino & Chagnon, 2018; McIntyre et al., 2019; Overstreet & Chafouleas, 2016). Nonetheless, one such key contribution in which teachers can be instrumental is monitoring pupil's recovery from traumatic event exposure (Rolfsnes & Idsoe, 2011). As previously mentioned, teachers are uniquely situated in that they spend considerable time with children on a near daily basis, which enables them to identify posttraumatic behaviour change (Berger & Samuel, 2020). In line with this, it is not unsurprising that teachers are often one of the first to note when a child may be struggling (Guarino & Chagnon, 2018). The varied ways in which pupils respond to adverse events can often be perceived as challenging within a classroom setting. Of criticality is the need for teachers to understand how such changes in behaviour or social interactions may be trauma-reactive. When teachers recognise changes in pupils' presentations, and understand same to be symptoms of traumatic stress reactions, then the matter can be raised and early intervention provided in order to minimise difficulties (Leschied et al., 2018). Furthermore, when teachers recognise behaviour that may be disruptive or disengaged in nature results from underlying traumatic stress, they are less likely to respond in punitive ways that can be detrimental to a pupil's healing (Dorado et al., 2016; Watson & Westby, 2003). The use of harsh disciplinary practices in educational systems can be retraumatising for pupils who enter school with trauma histories, with such practices underpinning the notion that school unfortunately has the capacity to compound the effects of trauma (SAMHSA, 2014b). Accordingly, when teachers possess an understanding that certain presentations can be trauma-related, the use of potentially severe practices by education staff decline (Dorado et al., 2016; SAHMSA, 2014b). In line with this, teachers can also prevent re-traumatisation as they are in a position to recognise additional triggers that may be present in the school environment and can identify ways to manage same (Cohen & Mannarino, 2011). Teachers altering their use of tone and gesture to ensure they are not perceived as threatening, limiting raised voices in the classroom, providing predictable routines, supporting children around transitions etc. can all ensure a child's stress response is not triggered in the classroom

context, given that such responses are incompatible with the demands of the school environment (Guarino & Chagnon, 2018; SAHMSA, 2014b). Furthermore, schools and teachers have been instrumental in the provision of safe, stable and supportive environments in the school, in which trusting and nurturing relationships can exist and thrive (Berardi & Morton, 2017; Venet, 2019). While this is beneficial for all pupils, it is particularly important for those who have experienced traumatic events. In cases in which parents or caregivers are involved in the perpetration of traumatic events, their capacity to support their child effectively is significantly impaired (Cook et al., 2005). To that end, the role of the teacher in providing an attachment figure and relationship-based support becomes increasingly important (Bergin & Bergin, 2009; COTDC, 2015). Additionally, in circumstances where resources at a family and community level are diminished, it has been recognised that the classroom may be the sole or primary environment in which certain children are supported (Brunzell et al., 2018). In line with this, teachers may be the primary source of social, emotional and academic intervention (Brunzell et al., 2018). Everyday dealings between teacher and pupil provide opportunities for teachers to regulate interactions between children and increase relational capacities, provide emotional support and teach self-regulatory skills, as well as serve as role models (Brunzell et al., 2016; Hamre & Pianta, 2001; Venet, 2019). Teachers' roles in the reinstitution of familiar routines and providing distraction have also been noted as valuable (Prinstein et al., 1996).

As well as critical contributions within the microsystem, the interactions between the home and school within the mesosystem are meaningful in a child's recovery (Cohen & Mannarino, 2011). Effective communication with parents is essential in raising concerns about a child's presentation, as well as setting in motion referrals to outside agencies. Parents can become fearful, defensive, angry or even litigious when informed by teachers that their child's presentation in school is of concern and indicative of traumatic stress (Luthar et al., 2020). This is pertinent in sensitive situations in which teachers, as mandated reporters, are obliged to submit referrals to outside agencies such as TUSLA Child and Family Agency if disclosures of adverse events involving parents were to arise for example (Luthar & Mendes, 2020). These exchanges can be particularly challenging for both teachers and parents, keeping in mind that parents or even teachers may find same triggering if they themselves carry with them trauma histories (Guarino & Chagnon, 2018; SAHMSA, 2014b). Nonetheless, such interactions can affect the subsequent trajectory of how the child's difficulties may be addressed and managed.

Teachers' role in referring to outside agencies within the exosystem, particularly those affiliated with psychological services, has also become increasingly well recognised. Schools

and teachers have been described as one on the most important entry points to psychological care for children, serving as a critical link between families and clinical services such as Primary Care, NEPS and Child and Adolescent Mental Health services (Farmer et al., 2003). However, whilst teachers may be involved in the necessary stage of referral, key access barriers to such services remain for many pupils and their families (Baweja et al., 2016; Jaycox et al., 2009). Such barriers include lack of resources, lack of transportation, stigma surrounding mental illness etc. (American Academy of Paediatrics [AAP], 2004; Little & Akin-Little, 2013). In an effort to address the barriers between the children in the microsystem and the key services in the exosystem who are responsible for providing much needed intervention, the provision of psychological services within school settings has gained support (AAP, 2004; Berardi & Morton, 2017; Little & Akin-Little, 2013; Weist et al., 2003). Therefore, there have been advances in the development and evaluation of school-based trauma-specific interventions, with benefits related to traumatic stress symptoms acknowledged (Rolfsnes & Idsoe, 2011). As well as professionals from services within the exosystem implementing interventions in the school setting, many school professionals such as psychologists and counsellors provide such trauma-related interventions. However, given the diverse structures in educational provision in different countries, this is not always feasible. Resultantly, research suggests that teachers are becoming increasingly responsible for implementing interventions with trauma-affected pupils, conjointly with other professionals and solely (Franklin et al., 2012; Berger et al., 2007; Wolmer et al., 2011). In addition to formal interventions, with training and psychoeducation it has been demonstrated that teachers are also central to the implementation of informal intervention strategies at a whole-school, small group and individual level, such as those related to coping strategies which can positively impact trauma-related anxiety (Feinstein et al., 2009; Leek Openshaw, 2011).

Within the Irish context, the important role of the school and teachers in supporting pupils exposed to adversity and traumatic stress is facilitated by key policies enacted within the macrosystem. Namely, issuance of Circular 0013/2017 by the Department of Education and Skills (DES, 2017) in Ireland at the macro level has meaningfully impacted how resources are allocated in school at the micro level, consequently influencing how pupils' needs are identified and supported within the school environment. One of the primary changes within the new Circular is the greater level of autonomy granted to schools in how special education teaching support is managed and deployed (Kenny et al., 2020). Previously, in order to access within-school support, pupils required a formal diagnosis. However, under the new resource

allocation model, schools can deploy support based on the apparent needs of the child as appraised by school staff, without the need to wait for formal diagnostic assessments of categorised disabilities (Kenny et al., 2020). This is significant, given that children, as previously delineated, can present with a diverse range of difficulties in various areas of functioning resultant from adverse experiences and traumatic stress reactions. This removal of the need for formal diagnosis is particularly appropriate given that it is widely recognised that presentations of trauma are often underdiagnosed or misdiagnosed (Cook et al., 2005; Grasso et al., 2009; Szymanski et al., 2011). Furthermore, given the autonomy within the new model, schools can arrange for support from within-school personnel (e.g., Special Education Teachers [SETs]) to be provided for pupils almost instantaneously, with this proving meaningful in cases where adverse events have occurred unexpectantly which can leave children struggling overnight, i.e., the unexpected death of a parent. This new policy and model demonstrate the rejection of a label based medical model in favour of a needs-based approach in which children are supported holistically by the DES in Ireland (Desforges & Lindsay, 2010). Such modifications in which children's needs are viewed holistically have been underpinned by an enhanced emphasis upon the wellbeing of pupils across national policy and practice in the education system. From the preschool years, in which the national curriculum Aistear centres on four themes, one of which is wellbeing (National Council for Curriculum and Assessment [NCCA], 2009), to post-primary school in which a 400-hour Junior Cycle wellbeing programme has been introduced (NCCA, 2017), wellbeing is being embedded within the curriculum in Ireland. Perhaps the most significant indicator of the importance placed upon pupil wellbeing by the DES is the publication of the "Wellbeing Policy Statement and Framework for Practice" (DES, 2019). This document details the roles of schools in the promotion of pupil wellbeing: "all schools and centres for education will provide evidence-informed approaches and support, appropriate to need, to promote the wellbeing of all their children and young people" (DES, 2019, p. 5). While publications such as the above state that the enhancement of wellbeing develops pupils' capacity to cope in the face of adversity, with such sentiments demonstrating advancements in the right direction, none of the above policies specifically provide guidance for schools or teachers in how the ramifications of ACEs and traumatic stress reactions can be addressed in an educational environment. In fact, it is showing that national policy that explicitly relates to adversity or trauma currently does not exist in Ireland, both within the education system and beyond. Although it is recognised that ACEs are implicitly alluded to in a number of policy documents, including Better Outcomes Brighter Futures 2014-2020 (Department of Children and Youth Affairs [DCYA], 2014) and First Five

(DCYA, 2018), the PEIN argue that implicit reference to ACEs within the Irish policy landscape is insufficient, declaring that the time has come for Irish policy to address ACEs in an explicit manner (2019). This call to action for national policy to recognise and respond to ACEs may be due to the absence of same in the Irish political arena being in stark contrast to other countries. Countries such as Scotland, Wales and the United States have published government policies directly related to ACEs, in the aim of preventing, mitigating and tackling ACEs across systems (Ashton et al., 2016; National Health Service Scotland, 2017; Pachter et al., 2017; SAMHSA, 2014a). Much of the existing policies relate to the role of public services, including education systems, in supporting individuals with adverse histories, with a particular focus on developing trauma-informed workforces (PEIN, 2019). Policies which promote trauma-informed care have gained significant momentum of late internationally, particularly within the education system (Chafouleas et al., 2016). The strength of the international movement to create educational environments that are trauma-informed and responsive (i.e. schools that realise ACEs and their impact are widespread, recognise the signs and symptoms of traumatic stress, respond by applying evidenced-based procedures and practices, and resist re-traumatisation) is evidenced in countries prioritising legislation in which explicit provisions are made for pupils to be supported in trauma-informed approaches (Prewitt, 2016). In fact, recent lawsuits in the United States, in which it was argued that schools have a responsibility to address trauma and incorporate proven practices to enable pupils to overcome the barriers to learning which can result from traumatic experiences, demonstrate that the matter of how schools attend to trauma is evolving (Turner, 2015; Hulgin et al., 2020).

2.5. Conclusion

As evidenced, trauma confronts schools (Ko et al., 2008). Given the pervasive prevalence of ACEs, Perfect and colleagues (2016) estimate that exposure to traumatic events affects more than half of all pupils in the average classroom. Furthermore, the previously delineated ramifications of traumatic stress pose significant barriers to learning, as pupils affected by trauma may present with difficulties in cognitive, behavioural, social and emotional functioning (Bell et al., 2013; Cook et al., 2005; Perfect et al., 2016). Such difficulties have been evidenced to impede children's ability to function appropriately in the school environment, with lower academic achievements, higher truancy rates and an increased risk of dropping out of school all found to be significantly associated with a history of ACEs (Blodgett & Lanigan, 2018; Perfect et al., 2016; Roseby & Gascoigne, 2021). In keeping with this, SAMHSA (2014a) maintain that children and young people bring their experiences of trauma

into the school system. Consequently, teachers are endowed with considerable responsibility. However, what is known about teachers' experiences or perspectives on this matter?

In order to gather relevant knowledge and understanding pertaining to the experiences and perspectives of teachers and education staff with regard to their work with pupils who have experienced adversity, a systematic approach to reviewing the literature was adopted. Accordingly, the review question posed was as follows: What is known about the experiences and perspective of education staff in their work with pupils who have experienced adversity? The extent to which this review question is addressed by current research is explored in the following section.

2.6. Systematic Review of the Literature

A systematic search of the literature was conducted in order to answer the review question: What is known about the experiences and perspectives of education staff in their work with pupils who have experienced adversity? This review question was intentionally broad in order to gain access to and appraise all research in existence which may be pertinent to the area of interest. Not only did the current review aim to highlight what is known from extant studies, but to also clarify how it is known (how such studies were conducted), as well as calling attention to what is not yet known from previous research in order to inform future research (Gough, 2007; Gough & Elbourne, 2002).

2.6.1. Search Strategy and Screening

A comprehensive literature search was undertaken in January 2020, which was updated in August 2020 and again in February 2021 in order to ensure all relevant articles were gathered and to allow for new publications to be incorporated in the review. To identify all articles related to the experiences and perspectives of education staff in their work with pupils who have experienced adverse events, the keywords outlined in Table 1 were inputted into the following electronic databases which cover a range of psychology, education and applied social studies research; Academic Search Complete, APA PsychARTICLES, APA PsychINFO and ERIC (Education Resources Information Centre). The use of broad terminology related to trauma and adversity was specifically incorporated within the search to ensure the inclusion of events which were defined as adverse, traumatic or potentially traumatic by the authors, as opposed to narrow terminology such as child maltreatment, household dysfunction etc. This was related primarily to the assumption that most of the research articles related to specific events would have been subsumed under the more general terms of trauma or adversity, as well

as the sheer volume of potentially traumatic events that exist. Importantly, terms related to both trauma and adversity were used with the presence of the asterisk indicating that all applicable terms which began with the root were employed as keywords. Whilst the terms trauma and adversity are not in fact synonyms, they are frequently used interchangeably in the literature as there is considerable overlap in the terms (McLaughlin, 2016; Perfect et al., 2016).

Table 1

Search Terms Utilised

TI (teach* OR educat* OR support)
AND
TI (student OR pupil OR learner OR children)
AND
TI (traum* OR advers*)

Given that this systematic review aimed to be comprehensive, it was critical to consider the thoroughness of the search: consideration of both the sensitivity of the search to increase the likelihood of relevant studies being identified and the specificity of the search to reduce the proportion of non-relevant studies being identified (Gough et al., 2013). In line with this, broad search terms were employed as well as synonyms and truncation to address sensitivity, while limiters were employed to address specificity, such as limiters which ensured the search terms appeared in the titles of the studies identified. Particular filters were employed to remove articles which did not meet certain inclusion criteria (as outlined in Table 2). As can be seen in Figure 2 which outlines the search process, 500 records were initially identified. The removal of records that were identified as duplicates, and the removal of records that did not meet certain inclusion criteria (Criteria 1, Criteria 2 and Criteria 3) resulted in 202 articles requiring screening. The abstracts of these 202 articles were screened, with 34 full texts subsequently screened. Following the extensive search and screening process, six studies fully met inclusion criteria. For each of the included studies, ancestral reference searching was conducted to locate any relevant articles that may not have been initially located within the database search. Whilst various articles were screened, none met all inclusion criteria which resulted in the previously mentioned six studies comprising the final selection of studies which were reviewed (Table 3). Studies which were excluded from the review based on abstract and full text screening can be viewed in Appendix 1 with corresponding rationale.

Table 2

Inclusion and Exclusion Criteria

	Inclusion Criteria	Exclusion Criteria	Rationale
1. Year of Publication	Published from the year 2000 onwards.	Published prior to the year 2000.	To ensure the research being reviewed is up-to-date and relevant.
2. Language of Study	Written in English.	Written in any language other than English.	Translation services are not available to the reviewer.
3. Type of Publication	Studies published in a peer-reviewed journal.	Studies from sources other than peer-reviewed journals.	Peer-reviewed publications are of a greater academic standard and calibre, as they have been subjected to scrutiny and evaluated by expert reviewers.
4. Study Type	Studies which are empirical in nature, involving the collection and analysis of primary data.	Studies that are not empirical in nature, that do not collect and analyse primary data.	Collection and analysis of primary data ensures originality of findings.
5. Focus of Study (Experiences/ Perspectives of Education Staff)	Study based on the experiences and perspectives of education staff related to their work with pupils exposed to adversity.	Study not based on the experiences and perspectives of education staff related to their work with pupils exposed to adversity.	Area of interest for this review relates to the experiences and perspectives of education staff related to their work with pupils exposed to adversity.
6. Focus of Study (Supporting Pupils Exposed to ACEs/Trauma)	Study based on supporting pupils who have experienced/been exposed to events considered to be adverse/traumatic by the author.	Study not based on supporting pupils who have experienced/been exposed to events considered to be adverse/traumatic by the author.	Area of interest for this review relates to supporting pupils who have experienced/been exposed to events considered to be adverse/traumatic

Figure 2

Prisma Flowchart Outlining Search and Screening Process

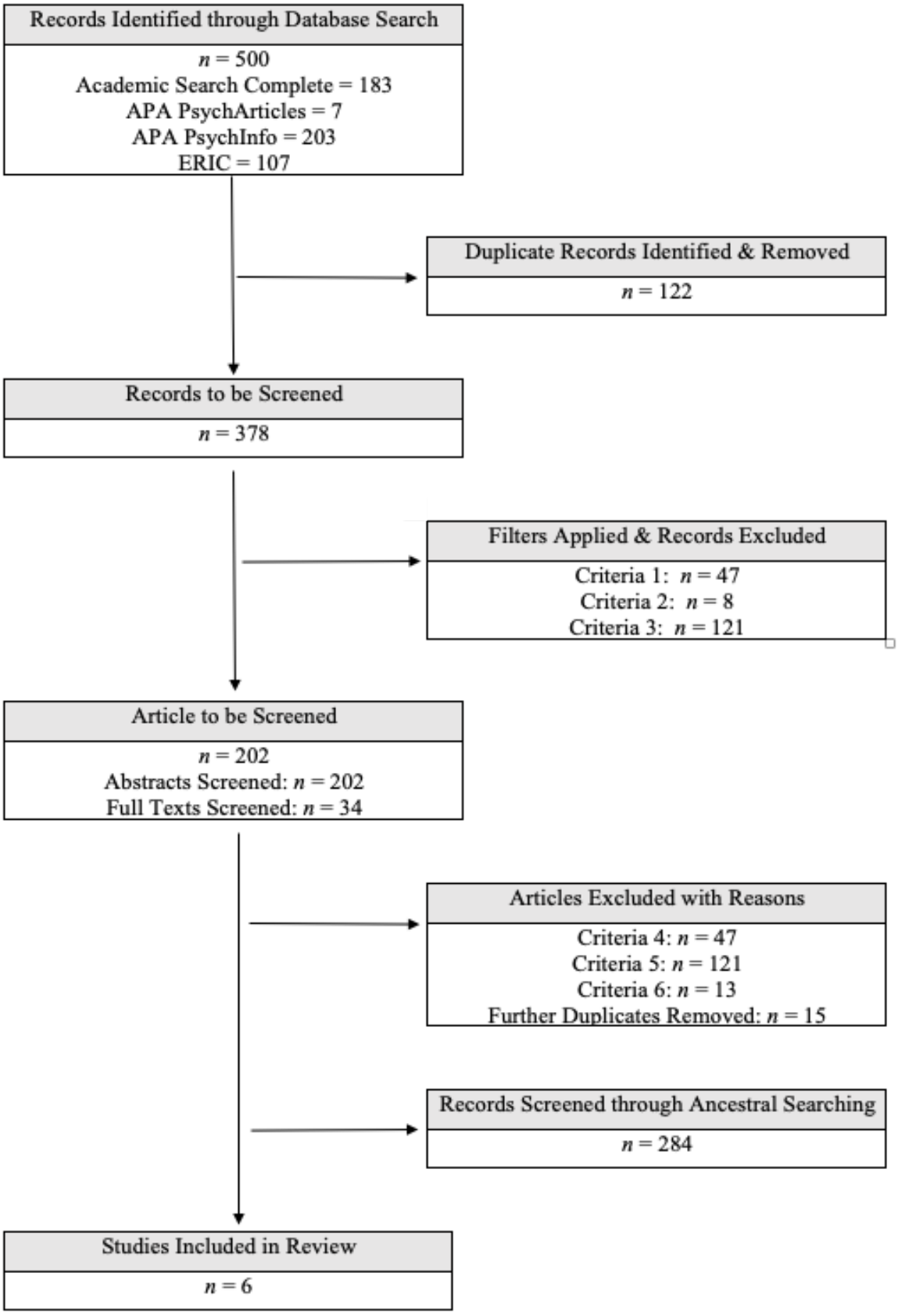


Table 3

Studies Included in Review

Alisic, E. (2012). Teachers' perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly*, *27*(1), 51-59.
Alisic, E., Bus, M., Dulack, W., Pennings, L., & Splinter, J. (2012). Teachers' experiences supporting children after traumatic exposure. *Journal of Traumatic Stress*, *25*(1), 98-101.
Berger, E., & Samuel, S. (2020). A qualitative analysis of the experiences, training, and support needs of school mental health workers regarding student trauma. *Australian Psychologist*, *55*(5), 498-507.
Brunzell, T., Stokes, H., & Waters, L. (2018). Why do you work with struggling students? Teacher perceptions of meaningful work in trauma-impacted classrooms. *Australian Journal of Teacher Education*, *43*(2), 116-142.
Kinkead-Clark, Z. (2021). Social violence and the young child: how do teachers respond to the needs of children from adverse environments? A Jamaican and Belizean case study. *Early Child Development and Care, 191*(3), 441-450.
Luthar, S. S., & Mendes, S. H. (2020). Trauma-informed schools: Supporting educators as they support the children. *International Journal of School & Educational Psychology*, *8*(2), 147-157.

Following the finalisation of the screening process, data extraction took place in order to provide the necessary detailed information to inform the subsequent critical appraisal of the studies, to describe the nature of the research field and to synthesise the findings.

2.6.2. Critical Appraisal

Whilst the six aforementioned studies met inclusion criteria, it was necessary to ensure that the evidence within each was of sufficient and appropriate quality and relevance, and to determine how much weight was placed upon the evidence of each of the included studies in the final synthesis (Gough, 2007). Correspondingly, Gough's (2007) Weight of Evidence (WoE) framework was employed to critically appraise the studies. Within this framework there are three distinct components, which are outlined below.

2.6.2.1. Methodological Quality. Weight of Evidence A (WoE A) is a non-review specific judgment in which the quality of execution of the study and the coherence and integrity of the evidence is appraised in relation to established standards (Gough, 2007). The Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018) was employed to critically appraise the methodological quality of the six studies in this review. The MMAT was utilised as it allows for the respective appraisal of diverse research designs, including qualitative, quantitative and mixed methods studies. This accordingly allowed for the qualitative studies and the quantitative study to be appraised by corresponding aspects of the same appraisal tool (i.e., the five qualitative studies were appraised using the designated qualitative criteria whilst the quantitative study was appraised using the designated quantitative criteria). The use of distinct but equivalent sections within the one critical appraisal tool was viewed as favourable in order to bring about equity between the diverse study designs in this review, in comparison to utilising contrasting tools that may be disparate with regard to scoring protocol. Detailed information regarding the specific WoE A scores assigned to each of the studies can be viewed in Appendix 2.

2.6.2.2. Methodological Relevance. Weight of Evidence B (WoE B) is a review specific judgement in which the appropriateness of the research design in addressing the review question is appraised (Gough, 2007). To determine the methodological relevance of included studies, several factors were considered related to the design adopted, the extent to which data triangulation was addressed, and the provision of a relevant definition of the concept or phenomenon being explored (e.g., trauma, ACEs). Detailed information regarding the specific WoE B scores assigned to each of the studies can be viewed in Appendix 3.

2.6.2.3. Topic Relevance. Weight of Evidence C (WoE C) is also a review specific judgement in which the appropriateness of the focus of the study and evidence in addressing the review question is appraised (Gough, 2007). Within WoE C, the primary focus of the study, the categories of teaching staff included in the sample and the inclusion of a broad or narrow conceptualisation of adversity were considered. Detailed information regarding the specific WoE C scores assigned to each of the studies can be viewed in Appendix 4.

2.6.2.4. Overall Weight of Evidence. The three sets of judgements outlined above combined to determine an overall WoE score (WoE D), which evaluates the extent that each of the included studies contributes to answering the review question (Gough, 2007). The overall WoE D assigned to each study can be viewed in Table 4, with more detailed information as to how such scores were derived outlined in Appendix 5.

Table 4

Overall WoE Assigned to Included Studies

Study	WoE A	WoE B	WoE C	WoE D
Alisic, 2012	High (3)	High (3)	High (3)	High (3)
Alisic et al., 2012	Medium (2)	High (3)	High (3)	High (2.7)
Berger & Samuel, 2020	High (3)	Medium (2)	Medium (2)	Medium (2.3)
Brunzell et al., 2018	High (3)	Medium (2)	Medium (2)	Medium (2.3)
Kinkead-Clark, 2021	High (3)	Low (1)	Low (1)	Low (1.7)
Luthar & Mendes, 2020	Low (1)	Medium (2)	Medium (2)	Low (1.7)

2.6.3. Mapping the Field

An important aspect of the review is mapping the field, in which the research area of interest is described. Providing summary information related to study aims and designs, participant characteristics, as well as data collection and analysis procedures is crucial in presenting and preserving the context in which certain studies were conducted in order to inform the interpretation of results. Please see Appendix 6 for a summary of included studies.

2.6.3.1. Design. Both quantitative and qualitative designs were employed within the studies reviewed, with qualitative proving to be the more prevalent design. Given that the aim of the study conducted by Alisic and colleagues (2012) was to examine the extent of teachers' reported experiences with regard to supporting children after trauma, the quantitative design employed was appropriate. Similarly, the qualitative designs adopted in the remaining studies all proved suitable in addressing the research aims which centred around exploring education staff's views. While several authors referred to their design as qualitative (Alisic, 2012; Berger & Samuel, 2020; Luthar & Mendes, 2020), others refined this by describing their qualitative design as case study (Kinkead-Clark, 2021) and cross-sectional (Brunzell et al., 2018) in nature.

2.6.3.2. Participants. A total of 831 education staff were included in this review. Whilst the vast majority of these participants (n = 765) partook in the quantitative study by

Alisic and colleagues (2012), the remaining 66 participants arose from the five other studies reviewed. Within this cohort of education staff, the vast majority were classroom teachers. Many of these teachers reportedly worked with pupils of a primary school age (Alisic, 2012; Alisic et al., 2012; Brunzell et al., 2018; Luthar & Mendes, 2020). However, teachers working with secondary aged pupils were also included (Brunzell et al., 2018; Luthar & Mendes, 2020), as well as early years teachers (Kinkead-Clark, 2021). Additionally, 13 school mental health workers, which included wellbeing staff and school counsellors, comprised the education staff within one study (Berger & Samuel, 2020). How such participants were recruited varied considerably between the studies. Random sampling was utilised by Alisic et al. (2012), and stratified random sampling was utilised by Berger and Samuel (2020). Purposive sampling was employed by Brunzell et al. (2018) and Kinkead-Clark (2021) based on the setting in which schools were based; the two schools in the study conducted by Brunzell et al. (2018) were identified as having trauma-affected pupils, and the schools in the study conducted by Kinkead-Clark (2021) were identified as being based in highly volatile communities. Purposive sampling was also employed by Alisic (2012) in order to maximise diversity of perspectives in the sample with regards to school setting, teacher experience etc. Finally, although not explicitly stated, it appeared that convenience sampling was utilised in the exploratory study conducted by Luthar and Mendes (2020), in which teachers working in (self-described) trauma-informed settings were recruited via authors' social media.

As previously explored within WoE C, a diversity of perspectives was sought in many studies with regards to age, gender, teaching experience, the context of the school in which teachers taught etc. In five out of the six studies, the experiences and perspective of both female and male education staff were explored (the exception being Kinkead-Clark (2021) in which four female teachers were included). In aggregating these figures, it is possible to discern that approximately 74% of the participants were female while approximately 26% were male. The age range across studies was 18 – 65 years, with two studies failing to report the ages of participants (Kinkead-Clark, 2021; Luthar & Mendes, 2020). The overall cohort of education staff reported a range of experience, with some teachers having as little as half a year of teaching experience, while other participants reported having over 43 years of teaching experience.

Of the six studies included in the review, two were conducted in The Netherlands, a further two were conducted in Australia, one was conducted in the United States of America, and the remaining study was conducted in Jamaica and Belize.

2.6.3.3. Data Collection and Analysis. Semi-structured interviews were utilised as a means of collecting data in four of the qualitative studies, with three of these studies reporting individual interviews (Alisic, 2012; Berger & Samuel, 2020; Kinkead-Clark, 2021) and Brunzell and colleagues (2018) completing semi-structured group interviews. Furthermore, the use of written journal entries was also reported by Brunzell et al. (2018). Within the remaining qualitative study (Luthar & Mendes, 2020), it was reported that open-ended, qualitative feedback was solicited via social media. Rather than an interview schedule being utilised, as was the case in the other qualitative studies, one sole question, which asked participants how they could be supported as professionals at risk for experiencing compassion fatigue, was posed to participants within the Luthar and Mendes (2020) pilot project.

Regarding analysis, various qualitative analytical techniques were employed. These included summative analysis (Alisic, 2012), Interpretative Phenomenological Analysis (Brunzell et al., 2018) and Thematic Analysis (TA) (Berger & Samuel, 2020; Kinkead-Clark, 2021). Whilst a form of qualitative analysis was not explicitly stated within the study conducted by Luthar and Mendes (2020), the researchers refer to themes within the outlined results.

For the sole quantitative study, data collection involved the dissemination and completion of a questionnaire (Alisic et al., 2012). This questionnaire contained nine items covering various aspects of the teachers' work in supporting pupils after trauma. While the questionnaire was not a published or validated scale, the nine items were derived from results of a previous qualitative study carried out by the researcher (Alisic, 2012). The questionnaire was tested in a think aloud protocol with experts and piloted prior to distribution. The measure yielded a Cronbach's alpha coefficient (α) of .82. After a scree plot in an exploratory factor analysis revealed that the scale consisted of one single factor, confirmatory principal axis factoring showed that every item loaded at least .30 on this factor (Alisic, 2012). A definition of trauma and vignettes of typical cases were provided within the questionnaire to heighten teacher understanding of the concept. As well as the nine items, teachers' demographics, teaching experience (teaching years, number of trauma-exposed pupils worked with) and trauma training experience were examined. Descriptive and inferential statistics, namely, multiple regression analysis, were reported, in which the dependent variable comprised the sum of participants' scores on the aforementioned nine items.

2.6.4. Synthesis of Findings

As the included studies comprised both qualitative and quantitative designs, a two-stage approach to the synthesis of findings took place. Firstly, the Joanna Briggs Institute (JBI) approach to meta-aggregation was utilised in which the findings from each of the included qualitative studies were synthesised (Lockwood et al., 2015). Secondly, the results from the sole quantitative study were reviewed and integrated with the synthesised qualitative findings.

Meta-aggregation was chosen as the preferred approach to qualitative synthesis in this review for several reasons. Primarily, meta-aggregation aims to integrate findings from across studies, and does not involve a re-interpretation, differentiating it from other approaches to synthesis in which a re-conceptualisation of the evidence is the outcome (Lockwood et al., 2015; Thomas & Harden, 2008). Focusing on and summarising the original authors' findings to produce cross-study generalisations ensures the review authors' interests are not at play within a re-interpretation (Lockwood et al., 2015). Secondly, meta-aggregation is suited to reviews in which any number of studies are included, and is therefore applicable to a review which is comprised of a limited number of studies, as is the case in this review (Lockwood et al., 2015). Thirdly, meta-aggregation can be employed when many qualitative designs and analyses are incorporated, such as TA, Interpretative Phenomenological Analysis, summative analysis etc. (Lockwood et al., 2015). The purpose of meta-aggregation in this review was to integrate findings in order to produce a more definitive answer to the review question than the individual studies could provide alone (Gough et al., 2013). The extent that the results from each of the included studies contributed to the following synthesis was based on their overall WoE D.

Synthesis within a meta-aggregative approach involves following a prescribed procedure, outlined in Figure 3. Within this review, data considered as findings in Step One included themes and any other analytical data presented in the original studies. Such findings were identified through a process of repeated reading of each of the results sections. Regarding the allocation of plausibility, the extensive use of direct quotations from the participants was noted, with all findings resultantly designated as either unequivocal or equivocal, demonstrating the reliability of the interpretation of the primary data by the study authors compared to the voice of the participants (Lockwood et al., 2015). Equivocal allocations were rare and only occurred in instances wherein there was an absence of substantial illustrations, with very concise snippets of participants' voice utilised instead. Nonetheless, as advised by the JBI protocol, findings that are ranked as unequivocal or equivocal share equal recognition

within the synthesis (Lockwood et al., 2015). Within Step Two, through repeated examination of the findings, categories were established. Findings were grouped to develop categories based on similarity in concept. As per Step Three, synthesised findings, overarching descriptions of a group of categories, were developed. This was achieved through a process in which the categories developed were reviewed, and sufficient similarity in meaning identified to establish synthesised findings (Lockwood et al., 2015). Given that the aim of this review was to consider what is known about the experiences and perspectives of teachers, categories and synthesised findings were described and labelled in a manner which aimed to be representative of the evidence, capturing the essence of what the original research was conveying (Figures 4 & 5). This is in contrast to such synthesised findings being expressed as indicatory statements for the sole basis of policy recommendations, as is often the case within meta-aggregation reviews (Lockwood et al., 2015).

Figure 3

Steps of Data Synthesis in JBI Meta-Aggregation Approach (Lockwood et al., 2015).

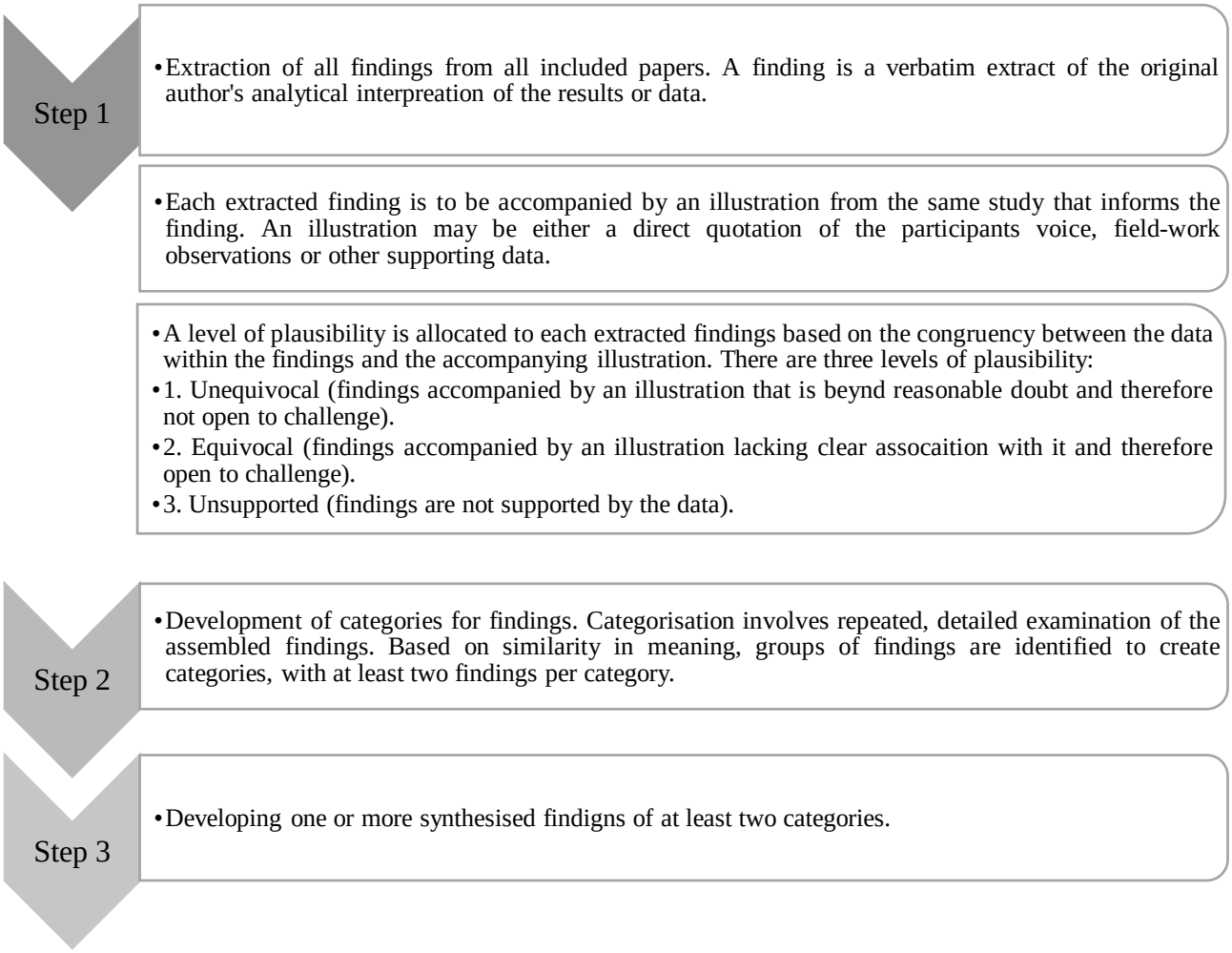
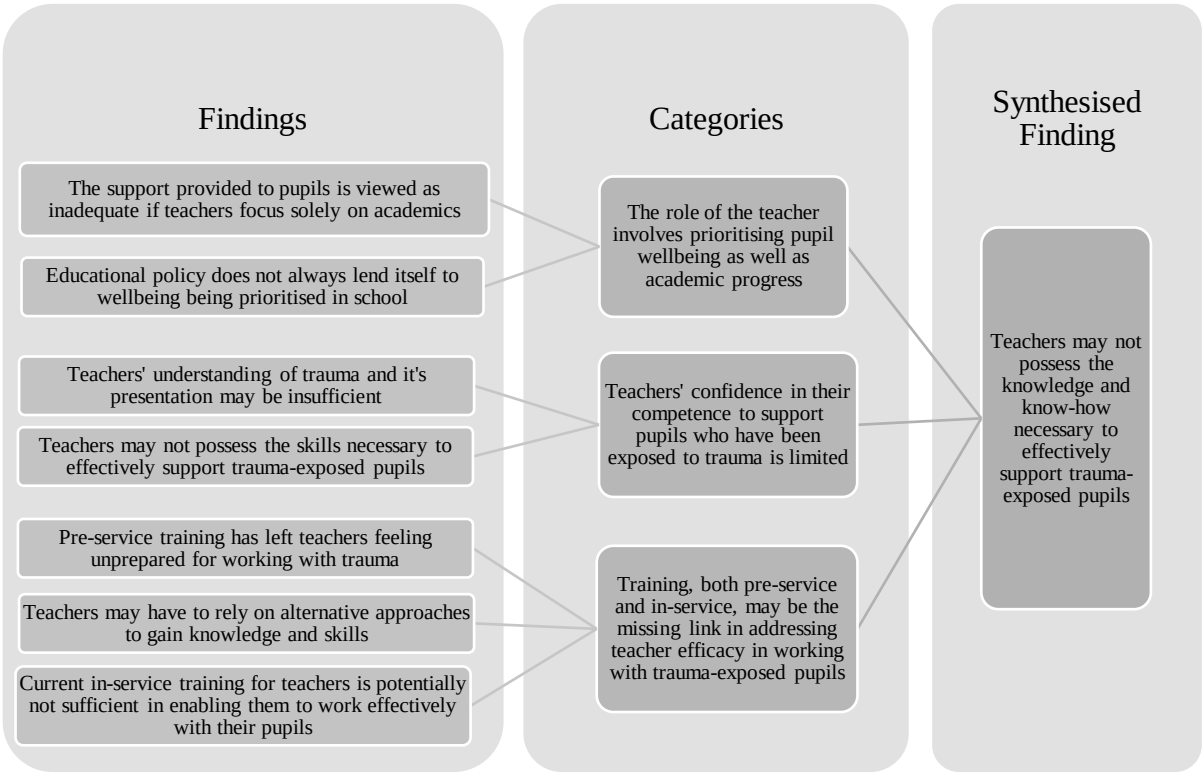


Figure 4

Illustration of Findings, Categories and Synthesised Finding One



2.6.4.1. Synthesised Finding One. One of the primary synthesised findings related to teachers possessing the knowledge and know-how necessary to effectively support trauma-exposed pupils (Figure 4). In order to better convey this synthesised finding, the categories and related findings are delineated.

2.6.4.1.1. Category One. Teachers' opinions on their role in supporting pupils who have experienced trauma centred around the importance of the wellbeing of the whole child. While teachers acknowledged that academics remained central to their job, the social and emotional needs of pupils who had experienced trauma called for an increased emphasis to be placed upon pupils' wellbeing in school (Alisic, 2012; Brunzell et al., 2018; Luthar & Mendes, 2020). Findings highlighted a potential division however in teachers' view on their role in supporting such social and emotional needs. While many teachers referred to their desire to incorporate wellbeing into daily practices in order to reach these pupils, as well as the importance of same being stressed, it was reported that some teachers expressed preferences for only being

responsible for purely academic instruction (Alisic, 2012; Brunzell et al., 2018; Luthar & Mendes, 2020).

In line with this, another finding related to teachers' view that educational policy does not necessarily lend itself to the wellbeing of trauma-exposed pupils being prioritised in school. Teachers described the intense and counterproductive pressure placed upon the academic aspects of education, specifically standardised testing, even when it is evident that pupils are not emotionally available to learn. With educational policy and guidelines favouring rigid allegiance to the academic aspects, teachers are not always able to divert from same to address the wellbeing of the pupil, with such social and emotional aspects even being referred to as a hidden curriculum (Brunzell et al., 2018; Luthar & Mendes, 2020).

2.6.4.1.2. Category Two. The second category within this synthesised finding relates to the fact that while supporting trauma-affected pupils requires an emphasis on wellbeing, the narratives of the education staff with regards to their confidence and competence in same were dominated by doubts. Firstly, across studies there were suggestions that teachers' understanding of how pupil reactions to trauma may present is insufficient. It was indicated that; teachers may misconstrue displays of trauma reactions in the classroom and may struggle to understand the widespread impact of adversity on pupils (Kinkead-Clark, 2021), teachers may not possess knowledge related to normal stress reactions and recovery trajectories (Alisic, 2012), with teachers potentially finding trigger responses confusing if unaware of their nature (Brunzell et al., 2018).

As well as a need for enhanced understanding to recognise trauma in the classroom, sentiments in several studies revolved around the lack of confidence in going about providing support for trauma-exposed pupils. General feelings of doubt and incompetence were noted, with reports of support being ad-hoc in nature and based on intuition as opposed to formal knowledge or know-how (Alisic, 2012; Brunzell et al., 2018; Kinkead-Clark, 2021; Luthar & Mendes, 2020). As well as general sentiments of low-efficacy in supporting these pupils, specific aspects in which teachers did not feel proficient related to the degree to which teachers should directly acknowledge the trauma with the pupil, how to balance the needs of the trauma-affected pupils as well as the needs of the class in general, as well as knowing when professional expertise were required (Alisic, 2012). Essentially, a mismatch was communicated between the knowledge possessed by teachers, and the know-how required to effectively support their pupils (Brunzell et al., 2018), resulting in teachers experiencing a

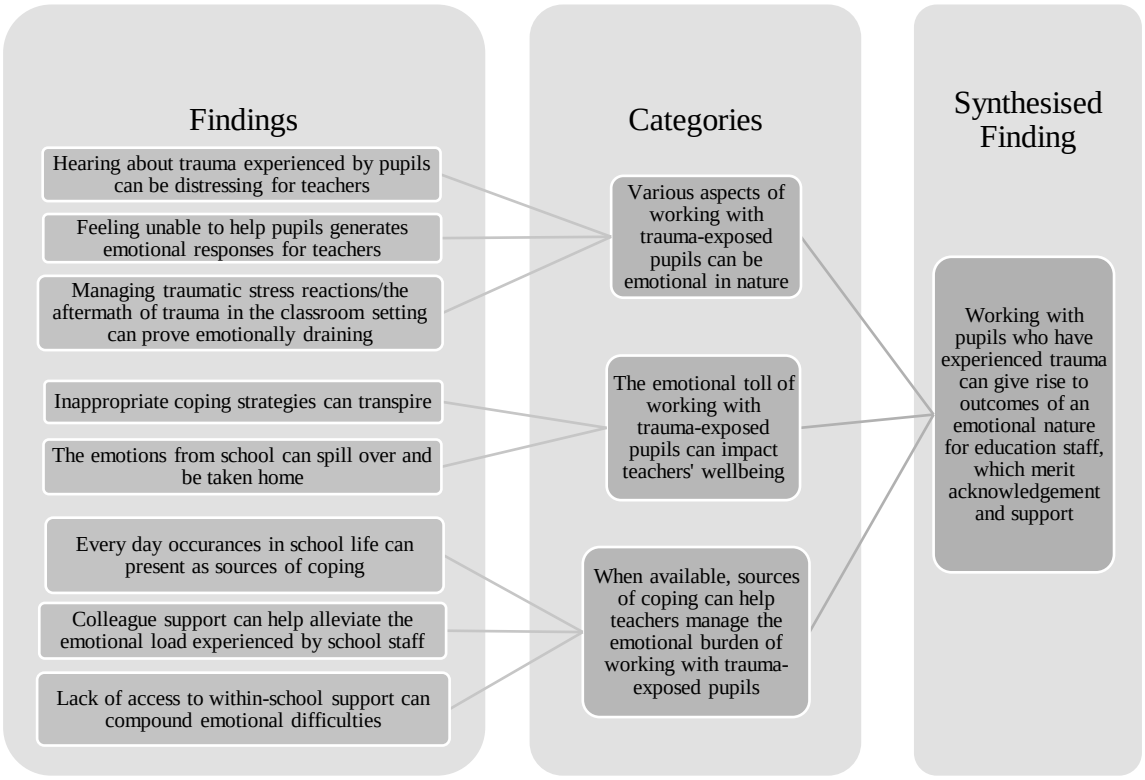
dilemma regarding their skill set and questioning the boundaries between the work of teachers and psychologists (Alisic, 2012; Luthar & Mendes, 2020).

2.6.4.1.3. Category Three. The final category within this synthesised finding is related to the notion that training, both pre-service and in-service, may be the missing link in addressing teacher efficacy in working with trauma-exposed pupils. A common finding across studies related to the lack of pre-service training associated with trauma, which left teachers feeling unprepared to meet the needs of trauma-exposed pupils (Berger & Samuel, 2020; Brunzell et al., 2018; Kinkead-Clark, 2021). Many advocated for such pre-service trauma training to be introduced given that the absence of same not only affected pupils, but resulted in education staff lacking in confidence in their work in this area (Alisic, 2012; Berger & Samuel, 2020). Another finding highlighted that teachers may have to rely on alternative approaches or learning experiences to gain knowledge and skills when training is unavailable or insufficient. Reports of education staff having to learn on the job how to support trauma-affected pupils or figure out how to deal with related issues over the years were present, with teachers adding that having to learn through being thrown in the deep end was not the best way to acquire the necessary skills (Alisic, 2012; Kinkead-Clark, 2021). Moreover, being dependent on gaining an understanding of trauma as well as their pupils' trauma backgrounds through families and communities was recognised (Brunzell et al., 2018; Kinkead-Clark, 2021).

Finally, it was suggested in several studies that current in-service training for teachers on the topic of pupil trauma is potentially not sufficient in enabling teachers to work effectively with their pupils. Many noted that in-service training/professional development once teachers are qualified is not widely available, with many stating there is a need and desire for same (Brunzell et al., 2018; Luthar & Mendes, 2020). However, where such professional development training was available to teachers, it was described as inadequate in upskilling teachers with regard to their understanding of the scope of issues related to trauma and the relevant solutions to address same (Kinkead-Clark, 2021), with others adding that current training merely serves as a refresher of what education staff already know as opposed to extending knowledge or expertise (Berger & Samuel, 2020). However, some teachers did note that training can increase staff knowledge and confidence in responding to pupil trauma, but that additional training was still necessary (Berger & Samuel, 2020).

Figure 5

Illustration of Findings, Categories and Synthesised Finding Two



2.6.4.2. Synthesised Finding Two. The other synthesised finding related to the recognition that working with pupils who have experienced adversity can give rise to outcomes of an emotional nature for education staff, which merit acknowledgment and support (Figure 5). In order to better convey this synthesised finding, the categories and related findings are delineated.

2.6.4.2.1. Category One. As encapsulated within the label assigned to the first category, various aspects of working with pupils who have experienced trauma can prove emotional in nature. Present across all five studies were sentiments indicative of the distress that can arise as a result of hearing about adverse events experienced by pupils. Education staff spoke of the tremendous sense of sadness that is felt for some pupils that can result from hearing of pupils' circumstances (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018; Kinkead-Clark, 2021; Luthar & Mendes, 2020). Additionally, teachers and school mental health workers reported that while they attempt to maintain themselves and supress their emotional reactions in the moment, and try to provide empathic understanding for their pupils, intense emotional reactions can follow, with such happenings described as demanding and draining. Feelings of fear and dread were also detailed, with teachers anxious about witnessing a child in severe

emotional pain in the classroom setting, as well as teachers feeling trepidation for the child's future (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018; Kinkead-Clark, 2021; Luthar & Mendes, 2020). Furthermore, Alisic (2012) reported that teachers in the Netherlands described incidents in which such information about pupils' exposure to adversity reminded them of their own past personal experiences of trauma, with such reactivated memories causing teachers to become less available for their pupils.

Another aspect of working with pupils exposed to trauma which generates emotional responses was the feeling of being unable to help. Once again, across all five studies, education staff expressed the burden that was felt as a result of feeling helpless, or feeling unable to better help their pupils who had experienced adversity (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018; Kinkead-Clark, 2021; Luthar & Mendes, 2020). It was reported that a heaviness and a deep sense of disappointment can arise if teachers' efforts prove insignificant or unfruitful in supporting pupils. Feeling as though existing strategies or practices were ineffective in meeting the complex needs of these pupils as a result of trauma was also linked with feelings of frustration, anger, exhaustion and being overwhelmed. This was not only the case when teachers' efforts simply proved unsuccessful, but was particularly pertinent when teachers felt that they lacked the knowledge or skills to even try to assist (Alisic, 2012; Brunzell et al., 2018; Kinkead-Clark, 2021). In fact, feelings of inadequacy and even fearfulness were reported when teachers described not knowing if they were doing the right thing for their pupils (Luthar & Mendes, 2020).

Finally, managing the aftermath of trauma in the classroom setting was shown to prove emotionally draining for teachers (Alisic, 2012; Brunzell et al., 2018; Luthar & Mendes, 2020). The stress of coping with pupils' emotional and behavioural difficulties as a result of trauma exposure was considered. Working with and supporting pupils who are easily triggered and present as hyper-aroused and out of control can be confusing and frustrating for teachers. Concern was also expressed related to having to manage and attend to physical aggressive and violent behaviour as a result of such easily triggered and hyper-aroused states. Moreover, teachers described the pupil-teacher relationship as emotionally draining given that such relationships can be unstable, inconsistent, conditional, fleeting and confusing, with such relationships leaving teachers to negatively ruminate (Brunzell et al., 2018).

2.6.4.2.2. Category Two. The emotional toll of working with pupils can impact teachers' wellbeing. Working with pupils who have been exposed to traumatic events can prove emotional, as highlighted in the previously outlined category, with such an emotional burden

impacting upon the lives and wellbeing of education staff. Particular aspects of the work were described as remaining with the education staff for long periods of time, with some acknowledging that occasionally it can affect them more than would be expected or considered appropriate, which required further attention (Berger & Samuel, 2020; Brunzell et al., 2018). This impact can be seen in teachers' accounts of taking the problem from school into their home environment (Alisic, 2012). Multiple teachers acknowledged that when the school day is over, they are not available for people in their personal lives. Feelings of distraction and difficulty in being able to listen to others were outlined, as well as feelings of fatigue, deflation and frustration (Brunzell et al., 2018). Resultantly, education staff considered keeping more of a distance from their pupils to avoid becoming overly involved emotionally (Alisic, 2012).

In addition, it was found that inappropriate coping strategies had transpired in some samples of teachers related to the emotional aspects of their work. In coping with emotions and stress from their work, behaviours such as emotional eating, over-sleeping, excessive smoking were all referred to (Brunzell et al., 2018). Whilst findings related to this were less common across all studies, it is still important to note its presence in the extracted data/findings, as it underscores how such work can impact the wellbeing of education staff.

2.6.4.2.3. Category Three. While the emotional burden explored within the narrative was undeniable, teachers and education staff also discussed sources of coping and support that help them manage with same. However, it became clear than such support is only beneficial when available, with a lack of access to support compounding the emotional burden experienced by education staff. Sources of coping included being able to talk with a partner, focusing and celebrating small daily wins within school, genuine connections and relationships with pupils in need, and importantly, support from colleagues (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018). Support from colleagues proved critical, as its absence was reported to exacerbate difficult emotions, leaving education staff, specifically school mental health workers, feelings alone (Berger & Samuel, 2020). However, when colleague support was available, having the opportunity to vent emotions and seek advice from peers was highlighted as beneficial (Alisic, 2012). Such colleague support appeared to be facilitated by the presence of a close team within an open school atmosphere, whereas support that was procedural in nature and not based on providing emotional support left school staff seeking outside support/supervision related to the emotional burden of the job (Alisic, 2012; Berger & Samuel, 2020).

2.6.4.3. Quantitative Findings. As only one quantitative study was included in this review, a synthesis of relevant findings was not possible. Therefore, a delineation of the sole quantitative findings is presented. However, given that the findings of the quantitative study were published as a Brief Report, reported results are limited (Alisic et al., 2012). Initial findings indicated that while most of the teachers comprising the study sample had directly worked with one or more pupils who had been exposed to a traumatic event (89%), only 9% of teachers had attended training related to supporting such pupils in the past three years. Further findings highlighted that many teachers found it difficult not to get too emotionally involved in the work; to know the best ways to support trauma-exposed pupils; to find their position as teachers of academic skills versus provider of mental health care; to know when pupils required professional mental health care; and to know where they could access information about traumatic stress. The central finding from this study demonstrated that teachers' scores on the above variables depended significantly and negatively on their amount of teaching experience, their attendance at trauma-focused training, and the number of trauma-exposed pupils they had worked with. However, gender was found to be a nonsignificant predictor. The regression model evidenced a small effect, explaining 4% of the variance in the total difficulty score. However, due to the nature of the measure of total difficulty that was used for the dependent variable (outlined in Data Collection and Analysis), it was not possible to decipher the predictions of individual items related to getting emotionally involved, knowing how best to support pupils etc. (Alisic et al., 2012).

2.6.4.4. Integration. In order to fully synthesise the findings from the reviewed studies, qualitative and quantitative results were integrated (Harden, 2010). However, given that the quantitative results were based on a sole study, the integration was somewhat limited. Nonetheless, the quantitative results were considered in light of the qualitative results in order to maximise the findings of this review. Firstly, within the qualitative studies it was apparent that many of the selected teachers had worked with pupils who had been exposed to traumatic events. However, given that teachers who were known to work with trauma-exposed pupils were purposefully selected, it was difficult to decipher if such participant experiences could be considered relevant to teachers as a whole. The quantitative results shed light on this matter by demonstrating that in a random sample of teachers, 89% had worked with at least one pupil who had experienced a traumatic event, indicating that supporting pupils exposed to adversity may be a phenomenon encountered by many teachers and not just specific cohorts of teachers. Secondly, the aspects that appear pertinent within the experiences and perspectives of teachers

as indicated within the meta-aggregation i.e., teachers' confidence in their competence to support trauma-exposed pupils, the emotional aspects of the work, the role of training etc. were established within the quantitative results, with large numbers of teachers reporting they found it difficult to know the best ways to support trauma-exposed pupils and to not get too emotionally involved. While this is partly resultant from the fact that the quantitative study (Alisic et al., 2012) was based on the results from one of the qualitative studies (Alisic, 2012), it nonetheless demonstrates that such factors may be at play for many teachers across many schools. Thirdly, by combining the qualitative and quantitative results, very tentative associations between some of the factors of interest were potentially revealed. For example, within synthesised finding one, the role of training in addressing teacher efficacy was featured, and within the regression analysis, it was tentatively found that training related to trauma significantly predicted teachers' feeling confident in knowing how to support their pupils. However, as outlined previously, examining a direct association between these was not possible given the nature of the measure used. While the above integration of quantitative and qualitative results may be limited, such integration demonstrates that not only are important factors related to teachers' experiences and perspectives on working with trauma-exposed pupils potentially prevalent within the wider population of education staff, but that predictive relationships between and within such factors are possibly present.

2.6.5. Conclusion

The aim of the current review was to explore the experiences and perspectives of education staff on their work with pupils who have experienced adversity. What resulted was an elucidation of what is known from extant studies in this research area, as well as a clarification of how such findings came about, as well as an indication of what is not yet known.

Six research studies fulfilled inclusion criteria and were subsequently evaluated in this review. Given the limited number of studies identified, as well as the fact that the majority of studies were only relatively recently published, it could be argued that this research area is underexplored, and could potentially be described as in its infancy. Nonetheless, what is known from the existent research is that working with pupils exposed to traumatic events is possibly a widespread phenomenon for education staff. Moreover, such work may leave teachers lacking confidence in their knowledge and know-how to effectively support such pupils, with such work also proving emotional in nature and impacting upon teachers' wellbeing. In addition, it was established that factors related to teaching and training experience may be

important variables involved in predicting teachers' experiences of working with trauma-exposed pupils. While such findings provided much needed insights into the experiences and perspectives of education staff, an important aspect which requires consideration is the fact that although these findings came about in studies across an array of countries, differences in the education system and the diverse roles of education staff within different countries create a challenge in determining if such findings can be extrapolated and generalised to an Irish context.

The insights garnered were done so through predominantly qualitative designs, with only one quantitative study identified. While such qualitative studies successfully captured the views of education staff in an in-depth manner, the use of purposive and convenience sampling, as well as smaller sample sizes in the qualitative studies, make it difficult to discern if such experiences and perspectives are reflective of the wider population of education staff. Furthermore, while the limited quantitative findings suggest that teachers' perspectives may be dependent on variables related to teaching and training experience, the lack of quantitative research has led to an inadequate understanding and explanation of the mechanisms potentially involved in such associations. These aforementioned concerns may indicate that qualitative and quantitative designs alone are not adequate in fully understanding this complex research area. Thus, there is a need for a more comprehensive understanding that is both sufficiently broad and deep, which may be brought about through a combination of quantitative and qualitative approaches.

This demonstrates that while the current research base has uncovered important aspects related to the experiences and perspectives of education staff in their work with pupils exposed to adversity, there is still much left to explore and examine. However, in order for future research to extend what is already known, it is necessary for the aforementioned limitations and concerns to be addressed.

Chapter 3: Empirical Paper

3.1. Introduction

3.1.1. Adverse Experiences in Childhood

Childhood adversity has been defined as "experiences that are likely to require significant adaptation by an average child and that represent a deviation from the expectable environment" (McLaughlin, 2016, p. 363). The concept of adverse experiences in childhood has only relatively recently come to light, with the seminal ACE study in 1998 viewed as the foundation for the expansion of research interest directed towards understanding such events in individuals' lives (Felitti et al., 1998). Previously, ACEs referred to a set of 10 distinct experiences related to abuse, neglect and household dysfunction. However, the term ACE and what it encapsulates has broadened, and now includes experiences such as the death of a parent, poverty, homelessness, witnessing community violence, exposure to war and peer violence (Mersky et al., 2017; Oh et al., 2018). The consensus at present is that a range of experiences, and not just the original ten ACEs, can prove potentially traumatic for children (Mersky et al., 2017; Nelson et al., 2020; Oh et al., 2018). Research has continuously demonstrated how pervasive adversity is in childhood, and while variability related to rates of exposure is present within the literature, estimates indicate that approximately 50% of children will have experienced an ACE by the time they turn 18 years of age (Finkelhor et al., 2015; Hughes et al., 2017; McLaughlin et al., 2013; Saunders & Adams, 2014). Within Ireland, Youthreach data as well as Growing Up in Ireland data have similarly demonstrated that ACEs are strikingly common: within a cohort of early school leavers attending a Youthreach programme (n = 23), 96% had experienced at least one of a possible 13 ACEs (Gordon, 2017), while 78% of children within the Growing Up in Ireland cohort were reported to have experienced at least one of 13 possible "stressful life events" (which are arguably comparable to ACEs) (Williams et al., 2009). Whilst it would be imprudent to assume such findings could be directly extrapolated and generalised to the population of Irish children (given issues pertaining to sample representativeness and definitional frameworks), such data nonetheless supports the contention that in an average class of 30 pupils, up to half of such pupils may have been exposed to a potentially traumatic event (Perfect et al., 2016).

Given the widespread presence of adversity in childhood and due to its potential to bring about significant consequences, both immediate and long term, it is unsurprising that it has been described as a hidden epidemic (Gerson and Rappaport, 2013; Lanius et al., 2013). Through traumatic stress reactions, adversity has the capacity to influence neurobiological

processes, which resultantly impact upon children's physical, cognitive, emotional and behavioural wellbeing (Nelson et al., 2020; SAMHSA, 2014a; Tobin, 2016). Children's responses to adverse events can be exhibited in diverse ways, which can include externalising and internalising manifestations such as regulation difficulties, social withdrawal, distractibility, hyperactivity, changes in play, anxiety, low mood, lack of confidence etc. (Bell et al., 2013; Cook et al., 2005). In more extreme cases, children can develop PTSD and/or complex trauma, and have been described as operating within a survival mode, a state of fight, flight or freeze, in which priority is placed upon safety, with tasks such as attending to and acquiring new knowledge in school of secondary importance (NCTSN, 2014; Willis & Nagel, 2015; Yasik et al., 2007). Understandably, the ramifications of ACEs can consequently pose significant barriers to learning, impeding children's ability to function appropriately in the school environment (Perfect, et al., 2016). Adversity therefore confronts schools and teachers, as its impact on pupils can add a level of unexpected complexity to the classroom (Ko et al., 2008).

3.1.2. The Role of the Teacher in Supporting Pupils Exposed to Adverse Events

In line with the above findings, it has been argued that children bring their experiences of adversity into the school system (SAMHSA, 2014a; Ko et al., 2008). This is of great importance, as school constitutes an important microsystem in a child's life, and how the child interacts with this environment and those within it will affect their developmental trajectory (Bronfenbrenner, 1979). Accordingly, the role of school and teachers within the field of trauma and adversity is becoming increasingly recognised (Overstreet & Chaflouleas, 2016). Teachers have been noted to monitor children's presentation following exposure to adverse events, potentially observing the presence and exhibition of traumatic stress reactions (Berger & Samuel, 2020; Leschield et al., 2018; Rolfsnes & Idsoe, 2011). Teachers' capacity to provide safe, stable and supportive environments within the school setting, as well as nurturing relationships, has been lauded (Berardi & Morton, 2017; Venet, 2019). Correspondingly, the potential role of the teacher as an attachment figure for ACE-exposed pupils and the importance of same has been established (Bergin & Bergin, 2009; COTDC, 2015). Furthermore, it has been found that teachers are becoming gradually more associated with the implementation of interventions that address trauma related symptoms, conjointly with professionals and independently (Franklin et al., 2012; Berger et al., 2007; Wolmer et al., 2011). Whilst findings have predominantly emanated from countries such as the United States, Israel and Lebanon, this is also evidenced in the Irish context, as teachers are becoming increasingly trained to

implement mental health interventions such as Friends For Life (Barrett & Turner, 2001; Barrett et al., 2003). Consequently, schools, but more importantly, teachers, are endowed with considerable responsibility (SAMHSA, 2014b).

Accordingly, attention and assistance are required in order to support teachers in this work, and the field of Educational and Child Psychology is especially well suited for same given the distinct skills possessed by EPs (Ormiston et al., 2020). Firstly, teachers have been noted to rely on psychologists for support when the needs of pupils are perceived to be outside of the scope of teachers' professional training (Reinke et al., 2011). Furthermore, EPs' extensive training in assessment allows them to implement screening protocols to identify pupils who have been impacted by adversity, while their intervention skills allow for the identification and implementation of trauma-informed interventions (Allison & Ferreira, 2017; Fitzgerald & Cohen, 2012; Jaycox et al., 2012; Santiago et al., 2018). Principally, the position of EPs within the school system and their expertise in the area of trauma and adversity allows for the education of school staff through professional development trainings (Dorado et al., 2016; Eagle et al., 2015; Fitzgerald & Cohen, 2012; Guarino & Chagnon, 2018). However, in order for EPs to fulfil this need, an understanding of the views of teachers on this matter is warranted.

3.1.3. What is Known About the Experiences and Perspectives of Teachers?

Research investigating the experiences and perspectives of teachers in their work with pupils exposed to adverse events has proven limited, with a recent systematic review probing same, indicating a mere six relevant empirical studies. Nonetheless, the limited literature on this topic has explicated that working with pupils exposed to ACEs is likely a widespread phenomenon for teachers. Within the sole quantitative study identified, 89% of participants in a random sample of teachers in the Netherlands had worked with at least one pupil who had experienced a traumatic event (Alisic et al., 2012). While working with these pupils may be an occurrence experienced by an overwhelming majority of teachers, a synthesis of the findings of the available literature demonstrated that teachers may not feel they possess the necessary knowledge and know-how to effectively support these pupils, with such work also proving emotional in nature and potentially impacting upon teachers' wellbeing (Alisic, 2012; Brunzell et al., 2018; Kinkead-Clark, 2021; Luthar & Mendes, 2020).

Looking more specifically at such findings, it was established that teachers often (but not always) view their role in working with trauma-exposed pupils as involving not only

academic instruction, but the prioritisation of pupil wellbeing (Alisic, 2012; Brunzell et al., 2019; Luthar & Mendes, 2020). However, while an emphasis on supporting wellbeing was noted in several studies, there were suggestions that teachers' understanding of trauma and adversity and how to go about providing support to affected pupils is insufficient (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018; Kinkead-Clark, 2021). Findings convey that teachers' confidence in their capacity to support such pupils may be limited (Alisic, 2012; Brunzell et al., 2019; Luthar & Mendes, 2020), with such sentiments also found within the sole quantitative study (Alisic et al., 2012). Furthermore, findings indicate that training for teachers, or lack thereof, may be related to teachers' low feelings of self-efficacy (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018; Kinkead-Clark, 2021; Luthar & Mendes, 2020). Within one study, it was indicated that while only 9% of teachers had received training related to the area of trauma in the previous three years, attendance at such training significantly predicted teachers' experiences of supporting pupils exposed to trauma (Alisic et al., 2012).

Furthermore, several studies demonstrated that various aspects of working with pupils exposed to adverse experiences can be emotional in nature, namely, hearing of pupils' backgrounds, managing the aftermath of trauma in the classroom, and feeling unable to effectively provide support can prove emotionally challenging (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018; Kinkead-Clark, 2021; Luthar & Mendes, 2020). Additionally, a large sample of teachers affirmed that it can prove difficult not to get too emotionally involved in the work (Alisic et al., 2012). The emotional reactions described by teachers ranged from mild to more significant, with feelings of fatigue and frustration mentioned, and taking the problems from school into their home environments specifically noted (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018). Nonetheless, findings in the literature indicated that when available, support can help teachers manage the emotional burden, with support from colleagues proving to be of value according to teachers (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018).

Factors such as those outlined above, specifically, teachers' understanding of trauma, teachers' confidence in their ability to support trauma-exposed pupils, and the emotional impact experienced by teachers as a result of their work, are of considerable significance. Teachers' understanding of trauma and how it may present in the classroom is consequential. The lens through which trauma-exposed pupils and their presentations in class are understood can influence how a teacher interprets, feels about, and responds to such behaviours (Dorado et al., 2016). It has been established that in the absence of understanding related to trauma and

how it can present in the classroom, pupils who have been exposed to adverse events can be viewed as children with "problem behaviour" rather than children in need of support (Dorado et al., 2016, p. 164; Watson & Westby, 2003). Similarly, teachers' feelings of self-efficacy are of importance, as self-efficacy has been demonstrated to influence not only pupil related factors such as academic achievements (Klassen & Tze, 2014), but has been shown to potentially act as a protective factor against experiences of burnout and emotional exhaustion in teachers working with children with Autism Spectrum Disorder (Boujut et al., 2017) and Intellectual Disabilities (Shead et al., 2016). Lastly, the emotional reactions of teachers to their work are of significance, as teaching as a profession has been shown to carry a high risk for stress and burnout (Johnson et al., 2005; Lambert et al., 2009). Being impacted by the emotional burden of working with pupils exposed to traumatic events may exacerbate or compound such issues, as it is becoming gradually more recognised that teachers may be vulnerable to STS reactions (Borntrager et al., 2012; Caringi et al., 2015; Motta, 2012). Consequently, further exploration of aspects of teachers' work with pupils who have experienced ACEs, such as their understanding, self-efficacy and emotional reactions, is necessary.

Furthermore, uncovering the relationships between such important factors could prove to be meaningful. Previous research examining teachers working with children with Intellectual Disabilities and Autism Spectrum Disorder has demonstrated that causal beliefs related to pupils' behaviour and teacher self-efficacy can significantly predict teachers' experiencing of negative emotional reactions related to their work (Hastings & Brown, 2002). While such findings are evidently outside the field of trauma and adversity, extant literature within the field of trauma and adversity has been unable to explicate if such predictive relationships exist between these important aspects of teachers' work due to the designs employed.

3.1.4. The Present Study

The purpose of this study was to elucidate how the field of Educational and Child Psychology can support teachers in supporting pupils exposed to adverse events, by gaining valuable insights from the teachers themselves. Accordingly, the following overarching research question was posed: What are teachers' experiences of and perspectives on supporting pupils exposed to adversity? Moreover, in order to address the aforementioned areas of concern and extend what is already known within the literature base, three more specific research questions were posed at the outset of this study (Table 5).

Table 5

Research Questions

Research Question One
What are teachers' perspectives on the needs of pupils exposed to adversity, and the role of teachers and EPS in meeting such needs?
Research Question Two
Does the data collected from teachers fit a hypothesised conceptual model in which: * - Teachers' understanding of underlying causes of trauma related behaviours and symptoms predicts teachers' self-efficacy in working with pupils exposed to adverse events - Teachers' understanding of underlying causes of trauma related behaviours and symptoms predicts teachers' awareness of the impact of working with trauma-exposed pupils and the role of support - Teachers' self-efficacy in working with pupils exposed to adverse events predicts teachers' awareness of the impact of working with trauma-exposed pupils and the role of support
Research Question Three
To what extent do demographic variables, as well as teaching and training experience predict teachers': - understanding of trauma related behaviours and symptoms - self-efficacy in working with pupils exposed to adverse events - awareness of the impact of working with trauma-exposed pupils and the role of support

Note. * A visual representation of this hypothesised conceptual model can be seen in Figure 6

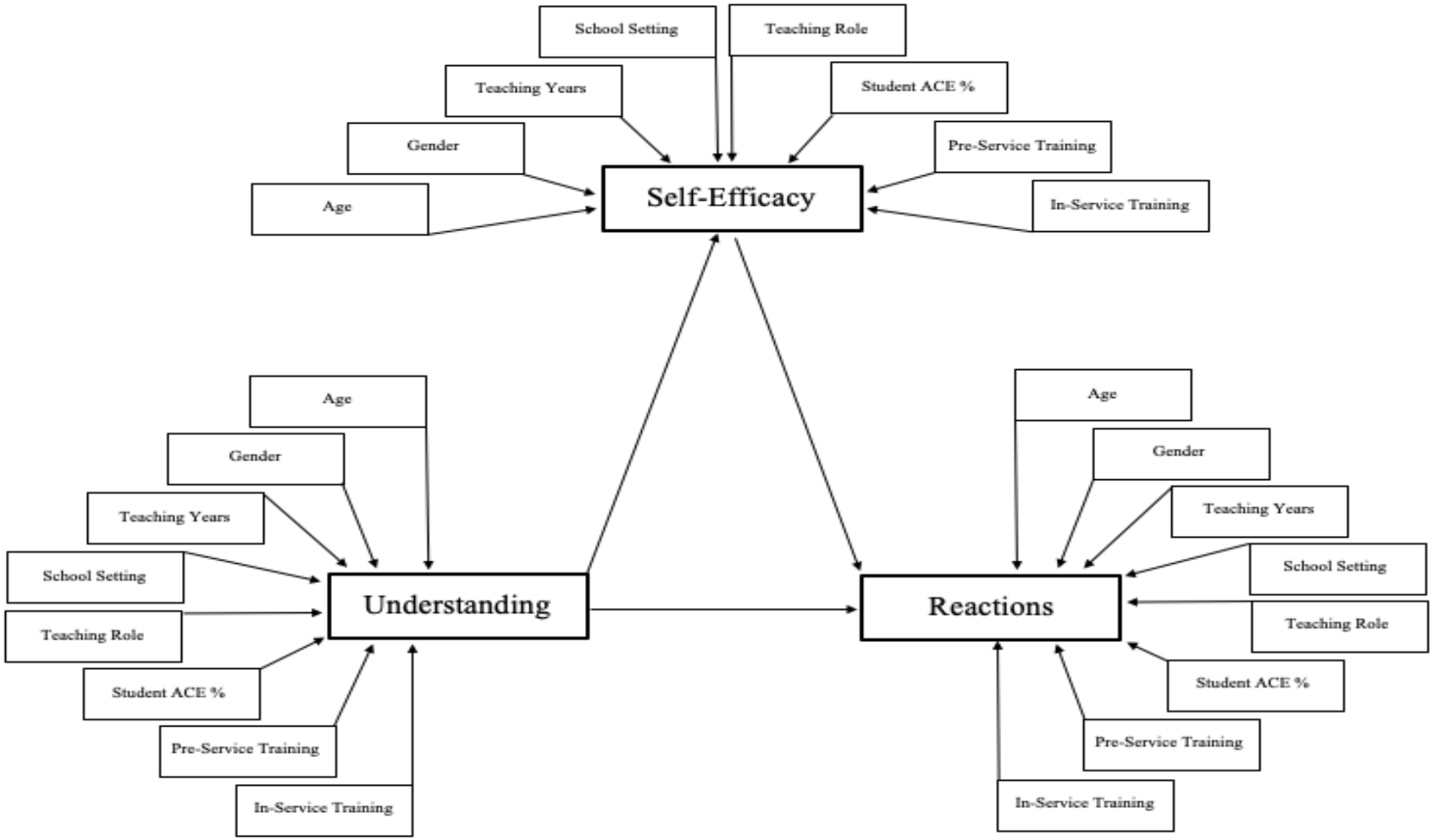
3. 2. Method

3.2.1. Research Design

A Mixed Methods Design (MMD) was employed to address the overarching research question, in which both quantitative and qualitative data was collected, analysed and integrated (Tashakkori & Teddlie, 2003). MMD was deemed the most appropriate design in order to provide a more holistic understanding of the phenomena of interest, enabling the research to

Figure 6

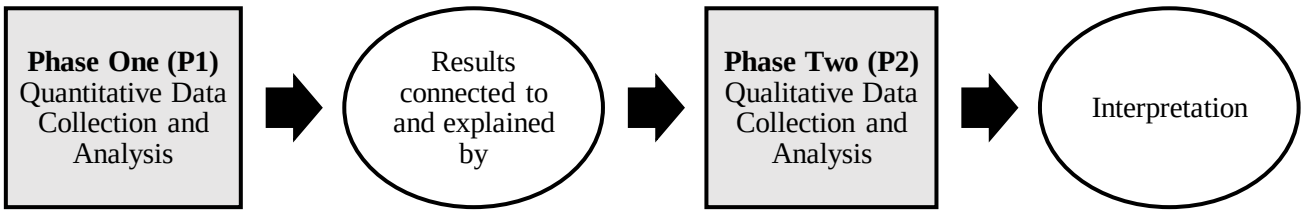
Hypothesised Conceptual Model (Input Path Diagram)



gain a broader and deeper understanding than would be possible through a single method of research (Bryman, 2006; Greene et al., 1989). The specific MMD adopted was an Explanatory Sequential Design (ESD), which consisted of two distinct interactive phases; a quantitative phase referred to as Phase One (P1) and a qualitative phase referred to as Phase Two (P2) (Creswell & Plano Clark, 2017). Within ESD, quantitative data is initially collected and analysed, with qualitative data collection and analysis subsequently implemented to explain and extend the quantitative results obtained (Figure 7). In this study, P1 aimed to address the three research questions outlined in the Table 5, while the research question addressed in P2 was emergent in nature and was not formulated until P1 concluded.

Figure 7

Visual Representation of Explanatory Sequential Design



3.2.2. Ethical Considerations

Prior to commencing the research process, ethical approval was granted by the Mary Immaculate Research Ethics Committee (MIREC) (Appendix 7). The current research study was guided by the Psychological Society of Ireland (PSI) Code of Professional Ethics (PSI, 2019), and the British Psychological Society (BPS) Codes of Ethics and Conduct (BPS, 2018). A more detailed discussion of the ethical considerations which arose throughout the research process is provided in the Critical Review Paper (Section 4.3.).

3.2.3. Phase One

3.2.3.1. Participants. The population of interest was that of Irish primary school teachers. It was determined that primary school teachers were more appropriate in attempting to answer the research question in comparison to post-primary teachers given the greater amount of exposure to/time spent with pupils on a daily basis, as opposed to post-primary schools in which teachers spend comparatively little time with pupils on a daily basis. Accordingly, the inclusion criteria for participants were primary school teachers that were

qualified and practising in Ireland. A sampling frame of sorts was identified through the DES; an established and published DES database presenting every primary school enrolled for the 2019/2020 academic year. A form of consecutive sampling was utilised in which the principals in each of the schools in the aforementioned sampling frame acted as gatekeepers to the teachers working in their schools. Given the consecutive nature of recruitment and data collection, it was not possible to ascertain response rates from participants (Thewes et al., 2018).

While data was collected from 492 participants, strict criteria were in place with regards to the inclusion of participants in the final data set for analyses. Participants were only retained and included in subsequent analyses if the survey was completed to the point at which scores for the Attitudes Related to Trauma-Informed Care (ARTIC) subscales (described in more detail in Section 3.2.3.2.) were valid (at least four questions out of seven had been completed for each of the three subscales) (Baker et al., 2016). Resultantly, the final data set for P1 included 363 participants. As can be seen in Table 6, the sample consisted of predominantly females (84.8%) with an approximate age range from 20-69 years (given that participants indicated which age range their age fell in rather than their exact age, it was not possible to decipher the precise range of ages). The sample of participants were heterogeneous in nature with regard to teaching experience, specifically in relation to the varied school settings in which they taught and their teaching role within such schools, as can be seen in Table 9 in Section 3.3.1.2.1.

Table 6

Demographic Variables for Participants (N = 363)

Characteristic	***n***	**%**
Gender		
Female	308	84.8
Male	52	14.3
Prefer not to answer	3	0.8
Age Range		
20-29 years	85	23.4%
30-39 years	104	28.7%
40-49 years	99	27.3%

50-59 years	66	18.2%
60-69 years	9	2.5%

3.2.3.2. Measures. A web-based survey was developed in order for appropriate data to be collected to address the three quantitative research questions (see Appendix 8 for final version of survey disseminated to participants). Within the survey there were several sections (outlined in Table 7), which were guided by past research related to this area. Questions related to teaching and training experience were partly based on the independent variables measured within the quantitative study conducted by Alisic and colleagues (2012). Questions related to the needs of pupils exposed to adversity and the role of teachers and EPs in meeting such needs were adopted from a questionnaire developed and used by Reker (2016). While questions pertaining to the needs of the pupils and the roles of the teacher and the EP in addressing those needs were retained from the Reker (2016) questionnaire, questions related to the role of the School Counsellor in addressing pupils' needs from the Reker (2016) questionnaire were removed as they were not applicable to the Irish education system.

The remaining section of the survey comprised three subscales from the ARTIC Scale (Baker et al., 2016):

- ARTIC Subscale 1 – Underlying Causes of Problem Behaviour and Symptoms. This subscale measures whether educators' attitudes endorse the view that pupil behaviours and symptoms related to trauma are adaptive and malleable versus intentional and fixed (hereafter referred to as Understanding Subscale).
- ARTIC Subscale 2 – Self-Efficacy at Work. This subscale measures whether educators feel able and confident to meet the demands of working with a traumatised population versus feel unable to meet the demands of working with a traumatised population (hereafter referred to as Self-Efficacy Subscale)
- ARTIC Subscale 3 – Reactions to the Work. This subscale measures whether educators possess awareness of the impact of secondary trauma and cope by seeking support versus minimise the effects of secondary trauma and cope by ignoring or hiding the impact (hereafter referred to as Reactions Subscale).

Based on reliability analyses conducted in the development and validation of the ARTIC, each of the three subscales demonstrated acceptable internal reliabilities based on Cronbach's alpha

coefficient (α) (DeVellis, 2012); Understanding Subscale (α = .78), Self-Efficacy Subscale (α = .79), Reactions Subscale (α = .71). Each subscale is composed of seven items (including several reversed items), presented in a format which allows individuals to characterise their attitudes on a bipolar spectrum. Within this format, each item is presented as two contrasting statements, with participants instructed to select the option which they feel best represents their belief along a seven-point Likert scale. For example; "Students could act better if they really wanted to" and "Students are doing the best they can with the skills they have" are two contrasting statements presented in one item. Along the seven-point bipolar Likert scale, "1" would denote a strong agreement with one statement, while "7" would denote a strong agreement with the contrasting statement, with "4" denoting a neutral attitude (Baker et al., 2016, p. 64). It has been suggested that the use of a bipolar spectrum format reduces the risk of socially desirable responses (Woods & Hampson, 2005). When completing the ARTIC, individuals are normally instructed to choose an answer that best represents their personal belief during the past two months. However, due to the national school closures in Ireland as a result of the Corona Virus pandemic, teachers had not interacted with pupils in person in the two months prior to completing the survey. Resultantly, it was decided to amend the wording of the instruction, with the change resultantly instructing participants to consider their personal beliefs during the past school year.

As well as the aforementioned sections/variables, definitions and examples were utilised throughout the survey so as to ensure shared understanding amongst participants. Accordingly, participants were presented with a definition of adversity (the definition adopted throughout this study and outlined in Section 1.2.) and a list of events that were considered to be ACEs (in keeping with the broad conceptualisation of what constitutes an ACE). This list of ACEs was derived from items within the Centre for Youth Wellness ACE Questionnaire (Burke Harris & Renschler, 2015) and the Childhood Experience Survey (Mersky et al., 2017), as well as three additional items from the Growing Up in Ireland Stressful Life Events checklist (death of a close friend, serious medical procedure or life-threatening illness, serious illness or injury of a family member) (Williams et al., 2009).

Prior to dissemination, the survey was pilot tested with a cohort of 10 qualified and practising primary school teachers that had been identified via convenience sampling. Pilot testing was conducted using a think-aloud protocol (Beatty & Willis, 2007). The areas addressed by the teachers within the think aloud protocol which were incorporated into the final survey are outlined in Appendix 9.

Table 7

Outline of Variables Examined Within Survey

Demographic	
Gender	The gender with which the participant identified
Age	The age range in which the participant's age fell
Teaching Experience	
School Setting	The type of school in which the participant worked: - DEIS[a] Urban - DEIS Rural - Non-DEIS Urban - Non-DEIS Rural
Teaching Role	The participant's role within his/her school: - Principal/Deputy Principal (Administrative) - Principal/Deputy Principal (Teaching) - Home School Community Liaison[b] (HSCL) - Class Teacher (Mainstream Class) - Class Teacher (Special Class) - Special Education Teacher
Teaching Years	Number of years participant had been teaching
Pupil ACE %	- To the best of the participant's knowledge, the approximate percentage of the pupils throughout their teaching career that had experienced ACEs - Which, if any, ACEs past or current pupils had experienced to the best of the participant's knowledge
Training Experience	
Teacher Qualification	How the participant first obtained their teacher qualification
Pre-Service Training	- Was pre-service training related to adversity received by participant - What amount of pre-service training was received - Adequacy of pre-service training received - Satisfaction with pre-service training received

In-Service Training	- Was in-service training related to adversity received by participant - What amount of in-service training was received - Adequacy of in-service training received - Satisfaction with in-service training received
Support and Roles	
Pupils Needs	Do pupils exposed to adverse events require additional - academic - emotional - behaviour support relative to their peers
Role of the Techer	Should teachers be responsible for providing additional - academic support - emotional support - behavioural support to pupils experiencing adversity
Role of the EP	Should EPs be responsible for providing additional - academic support - emotional support - behavioural support to pupils experiencing adversity
ARTIC Subscales	
Understanding Subscale	Teachers' understanding of underlying causes of trauma related behaviours and symptoms
Self-Efficacy Subscale	Teachers' self-efficacy in working with pupils exposed to adverse events
Reactions Subscale	Teachers' awareness of the impact of working with trauma-exposed pupils and the role of support

Note. [a]DEIS (Delivering Equality of Opportunity in Schools) is the DES Action Plan and policy instrument to address educational disadvantage in Ireland, which focuses on addressing and prioritising the educational needs of children and young people from disadvantaged communities.

[b]The Home School Community Liaison (HSCL) is a teacher who is released from all teaching duties, who instead engages in full-time liaison work between the home, the school, and the community. The role of HSCL is an integral aspect of the DEIS Action Plan, with the role available in all DEIS Urban primary schools.

3.2.3.3. Data Collection. As previously outlined, consecutive sampling was employed using the DES database of enrolled primary schools, with principals acting as gatekeepers. Accordingly, every school principal within the database was contacted via the email address provided and presented with an approved information sheet, a link to the online survey, and a request to disseminate same to the teaching staff within the school. In order to attend to low response rates, a follow up email to each primary school, again containing the information sheet and link to the online survey, was distributed four weeks after the initial email was distributed (Cook et al., 2000). Data collection proceeded for a period of six weeks from May to June 2020, and was terminated once the school term concluded.

Within data collection, participants were prevented from completing the online survey (using Qualtrics skip logic functions) unless they indicated that they had read the information sheet provided and consented to participate in the research (Appendix 10), and that they were qualified and practising primary school teachers in Ireland. Based on data from Qualtrics, the entire survey took participants approximately 15-20 minutes to complete. When participants had finished the survey, they were presented with information related to the subsequent qualitative phase of the research, and were asked to email the designated email address provided if they were interested in partaking in P2 interviews.

3.2.3.4. Data Analysis. Within quantitative data analysis, several steps were followed.

Firstly, data was prepared for analysis. This consisted of cleaning the dataset that had been imported to IBM Statistical Programme for the Social Sciences 26 (SPSS) from Qualtrics, such as ensuring each response was assigned a numeric value and checking for data entry errors. Following this, several items required recoding, (e.g. reverse coding specified ARTIC items) and new variables had to be computed (e.g. ARTIC subscale scores), with some categorical variables transformed into continuous variables.

Secondly, the dataset was explored using descriptive analyses. Such preliminary analyses included assessments of reliability for the ARTIC subscales, investigations carried out to determine general trends in the data for each variable, as well as screening for outliers and normality. Such descriptive analyses were also used to answer Research Question One: What are teachers' perspectives on the needs of pupils exposed to adversity, and the role of teachers and EPS in meeting such needs?

Thirdly, data was imported into MPlus 8 (Muthén & Muthén, 1998-2017) for inferential analysis. For all categorical variables imported into MPlus, dummy variables were created

using the Define command. This applied specifically to Gender (Female = 1, Male = 2), Teaching Role (Principal/Deputy Principal [Administrative] = 1, Principal/Deputy Principal [Teaching] = 2, Home School Community Liaison = 3, Class Teacher [Mainstream Class] = 4, Class Teacher [Special Class] = 5, Special Education Teacher = 6), School Setting (DEIS Urban = 1, DEIS Rural = 2, Non-DEIS Urban = 4, Non-DEIS Rural = 5), Pre-Service Training (Yes/Received = 1, No/Not Received = 2) and In-Service Training (Yes/Received = 1, No/Not Received = 2). Path analysis was then conducted in order to address the remaining two quantitative research questions:

- Research Question Two: Does the data collected from teachers fit a hypothesised conceptual model in which:

  - Teachers' understanding of underlying causes of trauma related behaviours and symptoms predicts teachers' self-efficacy in working with pupils exposed to adverse events
  - Teachers' understanding of underlying causes of trauma related behaviours and symptoms predicts teachers' awareness of the impact of working with trauma-exposed pupils and the role of support
  - Teachers' self-efficacy in working with pupils exposed to adverse events predicts teachers' awareness of the impact of working with trauma-exposed pupils and the role of support

- Research Question Three: To what extent do demographics variables, as well as teaching and training experiences predict teachers':

  - understanding of trauma related behaviours and symptoms
  - self-efficacy in working with pupils exposed to adverse events
  - awareness of the impact of working with trauma-exposed pupils and the role of support

All results were interpreted using Ferguson's (2009) effect size interpretation suggestions for social science data, in which strengths of associations, such as beta-coefficients, of .2 are the recommended minimum effect size representing a practical significance, with .5 being considered moderate and .8 being strong.

3.2.4. Intermediate Phase

The intermediate phase between the quantitative and the qualitative phases is a principle point of integration within ESD (Creswell & Plano Clark, 2017). The primary purpose of the subsequent qualitative phase within this MMD is to extend and enhance understanding of

results obtained within the primary quantitative phase. Within this study, findings from the inferential analysis (presented in Section 3.3.3) revealed unexpected results, as well as significant results, that required additional exploration. Specifically, the three central variables, and the relationships between them, required further explanation. Accordingly, a new research question emerged that would be addressed in P2:

How do teachers' perspectives on their;

- understanding of trauma related behaviours and symptoms
- self-efficacy in working with pupils exposed to adverse events
- awareness of the impact of working with trauma-exposed pupils and the role of support

extend understanding of the relationships within the hypothesised conceptual model?

In line with this, the selection of P2 participants and the content of the P2 interview guide were grounded in the quantitative results that required further explanation. As can be seen in Section 3.2.5.1., the selection of participants was based on the participants' scores on variables probing teachers' understanding of trauma related behaviours and symptoms, self-efficacy in working with pupils exposed to adverse events, and awareness of the impact of working with trauma-exposed pupils and the role of support. Similarly, as can be seen in Section 3.2.5.2., the central questions posed in the interviews related to teachers' understanding of trauma related behaviours and symptoms, self-efficacy in working with pupils exposed to adverse events, and awareness of the impact of working with trauma-exposed pupils and the role of support. Accordingly, P2 was connected to and informed by P1 results.

3.2.5. Phase Two

3.2.5.1. Participants. As previously outlined, at the conclusion of P1 data collection participants were provided with an information sheet related to the second phase of this study, and were invited to express interest in partaking in follow up interviews in an opt-in fashion. In total, 30 participants expressed such interest, with 28 providing the researcher with their self-generated identification numbers in order for their specific P1 data to be identified. This represented the sampling frame from which P2 participants were selected, meaning P2 participants were a subsample of the P1 sample. In selecting the participants to engage in the qualitative phase of the study, the participants' P1 ARTIC scores (which probed the variables of interest from P1 results being further explored in P2) directed sampling procedures. Based on P1 ARTIC scores, participants were allocated to one of three strata (given that the ARTIC

is not a standardised measure, participants were allocated their quartiles for each subscale based on the overall sample scores):

1. High Profile: Understanding, Self-Efficacy and Reaction Subscale scores all in the high quartile range
2. Low Profile: Understanding, Self-Efficacy and Reaction Subscale scores all in the low quartile range
3. Mixed Profile: Understanding, Self-Efficacy and Reaction Subscale scores within various quartile ranges

Random stratified sampling was utilised in order to obtain data from participants within the different strata. This is in keeping with the ESD, in which the aim of the sampling is to determine a small subsample of participants that could produce extensive information and insight related to the particular phenomena of interest, namely Understanding, Self-efficacy and Reactions (Creswell & Plano Clark, 2017; Teddlie & Yu, 2007). Due to attrition, several iterations of random sampling from each stratum were necessary. The composition of the resultant P2 sample is presented in Table 8. While variables related to demographics, teaching experience and training experience were not taken into consideration in the sampling strategy, as this would not be in keeping with the explicit link between P1 results being explored (ARTIC Subscales: Understanding, Self-Efficacy, Reactions) and P2 participant selection within the data-driven process, it was deemed important for such data to be reported in order for the P2 participants' contexts to be understood.

As can be seen in Table 8, the P2 sample comprised eight participants. According to Braun and Clark (2013), a sample size of 6-10 participants is considered sufficient for a small project. Additionally, Guest and colleagues (2006) found that while saturation occurs within the first 12 interviews, elements for meta-themes can be found to be present in as early as six interviews. In line with this, the same patterns of information and recurring insights were noted within the eight interviews, with data collection subsequently ceased.

3.2.5.2. Data Collection. P2 data collection entailed conducting individual semi-structured interviews with each of the participants. The content of the interview guide was informed by the specific P1 results that required further exploration. Accordingly, the interview guide comprised primary questions probing teachers' perspectives on their understanding of trauma related behaviours and symptoms, their feelings of self-efficacy in working with pupils exposed to adverse events, and their awareness of the impact of working with trauma-exposed pupils and the role of support. A framework was followed in the development of the interview

guide (Kallio et al., 2016). Within this framework, pilot testing was conducted using two of the three pilot testing techniques identified by Kallio and colleagues (2016); internal testing and field-testing. Internal-testing involved the preliminary interview guide being reviewed and evaluated by supervisors. Field-testing involved the evaluation of the preliminary interview guide on two dimensions: a think aloud protocol in which a convenience sample of five primary school teachers took part in a focus-group to appraise intelligibility of questions posed and the appropriateness of prompt questions, as well as a simulation of a real-world interview situation with one pilot participant to determine if the questions posed truly elicited the experiences and perspectives sought from teachers. Within the think aloud protocol several participants suggested a "warm-up" question at the outset of the interview, to allow participants time to settle into the interview process. This feedback was incorporated into the final interview guide utilised in P2 (Appendix 11).

Interviews were conducted over a period of time from November 2020 to January 2021. Due to the Corona Virus pandemic, all interviews were carried out over Zoom in order for participants and researcher to adhere to national public health guidelines. Participants were provided with the interview guide, along with the P2 information sheet (which they had previously been presented with at the conclusion of P1 data collection) and consent form a week prior to interviews taking place (Appendix 12). Participants signed the consent forms electronically, and returned them to the researcher via email. Interviews ranged considerably in length with the shortest interview lasting 51 minutes while the longest was 112 minutes in length, with most lasting approximately one hour. Interviews were audio recorded using a Dictaphone to allow for later transcription.

A research journal was utilised throughout the research process, including during qualitative data collection (Nowell et al., 2017). During the course of data collection, notes were kept regarding the process of interviewing participants, decisions made during the interviews, and points of interest arising from such interviews. Journal entries also concerned the recording of emerging areas/patterns of interest that became apparent during the data collection procedure. An example of a research journal entry following an interview with a participant can be seen in Appendix 13.

3.2.5.3. Data Analysis. Following data collection, qualitative data was analysed using TA. More specifically, a hybrid approach to TA was adopted, in which both deductive and inductive coding was conducted. This form of hybrid TA is based on similar approaches adopted within previous research (Fereday & Muir-Cochrane, 2006; Xu & Zammit, 2020), in

Table 8

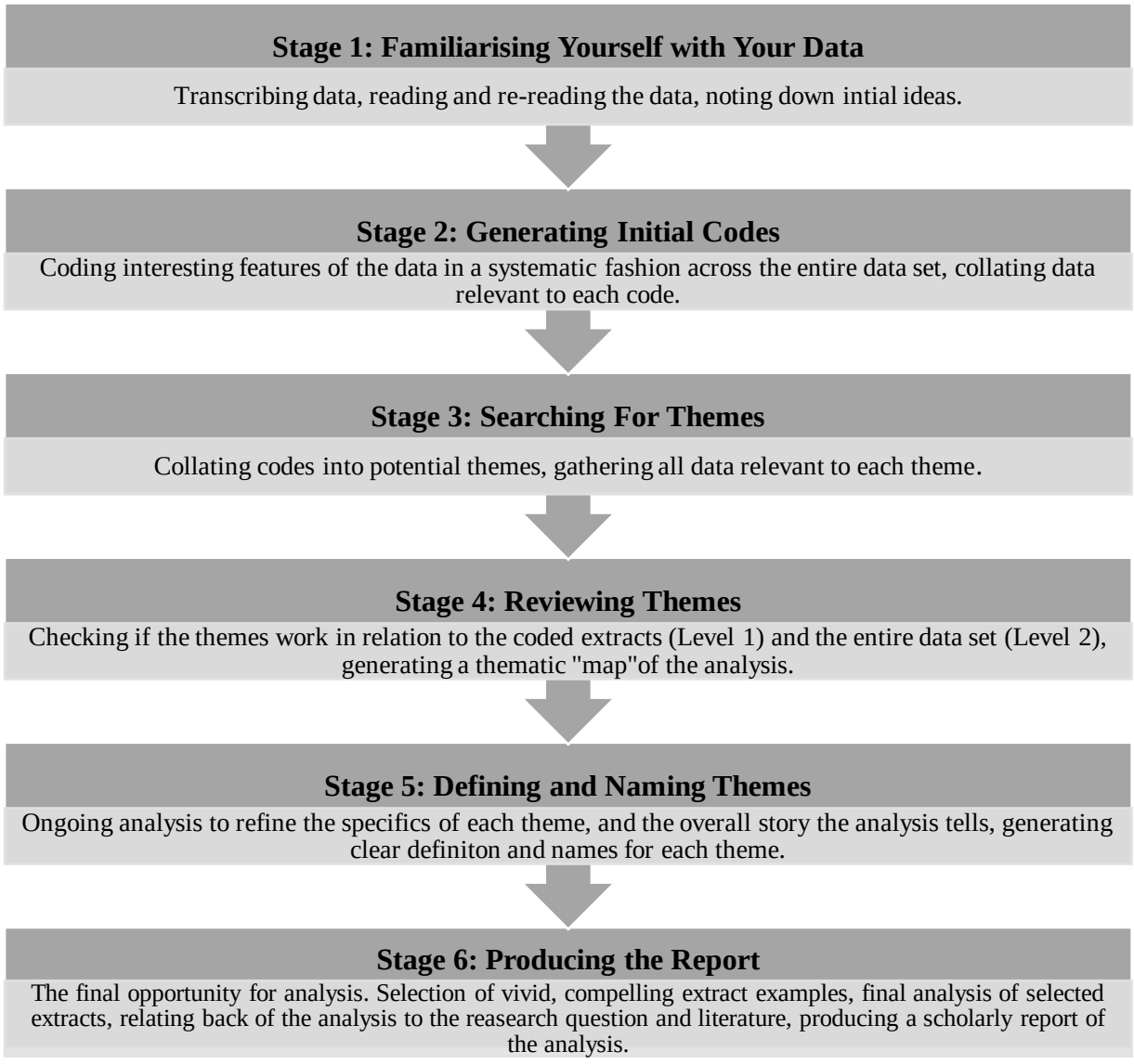
Phase Two Participant Information

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7	Participant 8
Demographics								
Sex	Female	Female	Female	Female	Female	Female	Female	Male
Age Range	30-39 years	30-39 years	30-39 years	40-49 years	40-49 years	20-29 years	20-29 years	40-49 years
Teaching Experience								
Teaching Years	9 years	13 years	10 years	19 years	23 years	4 years	8 years	20 years
Teaching Role	Class Teacher (Mainstream)	Class Teacher (Mainstream)	Class Teacher (Mainstream)	Special Education Teacher	Home School Community Liaison	Special Education Teacher	Class Teacher (Mainstream)	Principal/ Deputy Principal (Administrative)
School Setting	DEIS (Urban)	Non-DEIS (Urban)	Non-DEIS (Urban)	DEIS (Urban)	DEIS (Urban)	Non-DEIS (Urban)	DEIS (Urban)	DEIS (Urban)
ACE %	91-100%	0-10%	11-20%	81-90%	71-80%	41-50%	81-90%	81-90%
Training Experience								
Pre-Service Training	No	No	No	No	No	No	No	No
In-Service Training	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
ARTIC Quartiles								
Understanding	75-100 %ile	50-75 %ile	75-100 %ile	75-100 %ile	75-100 %ile	75-100 %ile	75-100 %ile	75-100 %ile
Self-Efficacy	75-100 %ile	0-25 %ile	25-50 %ile	75-100 %ile	75-100 %ile	50-75 %ile	25-50 %ile	75-100 %ile
Reactions	25-50 %ile	75-100 %ile	50-75 %ile	75-100 %ile	0-25 %ile	50-75 %ile	25-50 %ile	75-100 le

which Braun and Clarke's (2006) six step model is followed (Figure 8), with Crabtree and Miller's (1999) approach to deductive coding incorporated. A comprehensive delineation of what each stage entailed in this hybrid approach to TA is outlined in Appendix 14, while a brief depiction of how deductive and inductive coding was executed is provided below.

Figure 8

Stages of Thematic Analysis (Braun & Clarke, 2006, p. 87)



Following orthographic transcription of data and technical member checking with participants, transcripts were transferred to NVivo 12 software as data items within Stage 1. Within Stage 2, deductive coding preceded inductive coding. Such deductive coding was conducted following the procedure outline by Crabtree and Miller (1999) which necessitated the a-priori development of a codebook. Rather than being theory-driven, the codebook was

developed based on the hypothesised conceptual model established within P1. Accordingly, the codebook, which was simple in nature, involved three broad codes; Understanding, Self-Efficacy and Reactions. Following the procedure reported in Fereday and Muir-Cochrane (2006) as well as Xu and Zammit (2020), the codebook contained the code names, a definition and an example, which were used as a guide to help analyse the data (DeCuir-Gunby et al., 2011). Crabtree and Miller (1999) assert that once such codebooks have been developed, they can be used in various ways. One such way, which was employed in this study, entailed the use of a-priori codes as a data management tool, which involved identifying and collating segments of text related to each of the three codes (i.e., the three a-priori codes were entered as nodes in NVivo 12, with data coded deductively by matching codes with segments of text deemed representative of the code (Fereday & Muir-Cochrane, 2006). While deductive coding was completed solely by the researcher, a sample of an anonymised interview transcript, the codebook and instructions were provided to an independent coder (a fellow Trainee Psychologist undertaking Level 10 research who was familiar with TA). Using the a-priori codes, the transcript was deductively coded by the independent coder, with subsequent discussion regarding discrepancies taking place in order to verify that data segments being identified as representative of the a-prior codes by the researcher were in fact representative. Once all data segments associated with Understanding, Self-Efficacy and Reactions were identified, they were collated in order for inductive coding to take place. Inductive coding entailed generating codes which captured the essence of the data extract more specifically, in a data-driven/bottom-up manner (Braun & Clarke, 2006). Following generation of inductive codes, the remaining four stages of Braun and Clarke's (2006) approach to TA were implemented.

3.3. Results

3.3.1. Quantitative Results

3.3.1.1. Preliminary Analyses. Screening for outliers comprised inspection of Boxplots produced by SPSS. While several outliers were identified (points that extended more than 1.5 box lengths from the edge of the box), comparison between Mean and 5% Trimmed Mean scores indicated very little difference, implying outliers were potentially not influencing the Mean (e.g., Self-Efficacy Subscale Mean = 5.11, Self-Efficacy Subscale 5% Trimmed Mean = 5.16). Therefore, all data points were retained.

Missing values were addressed separately for descriptive and inferential analyses. Within descriptive analyses, results were reported using pairwise deletion for missing data so as to prevent the sample size being severely and unnecessarily limited (Pallant, 2020). Within inferential analysis, namely path analysis, results were reported using listwise deletion for missing data. However, it should be noted that the rate of missing data was minimal due to the previously outlined procedure for participant retention related to valid ARTIC Subscales (i.e., only 9 participants were excluded from path analysis as a result of missing data which resulted in $n = 354$).

Assessments of the internal reliability of the ARTIC subscales were calculated using Cronbach's alpha coefficient (α); Understanding Subscale ($\alpha = .66$), Self-Efficacy Subscale ($\alpha = .74$), Reactions Subscale ($\alpha = .70$). A commonly used threshold to evaluate the acceptability of Cronbach's α is .70 (DeVellis, 2012). While the Self-Efficacy Subscale and the Reactions Subscale displayed acceptable reliability ($\alpha > .70$), the reliability of the Understanding Subscale was evidently below this threshold, with further inspection required. Upon examination it became clear that ARTIC item 1.1. (which appraised whether teachers believed pupils' learning and behaviour problems are rooted in their behavioural or mental health conditions or their history of difficult life events) may not be measuring the same underlying construct as the remaining items within the subscale: ARTIC item 1.1. correlated negatively with several items within the Understanding Subscale and did not correlate strongly with the overall subscale score, with the subscale Cronbach's α increasing by 0.08 when item 1.1. was deleted. Accordingly, ARTIC item 1.1. was deleted, with the resulting 6 item Understanding Subscale Cronbach's $\alpha = .74$ considered acceptable. All subsequent analyses in which the Understanding Subscale is included is based upon the 6 item subscale.

Assessment of distribution consisted of inspection of skewness and kurtosis. It has been noted that in large samples (e.g. $n > 300$), formal normality tests such as Shapiro-Wilk test and Kolmogorov-Smirnov test may be unreliable (Kim, 2013). Resultantly, absolute values of skewness and kurtosis were considered, with an absolute skew value > 2 and an absolute kurtosis value > 7 regarded as substantial departures from normality (West et al., 1995). Results of inspection indicated that all study variables approximated normal distributions.

3.3.1.2. Descriptive Analyses. Descriptive analyses were utilised to explore variables related to teaching and training experience, as well to answer Research Question One.

3.3.1.2.1. Teaching Experience. As can be seen in Table 9, a range of teachers took part in this study, with the most common role being that of the mainstream class teacher, with this cohort representing approximately half of the sample. Similarly, teachers from various school settings participated. The data related to the number of teaching years reported by participants demonstrates that Newly Qualified Teachers (NQTs) and long-serving professionals alike were included.

Table 9

Summary of Descriptive Statistics for Teaching Experience Variables

Characteristic	***n***	**%**
Teaching Role		
Principal/Deputy Principal (Administrative)	30	8.3%
Principal/Deputy Principal (Teaching)	60	16.5%
Home School Community Liaison	6	1.7%
Class Teacher (Mainstream Class)	174	47.9%
Class Teacher (Special Class)	17	4.7%
Special Education Teacher	76	20.9%
School Setting		
DEIS Urban	113	31.1%
DEIS Rural	22	6.1%
Non- DEIS Urban	114	31.4%
Non- DEIS Rural	114	31.4%
ACE%*		
0 – 10%	125	34.4%
11 – 20%	83	22.9%
21 – 30%	50	13.8%
31 – 40%	30	8.3%
41-50%	14	3.9%
51 – 60%	17	4.7%
61 – 70%	18	5.0%
71 – 80%	15	4.1%
81– 90%	7	1.9%
91–100%	4	1.1%

Characteristic	Mean (Standard Deviation)	Minimum – Maximum
Teaching Years	16.25 (10.87)	1 – 43

*Approximate percentage of pupils taught throughout teaching career who had experienced ACEs (to the best of participants' knowledge)

Concerning data related to ACEs, frequency analyses indicated that of the sample of teachers analysed, 65.6% reported that more than 10% of the pupils they taught throughout their teaching career to date had experienced at least one ACE, while 16.8% of teachers reported that more than half of the pupils they had taught had experienced ACEs. As can be seen in Table 10, each of the 26 ACEs presented were endorsed by teachers, demonstrating that teachers have worked with pupils who have experienced a wide range of adverse events.

Table 10

Prevalence of ACEs Reported by Participants

Parental / Guardian death	*n* = 248	68.3%
Death of a close family member (excluding parents) e.g., Sibling	*n* = 208	57.3%
Death of a close friend	*n* = 54	14.9%
Parental separation or divorce	*n* = 325	89.5%
Domestic violence	*n* = 170	46.8%
Household mental illness	*n* = 218	60.1%
Household substance abuse	*n* = 205	56.5%
Incarcerated family member	*n* = 137	37.7%
Homelessness	*n* =141	38.8%
Poverty	*n* = 207	57.0%
Exposure to community violence	*n* = 101	27.8%
Exposure to war / selective violence	*n* = 45	12.4%
Foster care / residential care	*n* = 197	54.3%
Parental abandonment	*n* = 201	55.4%
Peer violence	*n* = 68	18.7%
Serious medical procedure or life-threatening illness	*n* = 135	37.2%

Serious illness or injury of a family member	*n* = 185	51.0%
Separation from primary caregiver through deportation or immigration	*n* = 33	9.1%
Being forced to flee home country	*n* = 101	27.8%
Treated badly because of race, sexual orientation, place of birth, disability, or religion	*n* = 82	22.6%
Detained, arrested or incarcerated	*n* = 39	10.7%
Emotional neglect	*n* = 245	67.5%
Physical neglect	*n* = 173	47.7%
Emotional abuse	*n* = 155	42.7%
Physical abuse	*n* = 113	31.1%
Sexual abuse	*n* = 75	20.7%

Note. It is important to note that participants were asked to indicate which of the ACEs presented had been experienced by their pupils, past or present, to the best of their knowledge, with related results thusly based on the suspected and not necessarily confirmed presence of ACEs.

3.3.1.2.2. Training Experience. As can be seen in Table 11, there is quite a discrepancy between the training teachers received pre-service in comparison to in-service. While approximately 1 in 5 participants received pre-service training related to trauma or adversity, approximately 1 in 2 teachers have received in-service training related to trauma or adversity. Nonetheless, of the participants that received pre-service training (Amount in hours: *M* = 10.49, *SD* = 14.11), less than one third reportedly found it adequate (somewhat to very adequate), and satisfactory (somewhat to very satisfactory). Of the participants that received in-service training (Amount in hours: *M* = 17.88, *SD* = 21.03), approximately half reportedly found it adequate (somewhat to very adequate), and satisfactory (somewhat to very satisfactory).

Table 11

Summary of Descriptive Statistics for Training Experience Variables

Characteristic	***n***	**%**
Teacher Qualification		
Undergraduate	233	64.2%
Postgraduate	121	33.3%

Other	4	1.1%
Pre-Service Training in Adversity		
Yes	72	19.8%
No	286	78.8%
Adequacy of Pre-Service Training in Adversity		
Very Inadequate	15	4.1%
Somewhat Inadequate	25	6.9%
Neither adequate or inadequate	9	2.5%
Somewhat Adequate	20	5.5%
Very Adequate	1	0.3%
Satisfaction with Pre-Service Training in Adversity		
Very Dissatisfied	11	3.0%
Somewhat Dissatisfied	22	6.1%
Neither Satisfied or Dissatisfied	15	4.1%
Somewhat Satisfied	22	6.1%
Very Satisfied	0	0.0%
In-Service Training in Adversity		
Yes	194	53.4%
No	162	44.6%
Adequacy of In-Service Training in Adversity		
Very Inadequate	25	6.9%
Somewhat Inadequate	38	10.5%
Neither adequate or inadequate	20	5.5%
Somewhat Adequate	93	25.6%
Very Adequate	16	4.4%
Satisfaction with In-Service Training in Adversity		
Very Dissatisfied	17	4.7%
Somewhat Dissatisfied	37	10.2%
Neither Satisfied or Dissatisfied	29	8.0%
Somewhat Satisfied	85	23.4%
Very Satisfied	24	6.6%

Characteristic	Mean (Standard Deviation)	Minimum – Maximum
Amount of Pre-Service Training in Adversity	10.49 (14.11)	1 – 100
Amount of In-Service Training in Adversity	17.88 (21.03)	1 – 100

Note. Percentages are given relative to the number of participants in entire data set, and amount of pre-service/in-service training was measured in hours.

3.3.1.2.3. Research Question One. Descriptive analysis, namely, frequency analysis, was utilised to answer Research Question One: What are teachers' perspectives on the needs of pupils exposed to adversity, and the role of teachers and EPS in meeting such needs?

As can be seen in Table 12, 82.1% of participants agreed (somewhat or strongly) that pupils who have experienced ACEs require additional academic support relative to their peers, with 92.8% of teachers agreeing (somewhat or strongly) that such pupils require additional emotional support, and 87.3% agreeing (somewhat or strongly) that they require additional behavioural support.

Table 12

Descriptive Statistics for the Needs of Pupils Exposed to Adversity

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Academic Needs	*n* = 10 2.8%	*n* = 13 3.6%	*n* = 30 8.3%	*n* = 162 44.6%	*n* = 136 37.5%
Emotional Needs	*n* = 10 2.8%	*n* = 1 0.3%	*n* = 3 0.8%	*n* = 47 12.9%	*n* = 290 79.9%
Behavioural Needs	*n* = 10 2.8%	*n* = 6 1.7%	*n* = 18 5.0%	*n* = 139 38.3%	*n* = 178 49.0%

Regarding teachers' perspectives on the role of the teacher in addressing such needs, data presented in Table 13 indicate that 71.4% of teachers agreed (somewhat or strongly) that teachers should be responsible for providing additional academic support to ACE-exposed

pupils, while 74.1% agreed (somewhat or strongly) that they should be responsible for providing additional emotional support, and 76.3% agreed (somewhat or strongly) that teachers should be responsible for providing additional behavioural support.

Table 13

Descriptive Statistics for the Role of Teacher in Addressing Pupils' Needs

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Academic Needs	*n* = 5 1.4%	*n* = 42 11.6%	*n* = 39 10.7%	*n* = 185 51.0%	*n* = 74 20.4%
Emotional Needs	*n* = 4 1.1%	*n* = 42 11.6%	*n* = 29 8.0%	*n* = 183 50.4%	*n* = 86 23.7%
Behavioural Needs	*n* = 3 0.8%	*n* = 34 9.4%	*n* = 30 8.3%	*n* = 199 54.8%	*n* = 78 21.5%

Regarding teachers' perspectives on the role of the EP in addressing the needs of pupils exposed to adversity, data presented in Table 14 indicate that 63.4% of teachers agreed (somewhat or strongly) that EPs should be responsible for supporting the academic needs of ACE-exposed pupils, while 86.3% agreed (somewhat or strongly) that they should be responsible for supporting emotional needs, and 87.6% agreed (somewhat or strongly) that EPs should be responsible for supporting the behavioural needs of pupils exposed to ACEs.

Table 14

Descriptive Statistics for the Role of EP in Addressing Pupils' Needs

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Academic Needs	*n* = 13 3.6%	*n* = 46 12.7%	*n* = 54 14.9%	*n* = 120 33.1%	*n* = 110 30.3%
Emotional Needs	*n* = 3 0.8%	*n* = 5 1.4%	*n* = 23 6.3%	*n* = 116 32.0%	*n* = 197 54.3%
Behavioural Needs	*n* = 3 0.8%	*n* = 4 1.1%	*n* = 19 5.2%	*n* = 116 32.0%	*n* = 202 55.6%

3.3.1.3. Inferential Analysis

Inferential analysis, namely, path analysis, was utilised to answer the two remaining quantitative research questions:

- Research Question Two: Does the data collected from teachers fit a hypothesised conceptual model in which:

    - Teachers' understanding of underlying causes of trauma related behaviours and symptoms predicts teachers' self-efficacy in working with pupils exposed to adverse events

    - Teachers' understanding of underlying causes of trauma related behaviours and symptoms predicts teachers' awareness of the impact of working with trauma-exposed pupils and the role of support

    - Teachers' self-efficacy in working with pupils exposed to adverse events predicts teachers' awareness of the impact of working with trauma-exposed pupils and the role of support

- Research Question Three: To what extent to demographics variables, as well as teaching and training experiences predict teachers':

- understanding of underlying causes of trauma related behaviours and symptoms
- self-efficacy in working with pupils exposed to adverse events
- awareness of the impact of working with trauma-exposed pupils and the role of support.

The input path diagram can be seen in Figure 6. The input path diagram represents the hypothesised conceptual model being tested and the causal connections that are predicted. The eight exogenous variables inputted into the analysis relate to teachers' demographics, teaching experience and training experience. The endogenous variables include the Understanding Subscale, Self-Efficacy Subscale, and Reactions Subscale (Table 15). As can be seen from the input path diagram, both Understanding and Self-Efficacy act as both endogenous and exogenous variables.

Table 15

Summary of Descriptive Statistics for Endogenous Variables

	Mean	Standard Deviation	Minimum	Maximum	Skewness	Kurtosis
Understanding	5.33	0.72	1.17	7.00	-1.02	2.04
Self-Efficacy	5.12	0.82	2.00	7.00	-0.68	0.47
Reactions	5.29	0.76	1.86	7.00	-0.89	1.17

Correlations between the continuous variables inputted into the model are presented in Table 16. As can be seen, participants' age and the number of years they had been teaching significantly correlated, as would be expected. However, an unexpected finding is the lack of significant correlation between the teaching years and pupil ACE% variables, indicating that how long a teacher has been teaching does not relate to the percentage of pupils taught that had experienced ACEs. Lastly, all three ARTIC variables significantly correlated with each other.

Table 16

Correlations Between the Continuous Variables Inputted into the Path Model

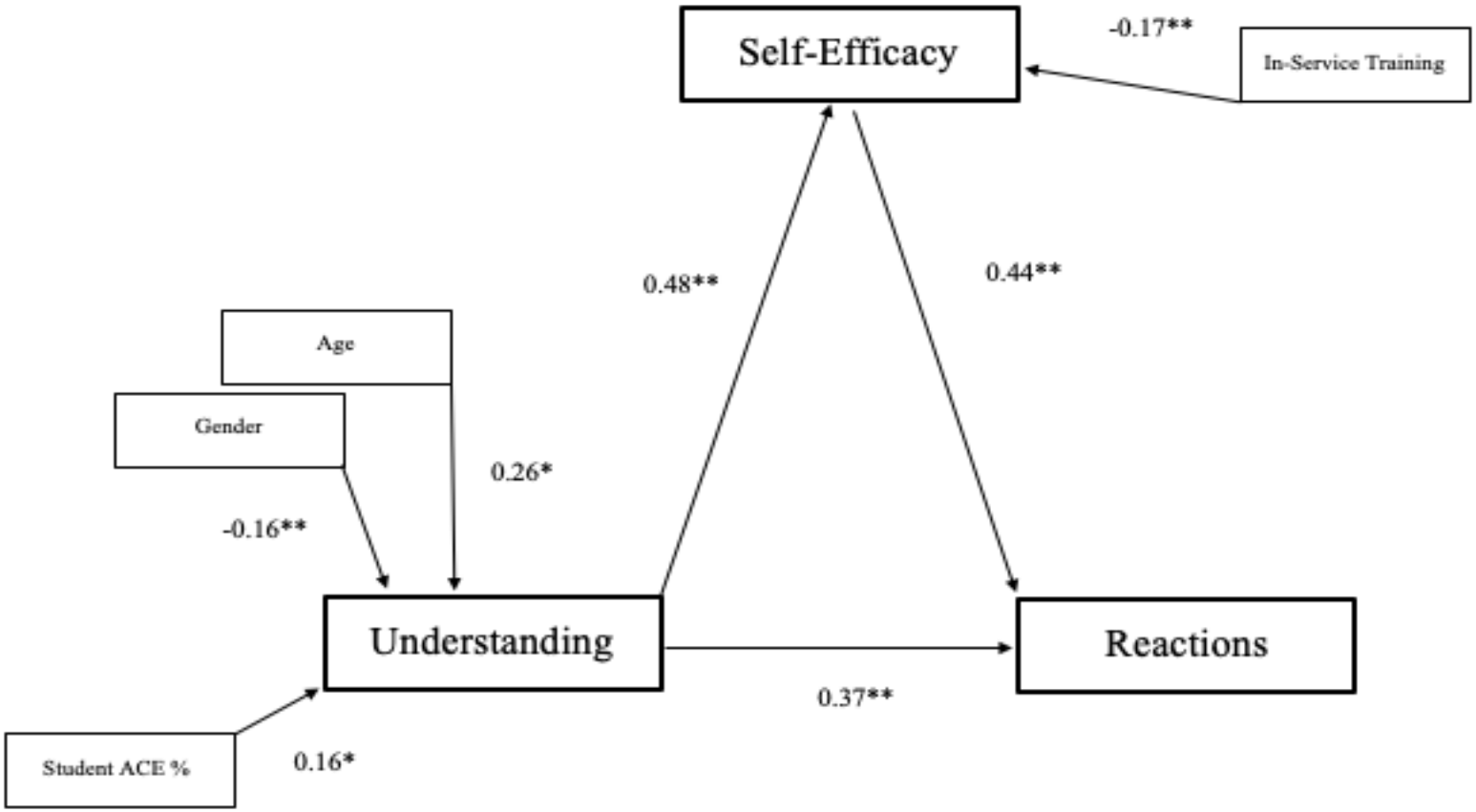
	1.	2.	3.	4.	5.	6.
1. Age	-	-	-	-	-	-
2. Teaching Years	.91**	-	-	-	-	-
3. Pupil ACE %	.02	.05	-	-	-	-
4. Understanding	.08	.05	.10	-	-	-
5. Self-Efficacy	.07	.07	.05	.50**	-	-
6. Reactions	.01	.01	.05	.61**	.62**	-

Note. *Statistically significant at $p < .05$, ** $p < .01$.

The robust maximum likelihood estimator was used in the path analysis to guard against any deviation from multidimensional normality. Nine participants were removed from the analysis due to missing data, which resulted in $n = 354$. This sample size was deemed sufficient based on Klein's (1998) recommendation of a minimum of 10 cases for every parameter that is estimated (with 33 free parameters estimated within the model). Output from MPlus determined that the model estimation terminated normally.

Figure 9

Output Path Diagram



Note. *Statistically significant at $p < .05$, ** $p < .01$.

3.3.1.3.1. Research Question Two. Within the path analysis conducted, all paths were estimated within a saturated model. Accordingly, fit indices such as Comparative Fit Index, Tucker-Lewis Index, Standardised Root Mean Square Residual and Root Mean Square Error of Approximation (Hu & Bentler, 1999) were of less value, with standardised beta coefficients therefore examined. As can be seen in Tables 17, all three paths were statistically significant ($p < 0.001$) and practically significant ($\beta > .2$) (Ferguson, 2009), indicating that the fit of the data to the hypothesised model is supported.

Table 17

Standardised Results for Hypothesised Conceptual Model

Path	Estimate (β)	Confidence Interval (95%)	Standard Error (SE)	Two Tailed P-Value (*p*)
Understanding → Self-Efficacy**	0.48	0.38 – 0.58	0.05	$p < 0.001$
Understanding → Reactions**	0.37	0.28 – 0.46	0.05	$p < 0.001$
Self-Efficacy → Reactions**	0.44	0.34 – 0.53	0.05	$p < 0.001$

Note. *Statistically significant at $p < .05$, ** $p < .01$.

3.3.1.3.2. Research Question Three. Examination of the path analysis results also allowed for the determination of the predictive paths between exogenous variables and the endogenous variables. The output from the analysis can be viewed in Figure 9, in which only exogenous variables with a statistically significant path to the endogenous variables are displayed in the output path diagram.

Table 18 provides the standardised model results related to the endogenous variable Understanding, which probed teachers' understanding of underlying causes of trauma related behaviours and symptoms. As evidenced by the results presented, both demographic variables (participants' gender and age) and the proportion of pupils a teacher has taught that had experienced ACEs, were the only statistically significant paths. These results indicate that it would be predicted that female teachers, teachers who were older in age, and teachers who had taught a greater percentage of pupils that had experienced ACEs would have a greater understanding of underlying causes of trauma related behaviours and symptoms. However, based on Ferguson's (2009) effect size interpretation suggestions, the only practically

significant predictor of teachers' understanding of underlying causes of trauma related behaviours was a participants' age.

Table 18

Standardised Model Results for Understanding Variable

Path	Estimate (β)	Confidence Interval (95%)	Standard Error (SE)	Two Tailed P-Value (*p*)
Gender → Understanding**	-0.16	-0.27 – -0.05	0.06	0.005
Age → Understanding*	0.26	0.05 – 0.48	0.11	0.016
Teaching Years → Understanding	-0.18	-0.43 – 0.07	0.13	0.161
Teaching Role → Understanding	-0.05	-0.16 – 0.07	0.06	0.443
School Setting → Understanding	0.10	-0.03 – 0.23	0.06	0.117
Pupil ACE% → Understanding*	0.16	0.02 – 0.29	0.07	0.026
Pre-Service Training → Understanding	-0.03	-0.15 – 0.08	0.06	0.567
In-Service Training → Understanding	0.01	-0.09 – 0.11	0.05	0.823

Note. *Statistically significant at $p < .05$, ** $p < .01$.

Table 19 provides the standardised model results related to the endogenous variable Self-Efficacy, which probed teachers' self-efficacy in working with pupils exposed to adverse events. As evidenced by the results presented, whether teachers had received in-service training related to adversity and teachers' understanding of underlying causes of trauma related behaviours and symptoms were the only statistically significant paths. These results indicate that it would be predicted that teachers who had received in-service training and teachers with a greater understanding of trauma would have greater self-efficacy in working with pupils exposed to adversity. However, based on Ferguson's (2009) effect size interpretation suggestions, the only practically significant predictor of teachers' self-efficacy in working with pupils exposed to adverse events was teachers' understanding of underlying causes of trauma related behaviours.

Table 19

Standardised Model Results for Self-Efficacy Variable

Path	Estimate (β)	Confidence Interval (95%)	Standard Error (SE)	Two Tailed P-Value (*p*)
Gender → Self-Efficacy	0.01	-0.08 – 0.10	0.05	$p = 0.768$
Age → Self-Efficacy	-0.12	-0.35 – 0.16	0.12	$p = 0.323$
Teaching Years → Self-Efficacy	0.17	-0.07 – 0.40	0.12	$p = 0.164$
Teaching Role → Self-Efficacy	0.07	-0.02 – 0.16	0.04	$p = 0.114$
School Setting → Self-Efficacy	-0.04	-0.14 – 0.07	0.05	$p = 0.484$
Pupil ACE% → Self-Efficacy	-0.09	-0.20 – 0.02	0.06	$p = 0.126$
Pre-Service Training → Self-Efficacy	-0.03	-0.14 – 0.07	0.05	$p = 0.528$
In-Service Training → Self-Efficacy**	-0.17	-0.26 – -0.07	0.05	$p = 0.001$
Understanding → Self-Efficacy**	0.48	0.38 – 0.58	0.05	$p < 0.001$

Note. *Statistically significant at $p < .05$, ** $p < .01$.

Table 20 provides the standardised model results related to the endogenous variable Reactions, which probed teachers' awareness of the impact of working with trauma-exposed pupils and the role of support. As evidenced by the results presented, teachers' understanding of underlying causes of trauma related behaviours and symptoms and teachers' self-efficacy in working with pupils exposed to adverse events were the only statistically significant paths, with both practically significant predictors based on Ferguson's (2009) effect size interpretation suggestions. These results indicate that it would be predicted that teachers with a greater understanding of trauma and a greater sense of self-efficacy would also possess a greater awareness of the impact of working with trauma-exposed pupils and the role of support.

Table 20

Standardised Model Results for Reactions Variable

Path	Estimate (β)	Confidence Interval (95%)	Standard Error (SE)	Two Tailed P-Value (*p*)
Gender → Reactions	-0.02	-0.11 – 0.06	0.04	$p = 0.582$
Age → Reactions	-0.07	-0.26 – 0.12	0.10	$p = 0.451$
Teaching Years → Reactions	0.04	-0.15 – 0.23	0.10	$p = 0.665$
Teaching Role → Reactions	0.07	0.00 – 0.14	0.04	$p = 0.063$
School Setting → Reactions	-0.03	-0.12 – 0.06	0.05	$p = 0.550$
Pupil ACE% → Reactions	-0.04	-0.15 – 0.06	0.05	$p = 0.400$
Pre-Service Training → Reactions	0.02	-0.06 – 0.10	0.04	$p = 0.692$
In-Service Training → Reactions	-0.03	-0.12 – 0.05	0.04	$p = 0.433$
Understanding → Reactions**	0.37	0.28 – 0.46	0.05	$p < 0.001$
Self-Efficacy → Reactions**	0.44	0.34 – 0.53	0.05	$p < 0.001$

Note. *Statistically significant at $p < .05$, ** $p < .01$.

3.3.2. Qualitative Results

Based on the approach to TA adopted, three themes, each containing subthemes, were generated (thematic map presented in Figure 10) in order to answer the qualitative research question posed:

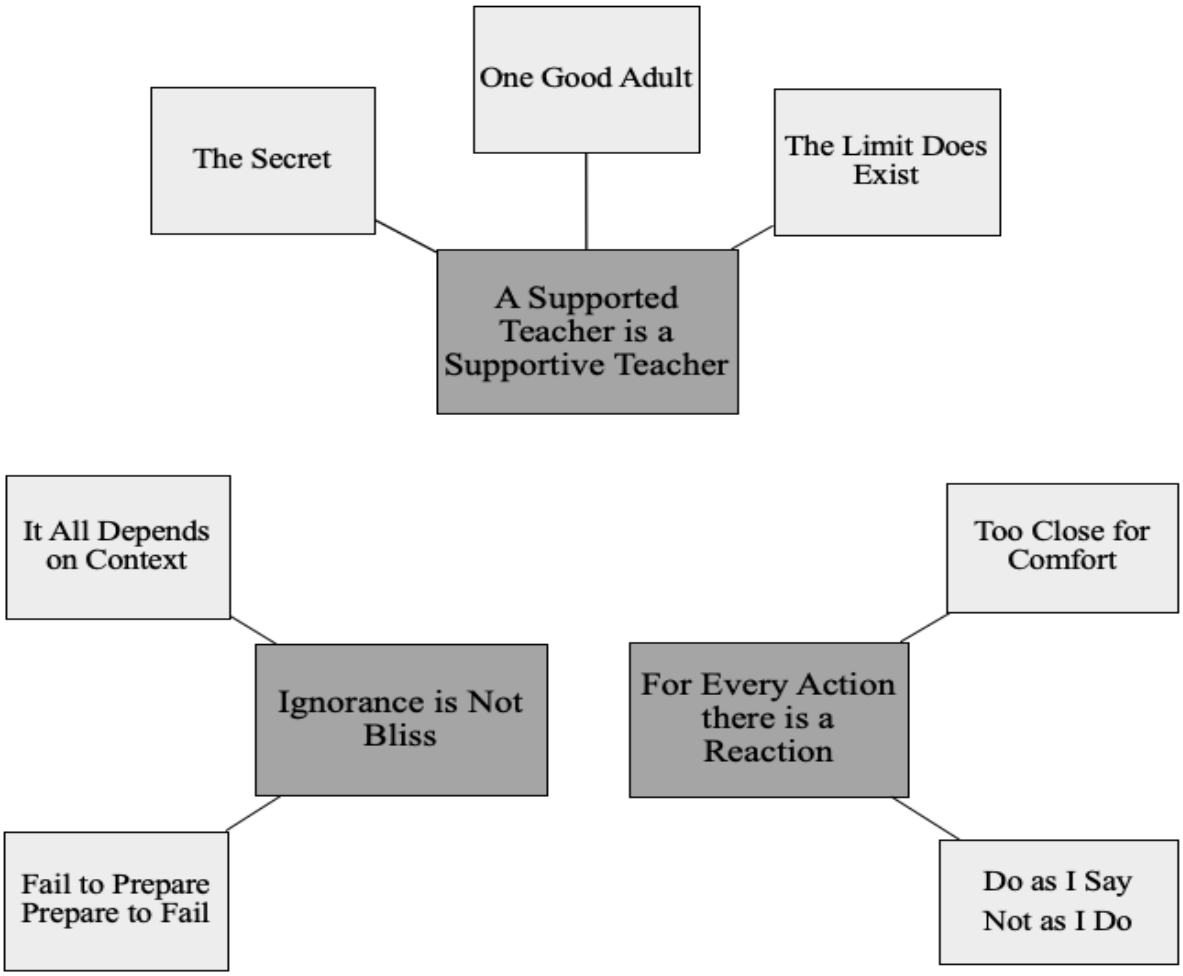
How to teachers' perspectives on their;

- understanding of trauma related behaviours and symptoms
- self-efficacy in working with pupils exposed to adverse events
- awareness of the impact of working with trauma-exposed pupils and the role of support

explain and extend understanding of the relationships within the hypothesized conceptual model?

Figure 10

Thematic Map



3.3.2.1. Theme One. The first of these themes is "Ignorance is Not Bliss", which comprises two subthemes discussed in Table 21; "Fail to Prepare, Prepare to Fail" and "It All Depends on Context". "Ignorance is Not Bliss", is aligned with teachers' understanding of trauma and adversity and the role of such understanding in the support provided to pupils by teachers. Participants shared their perspectives on entering the teaching profession in the absence of understanding and explored how the knowledge that they currently possess was acquired. Participants also spoke of the influence of understanding, or lack thereof, on how pupils' behaviour is perceived by teachers, and how their approach with pupils exposed to adverse events can often be conditional on teachers' understanding of adverse backgrounds.

Table 21

Presentation of Subthemes Within the Theme "Ignorance is Not Bliss"

Subtheme: "Fail to Prepare, Prepare to Fail"
Possessing an understanding of trauma and adversity unexpectedly proved to be a rather delicate topic for several of the P2 participants. There appeared to be two reasons for such sensitivity to arise, one of which will be discussed within the subtheme "It All Depends on Context", while the other, discussed within this subtheme, related to some teachers' experiences of entering the teaching profession unaccompanied by what they viewed as critical knowledge and insight: "I feel left down (by pre-service training) that I was left to be so ignorant". Participants expressed sentiments of being unprepared to work with and support pupils that were exposed to adverse events, which resulted in participants being "dumped in the deep end", with many perceiving such an experience as "very overwhelming": "I felt really out of my depth…because I shouldn't have come out with such non-existent knowledge". Teachers' passions came to the fore when they critically portrayed their lack of pre-service preparation. In fact, several teachers appeared to question the message such absence was conveying, with some arguing that lack of coverage signifies a potential lack of prioritising support for ACE-exposed pupils in comparison to other areas (that participants contended received comparatively extensive input): "these pupils are the forgotten cohort". Upon reflection, many participants began to rationalise that their pre-service training took place years previously, at a time when terms such as trauma and adversity were relatively unknown: "back then at the age of 20 I had never heard of those terms…whereas now they are so much more common it seems". However, participants' frustration lay in the thinking that perhaps not much has changed since then with regard to pre-service training related to this area: "I find it very worrying and frustrating when I chat with student teachers and I realise that the words trauma and adversity seem to be foreign to them as future teachers, because I feel like if they are to work with pupils in the future which they 100% will because adversity is in every community, then they might have to go through all the mistakes I did because they're just as unprepared". However, many teachers accepted that there is undoubtedly significant learning for NQTs when they emerge from college, adding that such on the ground learning is not only expected but of great importance. Many participants contended that this however does not warrant a

dearth of awareness of what adversity is and how it may affect the pupils sitting before them in a classroom: "they should not have to learn it all from scratch…they should be given even some kind of head start".

In line with entering the profession with little or no knowledge of trauma or adversity, teachers spoke of their acquisition of such understanding. Several P2 participants spoke of their learning via more experienced colleagues. For several participants this was an informal and haphazard experience in which knowledge was gained over a protracted period of time through interactions with staff and pupils:

> "don't get me wrong, without it I'd imagine I'd still be clueless, but it was random and fickle and it was completely dependent on what school you ended up in and if there happened to be a teacher there that would take you under their wing and enlighten you".

Regardless, participants credited such interactions with colleagues as providing them with initial learning: "my knowledge and my insight grew slowly from there". While such experiences appeared to be unofficial in nature for some participants, two participants specifically spoke of their involvement in an established within-school mentor system in which a NQT is paired with a more experienced colleague for the purpose of promoting such understanding. Such teachers spoke very positively of this learning experience: "I was so naïve and it's very reassuring to know that that complete lack of awareness was kind of wiped out quickly enough and that then the understanding started to come…I really learned so much through her (mentor)". As well as on the ground learning through more experienced colleagues, several participants credited in-service training as the source of much of their understanding. A number of participants spoke of the fact that the schools in which they are currently based have each prioritised such training for staff, with participants attesting to the value of same; "I've seen it happen as a result of some of the better training where it's like someone's eyes have finally been opened and their thinking shifts". However, regarding such staff training, many teachers passionately advocated for knowledge related to adversity to be universal given that adversity itself is universal, indicating that perhaps staff training related to trauma and adversity is not necessarily commonplace: "it's scary to think of the amount of teachers who don't get that training provided because maybe the school can't afford it or the principal doesn't prioritise it, and then the kids who are totally misunderstood then".

Subtheme: "It All Depends on Context"

As previously mentioned within "Fail to Prepare, Prepare to Fail", the topic of understanding trauma and adversity proved delicate for P2 participants. One such potential reason relates to the overwhelming feeling of being unprepared as delineated above. The other basis for such sensitivity to arise concerns the manner in which teachers' understanding, or lack thereof, influences how teachers perceive and support pupils' needs. There was shared understanding across participants that the manner in which a child's behaviour is perceived can be significantly altered when understanding of trauma is present: "I think it effects a lot…if not most of every interaction that I have with the children", with several teachers adding that it can be "uncomfortable to think about" how pupils might be perceived when that trauma lens is absent. In line with this, in reflecting upon their personal experiences, several participants noted that their lack of understanding in the past could have been potentially unfavourable or harmful for the pupils in question, when the approach taken by teachers was at odds with the needs of the pupils, causing said participants to feel uneasy and guilty by their own admission:

> "I think back to times when I was emphasising homework and spellings over everything and giving out to children who weren't toeing the line and progressing and now that I understand what they were going through I realise my priorities were just so wrong…I think back and I feel awful that not only was I being way too harsh at a time when they needed compassion, but I was prioritising what I wanted to achieve over the needs in front of me and so their needs were being ignored because I had no idea really".

Conversely, in recounting instances where enhanced understanding allowed teachers to perceive behaviour as resulting from ACEs and to alter their approach accordingly, several participants noted that it can come with a great sense of security: "knowing that that's what the behaviour is communicating and knowing that me changing tack is the right thing to do…it's just such a relief having that security and confidence in your approach". The change in perspective and subsequent approach adopted by teachers is effectively captured in the below data extract:

> "before I looked at his behaviour from that trauma point of view I just thought he was always looking for a fight because you'd say one thing and he'd explode. You'd see him do something really silly from across the room and you might call out his name and he'd explode like I said and I wish I knew sooner that part of what was making the whole thing worse was that…what I was doing was triggering him. Like I know well if I were to have him as a pupil and I didn't have any understanding of trauma that I would just see him as a daily battle and that's exactly what it would have been, a battle, and I mean that for both of us because he certainly wouldn't have liked me either if that were the case. But when you step back and look at him through

> that trauma lens you can just see that he is just…you know what he just epitomised someone who was in a constant fight or flight mode…and I think me just even knowing that changed the whole direction of my year with him for the better".

Whilst there was extensive discussions related to how the approach adopted by teachers is dependent on their understanding, participants' narratives highlighted that such understanding itself can very often be dependent on teachers being directly informed of the pupils' context. Being informed of a child's background (the ACEs experienced by pupils) by parents, pupils themselves, or staff members such as principals, HSCLs or colleagues, was viewed as essential in order for a child's presentation in class to be appropriately perceived:

> "there are times when you don't understand why a child is acting out or behaving differently and you might have no idea what that behaviour might be communicating to you, but when you hear the background story it does definitely improve your understanding".

Participants noted that this can lead to changes in attitude on behalf of the teacher: "you kind of have more time for them then, you kind of give them a few more chances that maybe you wouldn't give other children".

3.3.2.2. Theme Two. The second theme is called "A Supported Teacher is a Supportive Teacher", and is composed of three subthemes, presented in Table 22; "The Secret", "One Good Adult" and "The Limit Does Exist". "A Supported Teacher is a Supportive Teacher" represents various facets of teachers' feelings of self-efficacy in supporting pupils who have experienced ACEs. Participants spoke of experiences in which their feelings of self-efficacy were negatively impacted when they first embarked on their teaching careers, due to the realisation that supporting pupils who have been exposed to adversity can prove demanding. Given the demands faced by teachers as they endeavour to meet the needs of pupils, the traditional role of teacher is challenged. Participants shared that this often results in teachers altering their role in order to provide relationship-based support. However, this theme also captures the bounds that exist regarding teachers' feelings of self-efficacy, with such bounds indicating the need for teachers to be supported by professionals in order to support their pupils.

Table 22

Presentation of Subthemes within the Theme "A Supported Teacher is a Supportive Teacher"

Subtheme: "The Secret"
While teachers spoke of their self-efficacy from a current perspective, with narratives primarily dominated by their current feelings regarding their capacity to meet the needs of their pupils exposed to adversity (as outlined in the subsequent subthemes), an unforeseen occurrence is encapsulated within this subtheme which relates to participants' initial feelings of self-efficacy in this line of work. Across several data items, a common experience shared by some participants unveiled a phenomenon whereby as NQTs, participants began to struggle to effectively support their pupils whose needs proved challenging, pupils who in hindsight teachers recognised as experiencing adverse events at the time. Participants added that such difficulty in effectively supporting their pupils significantly affected their confidence in their ability and led them to question their competence as a teacher. Furthermore, given that participants were newly qualified and keen to make a positive impression in their new schools, they were reluctant to share such feelings with fellow teachers, for fear they would be perceived as incapable or inadequate. Thus, teachers reportedly kept such difficulties to themselves, falsely under the impression that they were alone in such experiences: "I would have thought that oh this is only me, I'm the only one that's finding this hard to handle". Several teachers shared that a priority is often placed upon NQTs appearing as though they are capable of supporting pupils independently, regardless of presentation, so as to be perceived as good teachers, with such an attitude resulting in said teachers actively avoiding referring to such difficulties with others. One teacher vividly recalled the fear she felt regarding her being "found out" when she began to feel unable to meet the demands of a challenging classroom: "I was terrified they would turn around and say "if you were a better teacher you wouldn't be having this problem anyway so really the fault is yours if you can't manage it" ". Another teacher added that such feelings of self-doubt and lack of confidence caused her to question her career choice at a very early juncture and gave rise to unhealthy thinking patterns and practices at the time: "for years I kept going over every single aspect of the day, hours spent trying to figure out what were all the things that I was doing so wrong". Another teacher referred to the experience as somewhat of a vicious cycle:
"it's like this, when you feel like you're doing a good job you're confident and then you're far more inclined to seek advice or guidance from others for different things because you're not embarrassed about not being a good teacher and then that advice

> that you got will boost your confidence even more…but on the flip side when I was feeling anything but confident there was no way I wanted to go and ask others for help because I thought it would just reflect really badly on me that I didn't know what to do for these kids and so then because I didn't have any guidance or reassurance things would either stay the same or maybe get worse and then your confidence is crushed even further".

Participants who experienced this occurrence shared that it took a considerable amount of time until they came to realise that they were not alone in such struggles: "it caused so much emotional pain until I was finally told that this was normal and that loads of teachers sometimes feel like they can't properly support these pupils…it was like I had finally been let in on the secret". Sentiments reflected that merely understanding that this was normal acted as an effective cure:

> "as soon as I knew I wasn't the only one and that I was normal and that loads of others felt like they couldn't do everything perfectly for those pupils… the weight just lifted off my shoulders and I could start picking the ol' confidence back off the floor".

However, it would be remiss not to assert that the above experience was not universally shared across the P2 sample. In fact, a clear distinction became evident whereby teachers who had the opportunity to access a mentor (as previously mentioned within the theme of "Ignorance is Not Bliss") did not experience such significant feelings. Whilst such participants noted that it can be difficult to come to the realisation that effectively supporting these pupils is remarkably challenging and that their confidence was indeed "dented", they shared that such occurrences had been normalised for them as they had been explicitly informed that "that's part of the job", as mentors encouraged them to seek support when they lacked confidence because "it was clear from the get go that you trying to do it all by yourself and pretending everything is fine will not end up being effective for the kids".

Subtheme: "One Good Adult"

The subtheme of "One Good Adult" captures the perspectives of participants regarding the role of the teacher in meeting the needs of pupils exposed to ACEs, and how such an altered role relates to feelings of self-efficacy. A number of participants noted that upon entry into the field of teaching, their perceptions of what being a teacher entailed were challenged:

> "I would have entered the world of teaching as somebody who focused solely on the curriculum and learning targets, but very quickly I learned that there were other priorities (…) there was this other side to teaching and to being a teacher".

Somewhat linked to sentiments shared within "The Secret", teachers recalled coming to the realisation that meeting the needs of ACE-exposed pupils proved to be a demanding task, and in order to effect positive change, there is a need to "go beyond the academics": "all through college it was about teaching the academics but no one tells you that you can't get to the academics without addressing the social, emotional and behavioural". Within discussion of how teachers can support these pupils outside of academics, the concept of the pupil-teacher relationship was prevalent across data items, with participants identifying relationships as the linchpin to any such support: "the biggest learning is the power of the relationship and that everything we do is underpinned by that and we're at nothing until we build strong meaningful relationships with our pupils (…) you just can't support them without the relationships". What is more, all participants spoke of their confidence in their ability to establish such relationships and provide support to pupils via said relationships: "sometimes it seems as if all we can feel confident in is building a relationship and making them feel cared for".

Whilst participants shared their confidence in their ability to effectively support pupils within their pupil-teacher relationship, several teachers spoke of the fact that within their teaching careers they have come to accept that they cannot "meet every need" and "right every wrong" for these pupils, who oftentimes can present with significant difficulties due to their adverse experiences: "for years I was convinced that if I just worked harder I was going to save the world, but sometimes you can't be a saviour, you can just be there unconditionally for them". In line with this, when asked to reflect upon instances in which they felt confident in their ability to effectively support their pupils, participants chose examples within which the role of teacher appears far removed from that of the traditional academic instructor (such examples are briefly mentioned within Figure 11 in order to provide a clear depiction and understanding):

> "I think realising that you can't change the world for these kids but picking even just a tiny area that you can make a difference and feel confident in doing that rather than trying to meet every need and becoming overwhelmed and then your confidence vanishes".

Participants added that while "in the grand scheme of things" acts such as those outlined above may appear "small and insignificant" given the level of needs some of these pupils present with, being able to provide some form of support allowed for said participants to feel confident that they were "trying my (their) best".

Figure 11

Examples of how the Role of the Teacher is Altered in Meeting the Needs of Pupils

Example 1	Example 2	Example 3
• A pupil had been chosen to partake in a coveted sporting event, which required weekly attendance at a venue some distance from the pupil's home. Due to the adverse circumstances within this child's disadvantaged background, transport to and from such events was not possible. Upon hearing of this, this teacher, along with a colleague, took it upon themselves to bring this pupil to and from such events on a weekly basis, viewing same as a way in which this pupil's wellbeing could be supported.	• A pupil, who was cared for by the state in a residential facility, had become distressed as she had been left without an outfit for her upcoming confirmation, with this sacrament reportedly of great significance within her culture. This teacher decided that her and a colleague would bring this pupil (with whom she had a close pupil-teacher relationship) to a shop for a confirmation outfit, viewing same as a way in which a particular need of this pupil could be met.	• A pupil, who resided in a direct provision centre, had come to the attention of a teacher when the pupil's mother expressed concerns regarding his wellbeing due to being exposed to such a chaotic and unstable environment outside of his school-day. This teacher resultantly decided to set up various different after school clubs to ensure the pupil could remain in the school with peers and adult supervision, with this teacher viewing such work as supporting his social and emotional wellbeing.

Participants acknowledged that while supporting these pupils often requires rethinking their role as teacher, "the ethos of a school can have a big influence" as to how such support can be provided by teachers. Interestingly, in discussing their feelings of self-efficacy in supporting their pupils by pushing the boundaries of their role, several teachers noted that the attitude held by management of schools can dictate the approach adopted by teachers: "I mean if that's the attitude from the top then it permeates all the way down and will effect everything". Several teachers spoke of principals, both past and present, who upheld positive attitudes to the changing role of the teacher, suggesting that such attitudes were transformative regarding how teachers could provide support:

> "her (school principal) base belief is that if the child is not happy and secure they can't learn and bad behaviour is viewed as what need is not being met…so because of that I'm way more confident in my choice of parking the curriculum targets for some children and prioritising other aspects of their wellbeing".

Conversely, in schools which do not endorse such outlooks, participants' experiences proved contrasting. One participant described such instances has causing a conflict: "when you don't have that freedom or permission to meet the needs in front of you how you see fit there's almost some kind of internal conflict or struggle", while another participant referred to its impact on confidence levels:

> "you don't feel very confident when you're not backed by management (…) I was shouting from the rooftops that these boys needed more support and it seemed like nobody cared about it and that was really demoralising and it shook my confidence, I questioned whether I was able to support them".

Nonetheless, it should be noted that several of the more experienced teachers (based on the number of years they had been teaching) voiced their perspectives that while the ethos of the school can very much influence how confident teachers feel in their support of ACE-exposed pupils, "it's really with experience that you gain the confidence to make choices that you see fit and set the academics aside when needs be, regardless".

Although much of this subtheme focused on the altered role of the teacher and how it related to participants' feeling of self-efficacy in providing support to pupils, it would be remiss to omit that many teachers also acknowledged there are times when the academics cannot be ignored and the math lesson or the literacy lesson had to proceed. Noting that there are undoubtedly times when academics may hamper or inhibit the non-academic needs of particular pupils being met, the role of the teacher cannot be entirely disregarded: "sometimes I need to remember that I'm a teacher and I'm here to teach". Despite this, multiple participants noted that sustaining this modified role of One Good Adult is prioritised whenever possible, partly due to the realisation that for some pupils experiencing ACEs, "you can't overestimate the effect that the teacher has on them because there are many situations where the teacher could actually be one of the only stable people in their lives".

Subtheme: "The Limit Does Exist"

As suggested within the "One Good Adult" subtheme, relationships between teacher and pupils are arguably viewed as the vehicle through which support is provided for pupils exposed to adversity, with teachers' feelings of self-efficacy enhanced when the ethos of the school reflects a desire for such approaches. However, the subtheme "The Limit Does Exist" captures that there are boundaries to teacher self-efficacy, with participants recognising that there comes a point at which teachers no longer feel confident or competent in meeting the needs of their ACE-exposed pupils, with additional support required. Essentially, this

subtheme represents the concept that a teachers' confidence in their ability to support pupils is influenced by the support they themselves do or do not receive.

One aspect of working with pupils exposed to adversity which challenged participants' feelings of self-efficacy, according to several of the P2 subsample, was difficult presentations in the classroom environment. While such participants noted that they possess an awareness that such presentations are resultant from trauma, they do not possess skills to manage such presentations effectively. One participant spoke of an example in which this limitation in knowledge appeared to negatively impact her feelings of self-efficacy in supporting her pupil:

> "he could try throw a chair or he could come in in the morning and just start telling me that he hated me for the day and I understood why his behaviour and attitude were the way they were, and I was really understanding and I completely wanted to support him, but I had no idea how to react or what I should do or say to him in the moment".

Numerous participants shared similar sentiments, with one teacher referring to the limitation as a "gap" which can leave many feeling "helpless and deflated". It appeared to be the case that teachers may be provided with theoretical knowledge of what trauma and adversity are and the impact of same, which participants universally acknowledged as critical, but there was a frustration on the behalf of teachers that they are not provided with further information related to strategies or approaches that could be implemented in the classroom to support pupils:

> "we can reach our capacity fairly quickly of what we can actually do in the classroom which is really frustrating because the needs are there in front of you and you know where they're coming from but you can't take the next step in supporting them because you don't know what the next step is and you're terrified that you can do the wrong thing which can make everything spiral when you're only trying to help".

Similarly, while participants spoke favourably regarding the new resource allocation model and student support teams and their value in providing support in a timely manner without the need for professional diagnoses, participants added that there is often a lack of confidence in how to go about providing such support:

> "it's great you know they can be granted a few hours and a lot of the red tape is gone but with these kids you're more often than not faced with the reality that you actually don't know what to do to support them in those few hours that they were allocated".

An issue faced by teachers is the lack of access to and/or awareness of "strategies that we as teachers can implement in the classroom".

As will be outlined within the theme "For Every Action There Is A Reaction", colleague support is a critical form of support for the participants within this subsample. However, there is acknowledgement that while it can be reassuring having a colleague to turn to for advice, many of the participants noted that the presentations and needs of adversity-exposed pupils can often reach a threshold where colleague advice proves inadequate:

> "issues that are far beyond me and my peers can raise their heads far too often (…) it can be tough knowing deep down that really it's a psychologist that you would love to have those chats with so that when you're problem solving and working through different strategies and all that you could have that bit of reassurance or bit of confidence that you were doing the right thing".

Accordingly, teachers spoke of the role of professionals, namely psychologists, when such thresholds are reached. A common perspective shared across many of the data items related to the support provided by EPs to schools, with participants at times perceiving such support as unrelated to what is required by ACE-exposed pupils. Participants shared that while they believe the assessments and reports provided by EPs have their place, they do not believe such work is necessarily conducive to planning for pupils in which academics is often not the top priority. Rather, teachers spoke of their desire to receive training from psychologists, whom they viewed as qualified professionals, with teachers' confidence affected by the professional support provided to them:

> "I still remember one training we got from a psychologist last year and I swear I learned more in that hour with her (…). This was proper training from a doctor and ever since I have felt so much better able to handle things in the classroom knowing that what I'm saying and doing was advised by an expert".

Teachers also spoke of what could be understood as consultation: "you'd just love to have a psychologist that you could go to for advice and maybe it would be a once off but that you could check in with them on an ongoing basis so that you could actually progress things". Several participants shared that they feel a responsibility to provide support to pupils even when they do not possess the skills, adding that professional advice may address this issue:

> "some of these kids need help from services but they don't get it for ages and it feels like it's left to us to pick up the pieces in the meantime even though we don't know what we're doing…it can be very disheartening feeling like you want to help but you have no one to go to for guidance".

Additionally, while one teacher referred to direct intervention work from psychologists as "the dream", this perspective was not shared by others who believed teachers should be

upskilled to provide support in the classroom, acknowledging that access to a psychologist for intervention is finite at best, but access to the teacher is universal. From the narratives shared by the participants it may be possible to deduce that teachers' feeling of self-efficacy can be enhanced when they are provided with professional support, and conversely may be impaired in the absence of same.

3.3.2.3. Theme Three. The third and final theme, entitled "For Every Action There is a Reaction", comprises two subthemes outlined in Table 23. "For Every Action There Is A Reaction", captures the ways in which participants spoke of the reactions they experience as a result of their endeavours to support pupils exposed to adverse events. While teachers' narratives demonstrated an appreciation of how this aspect of their work affected them, the common perspective that the impact of such work could be viewed as an expected occupational hazard appeared to normalise said reactions. Nonetheless, participants shared concerns about the need for teachers to care for themselves in order to contend with such work. However, accounts related to same proved contradictory for many teachers, with recognition of such a necessity not translating to real-life practice for this sample.

Table 23

Presentation of Subthemes Within the Theme "For Every Action there is a Reaction"

Subtheme: "Too Close for Comfort"
As implicated within the subtheme "One Good Adult", in attempting to meet the needs of ACE-exposed pupils, the role of the teacher can deviate from one of solely academic instruction towards a close relationship. While teachers passionately endorsed the need for and effectiveness of these close relationships, with narratives suggesting that such relationships were the mechanisms through which teachers can support pupils, there was an implication on behalf of some teachers that these same relationships often resulted in the teacher becoming vulnerable to the negative impacts of the work: "if you are to even attempt to support these children in any way then you are definitely going to be affected by that…I genuinely can't see how someone wouldn't be". Teachers recognised that becoming meaningfully invested can come at a price, as "working with these children can be all-

consuming", which can result in boundaries becoming blurred. These boundaries appeared to refer to those between home and school: "you can't leave the emotion that's involved at the door, you can't park it, you can't leave it", and those between teacher and pupil: "it kind of seemed to me that he saw me as a lot more than a teacher and I don't know if that's necessarily good or bad". Additionally, in the context of close relationships, aspects of interactions with pupils with adverse backgrounds proved emotive for some teachers: "it's truly heart-breaking standing there thinking he's not sure if he wants you to love him or hate him and he's not sure should he love you or hate you". Not only did teachers speak of the "unavoidable" impact of the work explicitly, but it was implied in narratives where three teachers mentioned distancing themselves from pupils in order to protect themselves: "I think it was maybe for a bit of protection, I had to just stop getting so involved and mind myself".

Again, against the backdrop of close teacher-pupil relationships, a distinct area which several teachers found distressing was that of disclosures and pupils' backgrounds: "there are times where it's not actually your work in the classroom that gets to you, it's the other side of working with ACEs and trauma…it's the stories". Described as being provided with "a window into their world", being privy to "harrowing" information appeared to leave its mark. One teacher recalled a time where a child disclosed experiences of abuse "in graphic detail", which resulted in what seemed to be quite a visceral reaction for this participant: "in the moment I was like a raging bull and all that yes but it affected me physically…I was physically sick to my stomach". Another teacher spoke of an experience of entering "a state of shock" in the moment, which ended in her "breaking down crying uncontrollably" once she was alone. In line with this, the sole principal within the P2 sample expressed strong feelings related to his role in "maintaining the buffer for the wider staff" when it comes to pupils' backgrounds. While appreciating that such information can be a positive catalyst for increased empathy and understanding (similar to sentiments expressed within the subtheme "Dependence on Context"), he shared that there comes a point where such information is no longer positive and can have negative ramifications regarding teacher wellbeing. Such information can be "brutal" and "stark", and he felt personally and professionally responsible for not "exposing teachers to too much information". However, he shared that sensitive information unfortunately "seeps its way down" anyhow.

While teachers acknowledged that the impact should be viewed on a spectrum, some being minor and transient and others more significant, the consensus was that such outcomes

are “inevitable”: “you’re fooling yourself if you don’t think it has any impact on you because it most certainly does”. There were several noteworthy reactions revealed. Numerous teachers spoke of how aspects of supporting pupils exposed to adverse events can be mentally draining and physically exhausting, with teachers describing years where they found themselves falling ill on a far too frequent basis. A number of teachers spoke of disruption in sleep, with some finding that they needed progressively more sleep in order to feel rested, while others described sleep as increasingly elusive. Teachers also reported feeling overly sensitive and noting a diminished resilience in their own lives when faced with personal challenges as a result of their work:

> “I think it could have stemmed a lot from being around children who were traumatised or dealing with adversity and maybe my threshold or baseline for my own resilience was off because I couldn’t deal with what was going on in my own life because I had given everything to the pupils”.

Similar sentiments were shared by teachers who also described being “on edge” or “on constant high alert” when working with pupils labelled as “ticking time bombs ready to explode”. One teacher shared that for her such feelings culminated in a desire for a particular pupil to no longer be in her class or for her to no longer be his teacher, adding that she felt “empty” and had “hit a wall”. She detailed her feeling of having “nothing left to give”, adding “it was my job to be his teacher and I just couldn’t anymore”.

Upon reflection one teacher shared a realisation that they often function in a state of “dysregulation”, explaining that they frequently find themselves going from “zero to 90 and back to zero very quickly”, which prompted an awareness that they were living in a constant heightened state. Correspondingly, several teachers spoke to something akin to this when they described a return to what they referred to as “baseline”, where their systems have calmed down during times of extended holidays or maternity leave for example. But upon arrival back to school, this return to baseline made the transition back to a dysregulated environment that much harder: “that’s when it really hits you again…it’s like a tsunami coming at you”. Similarly, a number of participants noted that when immersed in this work for long periods of time, it is possible to become “a little bit immune”, but when removed from such work for a period of time this immunity becomes diminished which can result in the following: “the ramifications of adversity hit you so much harder then, when you’re not desensitised to it all”.

Of note is the fact that several teachers alluded to their worldviews being affected in some situations in their work with ACE-exposed pupils. One teacher spoke of the realisation

and subsequent acceptance that "awful things are just happening to these young children" following involvement in a number of cases where there were reports of abuse. Another teacher expressed difficulty in coming to terms "on a human level" with what some children were apparently exposed to, while another teacher acknowledged becoming "cynical" and "disillusioned" due to her value system being challenged as a result of her work experiences.

Subtheme: "Do as I Say, Not as I Do"

While teachers spoke of the "inevitability" of being impacted by their work, with some reactions proving considerable as implicated above, the recognition of the need for teachers to mind themselves in order to sustain them in this work was omnipresent throughout data items: "you can't pour from an empty cup". Teachers acknowledged that if/when teachers do not prioritise their care, it effects not only themselves: "I don't think you'd last in teaching traumatised kids", but the pupils they support: "the knock-on effect is that you're not as well as you could be and you mightn't be able to be there for the kids as much". Teachers spoke of mindfulness, mediation, walks in the fresh air etc. as self-care strategies that teachers should partake in. However, of note was the fact that while all teachers could recall self-care strategies that could be beneficial supports, there was acknowledgement or admittance on behalf of the majority of P2 participants that they themselves did not engage in such activities, with teachers referring to themselves as "hypocrites" during such discussion. Knowledge of strategies did not necessarily translate to execution or implementation of same. For examples, many teachers spoke of the importance of compartmentalising as a way for teachers to protect themselves. However, such teachers also referred to completing school work late at night or during weekends and midterm breaks etc., with others sharing that they spend the first few weeks of holidays racked with thoughts and worries of pupils. While some teachers did not appear to recognise the contradiction in their discourse, others were acutely aware of it: "I myself find that kind of impossible to be honest, but at the same time I think all teaches should practice it (giggle)". It was apparent that while teachers value the role of compartmentalising, it may prove rather difficult for some teachers to implement and benefit from same.

The sole form of support that was indicated to be employed across all data items was that of colleague support. What appeared to be important for the participants was the fact that colleagues work in the same environment as them and therefore may have an enhanced understanding of the context. Teachers also appeared to value the fact that such peer support

was “immediate” and often “informal” in nature. Participants shared that peer support can “get you back on track when it feels like the walls are crumbling”. Teachers valued the sense of not being alone in an experience following a talk with a colleague. Participants also implied that colleague support may promote compartmentalisation: “it can be before you leave school so that the burden is shared and not all of it is brought home”. Participants noted that while they favour being able to “share” and “vent”, their preference is to do so with a peer as opposed to a friend or family member: “I can’t be bringing that home and laying it off on other people who then have to deal with it”. While this is preferable of course from a privacy and confidentiality perspective, there is a possibility it implies that other teachers with whom the burden is shared are able to cope effectively with such offloading.

Of note was the narrative around individuals in the teaching profession seeking professional help to address difficulties experienced as a result of working with pupils exposed to adverse events, with certain sentiments appearing to imply that teachers may not feel worthy of or entitled to such supports: “you might not know if you can ask for help because…it’s their trauma, and that belongs to them, it doesn’t belong to you”. Furthermore, some teachers worried about the perception of teachers and how valued their needs are with regard to seeking professional support: “I don’t think it would be accepted in society in general that teachers needs support…I can’t imagine the general public would think that teachers need any more self-care or support other than their two month holidays”. Nonetheless, several teachers acknowledge that awareness of professional support tends to be increasingly prevalent nowadays.

3.4. Discussion

3.4.1. Purpose of Study

This study set out to answer the overarching research question “What are teachers’ experiences of and perspectives on supporting pupils exposed to adversity?”, in order to elucidate how EPs can assist teachers in this endeavour. Accordingly, several aspects which were deemed to be important in the literature base were examined, namely;

- The needs of pupils exposed to adverse events and the role of the teacher and the EP in addressing such needs

- Teachers' understanding of underlying causes of trauma related behaviours and symptoms
- Teachers' self-efficacy in working with pupils exposed to adverse events
- Teachers' awareness of the impact of working with trauma-exposed pupils and the role of support

As explicated within the previous sections, these phenomena were initially examined quantitatively, with subsequent qualitative exploration executed in order to explain and extend findings.

In order to address the overarching research question in light of the results obtained in this study, the findings from the quantitative phase will be delineated, and where findings from the qualitative phase have extended such quantitative results, they will be integrated. Furthermore, findings, both quantitative and qualitative, will be discussed in relation to previous research within the literature base.

3.4.2. Role of the Teacher and EP in Meeting the Needs of Pupils

Firstly, data from the sample of teachers who partook in the online survey indicate that it is a pervasive occurrence for teachers in Ireland to work with pupils who have experienced adversity. In fact, approximately 65% of teachers who partook in the survey indicated that more than 10% of the pupils they had taught throughout their teaching career had experienced ACEs, with parental divorce/separation, parental death and emotional neglect proving to be the most commonly experienced adverse events according to teachers. While caution is warranted in interpreting such figures, as these findings are based on teachers' supposition, and are therefore not verified, they do much to corroborate the limited previous literature which demonstrated that supporting pupils who have been exposed to adversity is a phenomenon encountered by many teachers (Alisic et al., 2012).

Regarding the needs of such ACE-exposed pupils, P1 findings indicate that teachers overwhelmingly perceive these pupils as requiring additional academic, emotional and behavioural support relative to their peers. The majority of participants agreed that teachers themselves should be responsible for providing additional academic, emotional and behavioural support to address such needs. However, teachers also felt strongly that supporting the needs of ACE-exposed pupils should be part of the EPs role as well, particularly regarding the provision of emotional and behavioural support.

Such perspectives were reflected in the qualitative phase, in which participants spoke of the role of the teacher in supporting pupils who have experienced adversity, and how such a role could be viewed as removed from that of the traditional academic instructor. While teachers seem to have acknowledged in both phases that academics remain an important aspect of their role, the need for teachers to move beyond the academics and support these pupils' emotional and behavioural wellbeing was evidenced. This is in keeping with findings from past research, in which education staff proclaimed that the non-academic needs of pupils who have experienced trauma call for an increased emphasis to be placed on incorporating wellbeing practices into the teaching role (Alisic, 2012; Brunzell et al., 2018; Luthar & Mendes, 2020). Teachers spoke of their perceptions of teaching being challenged, with how teachers provide support to pupils often relationship-based in nature. In fact, examples provided by teachers as to how they have supported these pupils in the past encapsulate the concept of teachers often playing the role of One Good Adult in the lives of children. This is important, as research has demonstrated that the presence of One Good Adult serves as a significant protective factor in the wellbeing and mental health needs of the youth of Ireland (Dooley & Fitzgerald 2012; Dooley et al., 2019). While this is arguably beneficial for all children, it is particularly pertinent for pupils who have been exposed to ACEs, given that a caregiver's capacity to support children effectively is diminished in cases in which the caregivers are themselves implicated in ACEs, resulting in the role of the teacher becoming ever more critical (Bergin & Bergin, 2009; Cook et al., 2005; COTDC, 2015).

While teachers referred to their confidence in providing relationship-based support, qualitative findings revealed that there are boundaries to such self-efficacy, with teachers subsequently seeking support from professionals such as EPs in order to meet the needs of their pupils. Accordingly, qualitative findings extended what was known regarding teachers' perspectives on the role of the EP. In the past, much of EPs' work involved individual case work, specifically, conducting cognitive assessments and disseminating related psycho-educational reports (O'Farrell & Kinsella, 2018). Teachers within the qualitative sample appeared to associate the work of EPs solely with such assessment work. Furthermore, such work was revealed to be less valued or sought after by teachers in their work with pupils exposed to adversity. Rather, teachers appealed for support to be in the form of consultation and/or staff training. While the implementation of a consultative model of service delivery is relatively recent in Ireland, particularly in comparison to the provision of psychological services through consultation in the United Kingdom and the United States, the current NEPS

model of service delivery is a consultative model (DES, n.d.; Larney, 2003; Nugent et al., 2014). However, P2 participants seemed unaware of such psychological work. Whilst this raises questions with regard to how psychological services are being provided to some schools, it also implies a shift in the perspectives of the teachers in Ireland. Previous research has shown that schools did not fully appreciate consultation, indicating a preference for individual assessments, as such assessments often resulted in resources being allocated to pupils (O'Farrell & Kinsella, 2018). However, this concept of EPs acting as gatekeepers to resources is arguably obsolete following the introduction of a new allocation model in which resources are allocated on a needs basis as opposed to being based on diagnostic categories. Nevertheless, teachers' desire to access support via consultation is favourable, with previous research demonstrating that consultation with EPs results in teachers feeling more empowered, as well as feeling increasingly supported in their actions (O'Farrell & Kinsella, 2018).

3.4.3. Understanding of Trauma and the Related Underlying Causes of Problem Behaviours and Symptoms

Regarding teachers' understanding of trauma and the related underlying causes of problem behaviours and symptoms, the average score from this study's participants indicated that in general teachers' understanding could be considered above average, indicating that participants generally emphasised behaviour and symptoms related to trauma as adaptive and malleable as opposed to intentional and fixed (Baker et al., 2016). This is of critical importance, as the response of teachers to pupils' presentations has been found to be influenced by teachers' knowledge and attitudes regarding the nature of such presenting difficulties; viewing children's behaviour as resulting from adverse experiences or as inherent personality characteristics that are challenging in nature has been shown to dictate the approach adopted by teachers in working with pupils (Dorado et al., 2016; Watson & Westby, 2003). Correspondingly, it is important to better comprehend what factors may predict such favourable attitudes.

Quantitative results demonstrated that of all the variables examined relating to demographics, teaching experience and training experience, gender, age and the proportion of ACE-exposed pupils worked with were the only three statistically significant predictors (with age proving the only practically significant predictor). Such results indicate that the presence of training, both pre-service and in-service, does not predict teachers' understanding of underlying behaviours and symptoms related to trauma. This is somewhat of an unexpected finding, as trainings related to trauma and adversity aim to effect enhanced understanding as a result of their implementation (Dorado et al., 2016; McIntyre et al., 2019; Perry & Daniels,

2016). With regard to pre-service training, and the lack of significant results related to same, qualitative findings highlighted that the absence of such pre-service training can result in teachers feeling unprepared and overwhelmed. Such views are very much in keeping with past research findings (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018; Kinkead-Clark, 2021). However, inconsistent with quantitative findings, qualitative results related to in-service training revealed that several teachers found training enhanced their understanding, with some mentioning its capacity to cause shifts in teachers' perspectives related to trauma related behaviour. Despite this, such findings were not present on a broader level within P1, perhaps calling into question the effectiveness of the training being received by teachers in their capacity to improve understanding.

Furthermore, qualitative findings extend quantitative results related to understanding through the discovery that there appears to be reliance on behalf of teachers on being informed specifically of the presence of ACEs in a child's background in order for a more understanding approach to be adopted. This finding potentially implies that teachers' capacity to recognise symptoms of reactive stress in the classroom and understand same to be resultant from trauma or adversity, in the absence of additional contextual information, may be limited, with such findings similar to those established in past research (Alisic, 2012; Brunzell et al., 2018; Kinkead-Clark, 2021). While being privy to such background information was viewed as valuable by teachers as it informed how they interacted with the pupils in question, it negates the fact that there are undoubtedly pupils in classrooms who are experiencing adverse events unbeknownst to the teacher, with such pupils requiring an equally understanding and empathetic approach, but potentially not receiving it (Honsinger & Brown, 2019). This is of concern, as the tenet behind much of the trauma-informed movement is the need for school systems to presume they are serving pupils with histories of trauma and adversity, and to implement universal approaches accordingly in order to benefit all pupils (SAMHSA, 2014a).

3.4.4. Teachers' Self-Efficacy in Working with Pupils Exposed to Traumatic Events

Regarding teachers' feelings of self-efficacy in working with pupils exposed to adversity, the average score from this study's participants indicated that in general their self-efficacy could be considered above average, indicating that participants generally endorsed feeling able to meet the demands of working with trauma-exposed pupils as opposed to feeling unable to meet the demands (Baker et al., 2016). This is significant, as self-efficacy has been demonstrated to play a critical role in various school related factors such as; pupils' academic achievements (Klassen & Tze, 2014), effective implementation of evidence-based practices

(Michie et al., 2005), as well as experiencing job stress and burnout (Schwarzer & Hallum, 2008). Accordingly, it is important to better comprehend what factors may predict teachers' self-efficacy in working with pupils who have experienced adversity.

Quantitative results demonstrated that of all the variables examined relating to demographics, teaching experience and training experience, the receiving of in-service training and teachers' understanding of trauma related behaviours were the only two statistically significant predictors (with in-service training not evidenced as a practically significant predictor). Such results thus indicate that none of the variables examined related to teaching experience predicted a teacher's self-efficacy. This is in contrast to previous research, in which the number of years a teacher had been teaching and the number of trauma-exposed pupils they had worked with were tentatively shown to predict a teacher's feelings of knowing how best to support their pupils who had experienced trauma (Alisic et al., 2012). One possible explanation for the non-significant relationship between the teaching experience variable, which probed the proportion of ACE-exposed pupils taught by teachers, and teachers' self-efficacy, is the potential presence of the Dunning-Kruger effect (Burson et al., 2006; Kruger & Dunning, 1999). Qualitative data from P2 highlighted that while many of the participants interviewed had reported having worked with a significant proportion of pupils affected by ACEs, they were acutely aware of the limits of their ability to meet the challenges and demands of such work. Accordingly, it is possible that teachers who have had very little experience, or who have yet to experience working with pupils exposed to adversity, possess a heightened sense of capability to effectively meet such challenges and demands and resultantly overestimated their self-efficacy. However, such an explanation may be considered speculative as qualitative data was unable to definitively explain this unexpected quantitative result. Furthermore, within the qualitative findings the relationship between teaching years and teachers' feelings of self-efficacy appeared dissimilar for some participants. As previously outlined, several participants spoke of their diminished feelings of self-efficacy during the beginning of their teaching careers. However, this was not universal, as the participants who spoke of receiving a mentor at the outset of their careers did not profess this phenomenon of markedly reduced feelings of self-efficacy. Accordingly, experiences related to self-efficacy in the early years of teaching are potentially disparate depending on the presence of or access to support mechanisms such as a mentor or more experienced colleagues. The presence of a mentor may prove to be a protective mechanism against low self-efficacy, as Bandura's (1977; 1997) theory of self-efficacy explicates that vicarious experiences operate as a source of self-

efficacy, with such vicarious experiences including having a role model to not only observe but to emulate.

While in-service training proved to be a significant predictor of self-efficacy, it was not shown to be a practically significant result. Findings within the qualitative phase potentially extend understanding of same. Although teachers referred to feelings of increased confidence after receiving training from experts or professionals, the narratives of teachers suggested that such feelings do not appear to be universal and/or consistent, with self-efficacy contingent on additional factors. Firstly, while teachers acknowledged that they possessed understanding related to adversity and how it can impact pupils in the school environment, adding that in terms of relationship-based support high levels of self-efficacy are identified, there was recognition that teachers' limited knowledge of appropriate strategies that could be implemented to support pupils resulted in teachers feeling less efficacious in their role. This reflects sentiments established in previous research findings, which outlined that a mismatch can be present between the knowledge possessed by teachers and the skills required to support their pupils effectively (Alisic, 2012; Brunzell et al., 2018). Essentially, a gap between knowledge and skills appears to result in teachers' self-efficacy being impacted, with this gap proving important. While the field of trauma research has prospered in recent years, with focus being increasingly placed on the development and evaluation of effective and sustainable approaches to address the impact of exposure to ACEs, the need to disseminate findings related to such approaches and strategies to the individuals in a position to implement same (e.g., teachers) is critical (Perfect et al. 2016). Secondly, participants spoke of the fact that the ethos of the school can be influential with regard to how efficacious a teacher feels regarding the approach adopted in supporting their pupils. Such sentiments are unsurprising, as findings from implementation science have indicated that in order for learning from training to be successfully implemented, buy in is required from school staff on the ground as well as from management at the system level of a school (Phifer & Hull, 2016; Zakszeski et al., 2017). Such considerations with regard to the schools' readiness to embrace such changes in the role of the teacher may be particularly pertinent with regard to trauma-informed approaches, as they often are aligned with paradigm shifts rather than viewed as discrete interventions (Overstreet & Chafouleas, 2016).

3.4.5. Teachers' Awareness of the Impact of Working with Traumatised Pupils and the Need for Support

Regarding teachers' awareness of the impact of working with trauma-exposed pupils and the role of support, the average score from this study's participants indicated that in general, participants endorsed awareness of such effects and the need to seek support, as opposed to minimising the effects and coping by ignoring or hiding the impact (Baker et al., 2016). Based on quantitative results, demographic variables, teaching experience and training experience did not predict teachers' awareness of the impact of working with trauma-exposed pupils and the role of support, while teachers' understanding of underlying causes of trauma related behaviours and symptoms and teachers' self-efficacy in working with pupils exposed to adverse events do serve as statistically significant and practically significant predictors.

Findings from P2 appeared to partly corroborate P1 findings, in that participants within the qualitative strand spoke of their recognition that working with pupils exposed to adversity can cause emotional challenges and that teachers should prioritise minding themselves in order to sustain such work. However, insight related to same was extended, as it became apparent that acknowledging such work can be impactful does not appear to prevent teachers from being impacted by said work. Similarly, appreciating the value of support and self-care did not appear to translate to teachers' implementation of and benefit from same.

When teachers provided insight into how the impact of their work with trauma-exposed pupils can manifest, there were insinuations by many that such reactions were inevitable, potentially normalising said reactions. However, the reactions disclosed by some participants, such as sleep difficulties, heightened anxiety, dysregulation, diminished emotional availability outside of work, inability to leave work at work etc. were in fact indicative of potential STS reactions (Borntrager et al., 2012; Caringi et al., 2015; Hydon et al., 2015; Motta, 2012; SAMHSA, 2014b; VanBergeijk & Sarmiento, 2006). Often referred to as the cost of caring, reactions reflective of STS should not be dismissed or downplayed, with this potentially occurring if teachers view such reactions as standard (Venet, 2019). The presence of STS in professionals working with trauma-exposed individuals has been shown to lead to these professionals becoming emotionally impaired and ineffective at their job, and has also been shown to contribute to high rates of staff absences and turnover (Bride, 2007; Ronfeldt et al., 2013; SAMHSA, 2014b). While secondary trauma has been described as a somewhat expected occupational hazard for mental health professionals, with supervision for such professionals in place to address these difficulties, the same cannot be said for teaching (SAMHSA, 2014b),

with such challenges only beginning to be recognised as relevant to school settings (Borntrager et al., 2012; Caringi et al., 2015; Hydon et al., 2015; Motta, 2012; VanBergeijk & Sarmiento, 2006). Nonetheless, the emotional impact of working with pupils who have experienced adversity, as established in previous research (Alisic, 2012; Berger & Samuel, 2020; Brunzell et al., 2018; Luthar & Mendes, 2020), has been substantiated with these findings.

In line with the above findings, it was perceived based on qualitative results that appreciating the value of support and self-care did not appear to translate to teachers' implementation of and benefit from same. Examining why this may be the case is imperative, as accessing support and engaging in self-care behaviours has been endorsed as both preventative and interventive in nature with regard to secondary trauma and wellbeing promotion (SAMHSA, 2014b). Accordingly, it could be surmised that lack of engagement with such behaviours could be contributing to the reactions symptomatic of STS outlined above. Possible explanations should be considered as to why teachers may not attend to their own wellbeing through implementation of self-care strategies, in spite of teachers' attitudes towards such strategies indicating that they are viewed as being of value. One possible explanation is that perhaps teachers do not attend to their own wellbeing as it directs focus away from the needs of their pupils, with this possibly inducing guilt on behalf of the teachers (Crosby et al., 2020). Or, perhaps practicalities such as time constraints or substantial workloads are viewed as impediments to execution, given that teachers referred to their work with ACE-exposed pupils as all consuming (SAMHSA, 2014b). Nonetheless, there appears to be an attitude to behaviour gap. This finding contradicts the theory of reasoned action, which posits that how an individual behaves (in this case whether self-care behaviours are implemented) is predicted by their attitudes regarding said behaviours (Fishbein & Ajzen, 1975).

Such findings call for the support accessible to teachers to be considered. Support for teachers working with children from adverse backgrounds has been considered in recent times within the Irish literature (Delaney, 2020). Given that the provision of teacher sabbaticals within the original DEIS plan proposed did not transpire, there have been calls for teachers working in DEIS schools to have access to supports such as supervision (Irish National Teachers' Organisation [INTO], 2015). The role of supervision in preventing STS in teachers is advocated within the literature (Boccellari & Wiggall, 2017; Hydon et al., 2015). Unfortunately, traditional methods of supervision do not appear to be accessible to primary school teachers, with qualitative findings from this study indicating that the provision of supervision is perhaps occurring informally in schools in the form of peer supervision between

colleagues. However, recognition of the role of supervision within the education system in Ireland is emerging (Longford County Childcare Committee, 2016).

3.4.6. Conclusion

This study aimed to better understand Irish primary school teachers' experiences of and perspectives on working with pupils who have experienced adversity, in an attempt to elucidate how the field of Educational and Child Psychology could better support teachers in such work. By addressing the need for greater breadth and depth of understanding through the implementation of a MMD, new insights were established and previous findings extended. Principally, this study revealed that working with pupils exposed to adverse events is a common experience for teachers. Through advanced analysis, this study demonstrated that the data collected fit a hypothesised conceptual model, in which teachers' understanding of trauma related behaviour predicted their self-efficacy, which in turn predicted their awareness of the effects of the work. However, such analysis also demonstrated that unlike previous research, aspects of teaching experience and training experience did not predict teachers' understanding, self-efficacy and reactions to the work to an extent that could be considered practically significant. Insight into these aspects of teachers' experiences and perspectives were expanded upon through qualitative exploration. Such supplementary findings called attention to the role of the teacher and the EP in working with adversity-exposed pupils, the function of teacher training in advancing knowledge and skills, as well as the significant impact of the emotional demands inherent in supporting such pupils in need.

However, while the findings of this study have done much to generate insight and understanding regarding how the field of Educational and Child Psychology can better support teachers in their work with adversity-exposed pupils, such findings should be considered in light of the study's strengths and limitations. Accordingly, the implications of the above findings for EP policy and practice will be reviewed in the following paper in conjunction with a discussion of the strengths and limitations present.

Chapter 4: Critical Review and Impact Statement

The final component of this thesis comprises a critical review of the execution of this research study. An account of the research paradigm adopted is presented. This is followed by an appraisal of the key features of the study, namely, the research design employed, the data collection techniques utilised and the data analyses completed. A contemplation of ethical considerations relevant to this study is presented, with particular attention paid to unanticipated ethical dilemmas which arose throughout the research process. Importantly, in-depth consideration is provided pertaining to the implications of the established findings, with recommendations for policy, practice and research delineated. Finally, this thesis concludes with an Impact Statement, which outlines the potential impact of this thesis within the field of Educational and Child Psychology.

4.1. Research Paradigm

The overarching research question posed in this thesis was "What are teachers' experiences of and perspectives on supporting pupils exposed to adversity?". The goal of answering this research question was to elucidate how the field of Educational and Child Psychology can support teachers in supporting pupils exposed to adverse events. In order to achieve this, the paradigm in which the research was to be located required meaningful consideration, as the methodological implications of said paradigm choice permeate key aspects of the research process, exerting significant influence on how a research study is conducted (Kivunja & Kuyini, 2017). A pragmatic paradigm was adopted for this study.

The pragmatic paradigm has been viewed as a rejection of the need to locate a study in either of the diametrically opposed positions of post-positivism or constructivism within the "Paradigm Wars" (Gage, 1989; Kivunja & Kuyini, 2017, p. 35). Rather, the central tenet of the pragmatic paradigm in research is the focus upon "what works", so as to allow the researcher to adopt an approach that works best in addressing the research question posed (Tashakkori & Teddlie, 2003, p. 713). In accordance with Lincoln and Guba's (1985) assertion that the essential elements of a paradigm are ontology, epistemology, axiology and methodology, each of these four elements and how they relate to the pragmatic paradigm will be briefly examined.

Regarding ontology, which concerns assumptions about the nature of reality, pragmatism contends that the use of metaphysical concepts such as reality and truth should be avoided, as it has been argued that such concepts have resulted in often contentious yet fruitless debates (Creswell & Plano Clark, 2017; Tashakkori & Teddlie, 2003). Rather than accepting a

forced-choice dichotomy between the existence of a singular reality or multiple realities, the pragmatic paradigm accepts that both a single real world exists, and that all individuals possess their own unique interpretation of that world (Kivunja & Kuyini, 2017; Mertens, 2015). Such a position allowed for this research to test hypotheses (i.e., test the fit of the hypothesised conceptual model within the quantitative phase), while also providing multiple perspectives to be explored (i.e., exploration of participants' views within the qualitative phase) within the one study. From an epistemological perspective, which concerns the relationship between the researcher and what is being researched, pragmatism maintains that relationships in research are determined by what is deemed appropriate to the particular study (Creswell & Plano Clark, 2017). Within this stance, researchers are enabled to be flexible, to adopt the most practical approach to address the research questions (Mertens, 2015). In relation to this study, such a position entailed a phase in which an objective approach was deemed most appropriate, whereby there existed an absence of interaction with participants, as well as a phase in which a more subjective approach was warranted, whereby interaction with participants was necessary. With consideration to axiology, which concerns the beliefs of the role of values in research, contemporary pragmatists advocate a value-laden axiology which views the ethical aim of conducting research as the gain of knowledge and increased understanding in the pursuit of desired ends (Kivunja & Kuyini, 2017; Morgan, 2007, as cited in Mertens, 2015). From a methodology standpoint, pragmatism asserts that the choice of method is dependent on the purpose of the study, and that the methods should correspond to the research question(s) posed (Mertens, 2015). The importance of not being constrained by a single method is a central principle within pragmatism, allowing the researcher to adopt the methods deemed most compatible, which in turn enables the researcher to conduct research more effectively (Johnson & Onwuegbuzie, 2004). Within this research study, this entailed the collection, analyses and integration of quantitative and qualitative data in order to answer the overarching research question.

4.2. Strengths and Limitations of the Research

It has been cautioned that when undertaking research in which both quantitative and qualitative data is collected and analysed, the utilisation of two approaches "must not be an excuse for doing less than a complete job with each of the components" (Axinn & Pearce, 2006, p. 73). In line with this, the intent of this research study was for each of the research phases to be executed with rigorous approaches. Nonetheless, all research unavoidably contains some limitations, with acknowledgement and discussion of same deemed essential in

order for scientific progress (Ioannidis, 2007). Accordingly, the following section outlines a critical appraisal of the research process in order for the research findings to be understood in context.

4.2.1. Research Design

In line with the adoption of a pragmatic paradigm, methods that provided the best possibility of effectively answering the research question were employed (Feilzer, 2010). Correspondingly, a MMD was utilised. Within this study, a fixed MMD was implemented, in which the use of both quantitative and qualitative methods was predetermined and planned from the outset (Creswell & Plano Clark, 2017). The primary reason for employing a MMD was to address the need for both breadth and depth of understanding pertaining to teachers' experiences and perspectives regarding their work with ACE-exposed pupils. Given that the literature base proved rather limited, there existed a need to collect quantitative findings that could be generalised to a larger population, as well as a need to gain more in-depth understanding based on Irish teachers' experiences through qualitative findings. This was the basis upon which MMD was selected to address the research question, with Hong and colleagues (2018) stating that an adequate rationale for using MMD is a primary methodological quality criterion that requires explanation in mixed methods research studies.

Given that the use of MMD was fixed as opposed to being emergent in nature, various different MMDs were considered in order to ensure the most appropriate design was employed. Whilst a convergent MMD was initially considered as it does allow for a more complete understanding of phenomena to transpire, it was decided that an ESD was more appropriate for several reasons. Primarily, the paucity of quantitative research detected within the previously delineated systematic review called for additional quantitative research to be undertaken, from which findings could potentially be generalised. The quantitative orientation of the research problem is in keeping with ESD which comprises an initial (and often more prominent) quantitative phase (Creswell & Plano Clark, 2017). In addition, the emphasis upon examining in what ways quantitative and qualitative results converge and diverge within the convergent MMD did not necessarily complement the purpose of this study, with the emphasis upon extending and enhancing understanding of specific quantitative results with qualitative results within the ESD proving preferable (Creswell & Plano Clark, 2017). While not the central reason for which ESD was utilised, with the aforementioned reasons serving as the basis upon which the choice was made, consideration of the practical implementation of the design was also necessary (Halcomb & Andrew, 2009). Within convergent MMD, both quantitative and

qualitative phases are executed concurrently. Conversely, within an ESD the collection and analysis of quantitative and qualitative data is executed separately. Given that the researcher was the sole investigator, and that the current thesis was to be undertaken during a professional doctorate which involves extensive professional placement, it was perceived that implementation of an ESD may be more feasible (Creswell & Plano Clark, 2017). Hence, ESD was adopted.

Within MMD, integration is considered a core component, the centrepiece which differentiates MMD from studies in which investigators merely collect and analyse quantitative and qualitative data (Bryman, 2006). Such integration is defined as the "explicit interrelating of the quantitative and qualitative component in a mixed methods study (Plano Clark & Ivankova, 2015, p. 40). In fact, Hong and colleagues (2018) assert that effective integration is one of the central methodological quality criteria that should be examined when MMD are to be appraised. Within this study, there were two points of integration. As required within ESD, integration occurred when the identification of specific quantitative results that called for additional explanation were utilised to inform the development of the subsequent qualitative phase, specifically guiding what domains/questions required further probing and what participants could provide such insights (Creswell & Plano Clark, 2017). In addition to this, the quantitative and qualitative findings were explicitly integrated within the discussion section in order for integrated conclusions to be drawn (Creswell & Plano Clark, 2017).

Although the MMD was executed as rigorously as possible, it would be remiss not to outline the limitations that arose related to the design. Namely, carrying out an extensive MMD with limited resources has been reported to give rise to a representativeness/saturation trade-off (Teddlie & Yu, 2007). As will be outlined later, the use of MMD within this study necessitated compromise between the goal of representativeness within the quantitative phase and saturation of information within the qualitative phase, (Teddlie & Yu, 2007). Furthermore, the extended time needed to complete the project using an ESD resulted in the need for participants to be accessible over an extended period which impacted recruitment (Creswell & Plano Clark, 2017). Whilst both of these points will be outlined in more detail in the subsequent section related to data collection, they pose as potential limitations as a result of the execution of the ESD in this study. Nonetheless, the execution of a MMD is arguably one of the primary strengths of this research study. The use of MMD has been noted to produce a more complete picture of the phenomena under study (Creswell & Plano Clark, 2017), as the inferences drawn based on integrated conclusions are arguably stronger than those that can be drawn from

quantitative or qualitative findings alone (Feuer et al., 2002). This more complete picture of the research topic has been conveyed as potentially necessary in order to inform future practice (Johnson & Onwuegbuzie, 2004).

4.2.2. Data Collection

It has been asserted that the success of a MMD study in answering the research questions posed is a function of how data is collected and from whom it is collected, with such factors influencing the quality of results obtained (Gibbs et al., 2007; Teddlie & Yu, 2007). Accordingly, consideration of the factors pertaining to both quantitative and qualitative data collection is necessary.

4.2.2.1. Quantitative Data Collection. Within the quantitative phase of this study, the aim was to obtain quality data from a large sample of qualified and practising primary school teachers in Ireland in order to generalise the findings to the wider population of interest. Furthermore, within this phase a large sample size was required in order for the inferential statistical analysis to be conducted with sufficient power (Klein, 1998). Various decisions were made in order to achieve this.

When considering from whom data is collected, the use of sampling strategy is of vital importance. Within this study, consecutive sampling was utilised. Whilst it is acknowledged that probability-based sampling techniques are preferable for quantitative research (Teddlie & Yu, 2007), the use of a non-probability technique in this study was purposeful. Rather than utilising random sampling, in which a random selection of schools from the sampling frame would be selected and contacted, consecutive sampling was utilised, in which every school within the sampling frame was selected and contacted. The primary reason for this decision was to generate a larger sample size. Although consecutive sampling is regarded as the more preferable non-probability sampling technique given that sampling bias is reduced and representation of the entire population is possible with the inclusion of all available subjects (Thewes et al., 2018), it's use could potentially be considered as a limitation of this study. The presence of self-selection bias (on behalf of school principals as gatekeepers as well as on behalf of teachers as participants) and the inability to examine response rates and non-response bias within consecutive sampling calls into question the representativeness of the P1 sample, which in turn compromises the external validity of this research (Mertens, 2015).

Notwithstanding the fact that response rate does not directly equate to response representativeness, it is widely accepted that a higher response rate is preferable in order to

obtain a sample that is reflective of the population of interest (Brough, 2018; Teddlie & Yu, 2007). Accordingly, several factors were taken into consideration to ensure as high a response rate as possible. One such consideration was the use of a follow-up email, which has been found to positively influence response rates in web-based surveys (Cook et al., 2000; Van Mol, 2017). Another consideration was the use of the platform Qualtrics. Features available within Qualtrics have been demonstrated to improve response rates due to ease of use for participants (Brough, 2018). Such features, which were utilised in this study, include the ability for participants to complete the survey on different devices (e.g., laptops/computers, tablets and phones), the ability for participants to complete the survey at any time in any place where Wi-Fi is available, and the ability for participants to pause the survey and continue later. Whilst the flaws of non-probability sampling pose as a limitation, the above considerations contributed to the collection of data from a large sample of teachers, which included teaching staff from a variety of school settings who hold a wide range of teaching roles.

Consideration of how data was collected is also of critical importance. As previously explicated, a web-based survey was employed to collect data. The use of a web-based survey can be considered a strength within this study, as recent evidence suggests that data collected in this manner demonstrates improved reliability in comparison to data collected via face-to-face survey (Liu & Wang, 2015). A possible explanation for such findings perhaps relates to the capacity for platforms such as Qualtrics to collect and score data automatically, as well as the capacity to notify participants when a question has been skipped or if an incompatible/invalid response has been provided. Such features have been claimed to reduce data errors, which could resultantly lead to more reliable data (Brough, 2018). Another strength associated with the quantitative data collection was the use of the ARTIC subscales. The use of a validated measure related to teachers' trauma-informed attitudes is considered a positive component of this study, as previous studies pertaining to teachers' experiences and perspectives have failed to do so (Alisic et al., 2012). Furthermore, the lack of use of psychometrically robust instruments in past research (partly due to their unavailability) has been regarded as an impediment within the field of trauma research (Baker et al., 2016). However, of significance is the fact that the wording of the ARTIC instructions was changed in this study, thus undermining its validity. Whilst validated ARTIC instruction direct teachers to choose an answer that best represent their personal belief during the past two months, this was deemed inappropriate given that teachers had not interacted with their pupils in person in the two months prior to completing the survey due to Corona Virus related school closures.

Resultantly, it was decided to amend the wording of the instruction, with the change consequently instructing individuals to consider their personal beliefs during the past school year. Whilst this was deemed a necessary amendment, it is acknowledged that it does present as a limitation (Juniper, 2009). Finally, the ARTIC, and the survey in general, relied on participant's self-reports of their knowledge, attitudes and behaviours, with the validity of such information dependent on the honesty of participants' responses (Mertens, 2015), with the lack of corroborating behavioural data potentially considered as a limitation.

4.2.2.2. Qualitative Data Collection. Within the qualitative phase of this study, the aim was to obtain quality data from a smaller sample of qualified and practising primary school teachers of Ireland to bring about rich insights based on personal experiences.

Within qualitative research, sample size is often dictated by saturation being achieved, the point at which new information is not being introduced with identified ideas being repeated rather than extended (Mertens, 2015; Teddlie & Yu, 2007). Whilst eight participants is considered to be an adequate sample size for small projects, and reflection during analysis indicated that patterns in the data were indeed being repeated instead of extended, it is possible that a larger P2 sample size may have generated new insights, with this thusly presenting as a possible limitation. However, as previously outlined, the execution of a MMD study requires a balance to be achieved regarding representativeness and saturation (Teddlie & Yu, 2007). If a larger P2 sample size was prioritised, this would have resulted in a reduction in the resources and time invested in P1 data collection which would resultantly threaten the representativeness of the P1 sample. Whilst a larger P2 sample size may have been preferable, the study strived towards a representativeness/saturation balance. Furthermore, as previously mentioned, the extended period of time required within an ESD could be considered as a limitation as it resulted in participant attrition. While 30 participants opted to take part in P2, several iterations of random sampling from each stratum was required due to some participants indicating they were no longer in a position to participate, with lack of participant response compounding the issue. While a sufficient sample size of eight was achieved, such sampling factors required consideration nonetheless.

Qualitative data was collected remotely via semi-structured interviews. Although the initial intention was for interviews to be conducted in a face-to-face manner, in order for participants and researcher to adhere to national public health guidelines due to the Corona Virus pandemic, all interviews were carried out over Zoom. Despite the fact that concerns emerged regarding how the remote nature of the interviews may impact upon rapport building,

the virtual nature of interviews in actuality presented as a strength of this study. Affording participants the opportunity to partake in interviews in the comfort of their own homes possibly resulted in the creation of a safe and comfortable atmosphere in which rapport was developed, allowing for rich data to be generated between the participant and researcher throughout the interview (Braun & Clarke, 2013; DiCicco-Bloom & Crabtree, 2006). Furthermore, the virtual procedure allowed for interviews to be conducted without being confined to particular geographical locations or times, with such factors proving important as several participants could not partake in interviews during standard working hours. Remote interviews resultantly proved to be convenient and accessible for qualitative data collection.

As well as the virtual nature of interviews proving beneficial, the semi-structured nature of such interviews is also considered a strength of this study. The primary advantage of the semi-structured method is the ability to explore the topics of concern related to the research questions, while also being capable of flexibly responding to unexpected areas of interest as they emerge throughout the interview (Rubin & Rubin, 2011). Allowing for further probing in a one-to-one situation can arguably prompt more in-depth insights (Robson, 2011; Robson & McCartan, 2016). Accordingly, given the importance placed upon the conducting of semi-structured interviews, it was decided that a framework would be followed in the development of the interview guide, which Kallio and colleagues (2016) maintain can help achieve rigorous data collection. The application of such a framework, which comprised considerable pilot testing, is considered as a strength of this study.

Whilst there were many benefits to utilising semi-structured interviews, it has been established that social desirability can play a role in such interactions, impacting participants' responses (Bryman, 2012). Consequently, the presence of social desirability which constitutes a limitation of this study cannot be disregarded. However, several strategies were employed to address possible effects. Firstly, participants were assured that confidentiality would be maintained, with the subsequent presentation of results being anonymous in nature (Singer et al., 1995). Furthermore, the neutral phrasing of questions posed was deliberate in order to mitigate against participants over-reporting experiences and perspectives they perceived to be more socially desirable, and under-reporting experiencing and perspectives which they perceived to be less socially desirable (Krumpal, 2013).

4.2.3. Data Analyses

4.2.3.1. Quantitative Data Analysis. Path analysis was utilised within this study in order to examine the predictive relationships between the variables of interest, and to test the fit of a hypothesised conceptual model to the data. Whilst multiple regression was initially considered in order to address the research question pertaining to the predictive relationships between variables, path analysis was chosen. As a statistical technique, path analysis allows for the analysis of more complicated (and realistic) models, in which several dependent variables are present (Streiner, 2005). Path analysis also allows for examination of situations in which there are "chains of influence", meaning that it can examine models in which variable X influences variable Y, which in turn influences variable Z (Streiner, 2005). The aim of path analysis is to provide estimates of significance and magnitude of hypothesised causal connections between predetermined variables (Streiner, 2005). As a result, path analysis was chosen as the superior statistical technique in comparison to multiple regression.

Whilst the use of path analysis is a primary strength of this study, it is also important to understand the limits inherent within the technique. Primarily, regardless of how sophisticated the statistics, causality cannot be determined using path analysis. Causality can only be proven through longitudinal or experimental research (Field, 2013). The need to bear this is mind in interpreting results from path analysis is emphasised in the following cautionary note (Everitt & Dunn, 1991, p. 304): "However convincing, respectable and reasonable a path diagram... may appear, any causal inferences extracted are rarely more than a form of statistical fantasy".

4.2.3.2. Qualitative Data Analysis. TA was specifically employed within this study, as its theoretical and epistemological freedom allowed for a flexible approach to be adopted and modified based on the needs of the study (Braun & Clarke, 2006; Nowell et al., 2017). Braun and Clarke (2006) maintain that the use of a method of analysis that is driven by the research question prevents researchers from falling victim to "methodolatry" (Holloway & Todres, 2003, p.347). In line with this, a hybrid approach to TA was utilised. The use of a hybrid approach was reflective of the underlying pragmatic paradigm within which the study was situated, whereby the manner in which TA was conducted was in keeping with the purpose of the qualitative phase (Roberts et al., 2019). Accordingly, the purpose of P2 was to extend understanding of the hypothesised conceptual model examined in P1 through personal insights from teachers. A solely inductive approach to TA would therefore not have been appropriate. In fact, it has been noted that within TA, researchers cannot free themselves of their theoretical interests and positions, with data coding not taking place in a theoretical vacuum (Mertens,

2015). In line with this, the explicit presentation of the theoretical stance within P2 via the a-priori codebook is viewed as a strength. However, solely deductive approaches to TA have been accused of providing less of a rich description of data, with the inclusion of inductive coding reflective of the raw data also viewed as a strength of this study (Bryman, 2012; Mertens, 2015). The ability to utilise TA in this flexible manner has been noted as a significant advantage (Brough, 2018; Fereday & Muir-Cochrane, 2006; Roberts et al., 2019; Xu & Zammit, 2020).

By following the steps outlined by Braun and Clarke (2006) as well as Crabtree and Miller (1999), analysis was conducted in a methodical and thorough manner (Attride-Stirling, 2001). Conducting analysis in this rigorous manner has been recommended in order to yield meaningful and insightful results (Nowell et al., 2017). Such a procedure was supported by the use of NVivo 12 software, with the use of such qualitative data analysis software reported to facilitate the analytic process (Maher et al., 2018; Nowell et al., 2017; Woods et al., 2016).

In order to ascertain the trustworthiness of the qualitative analysis and results, several of Lincoln and Guba's (1985) criteria were considered. Lincoln and Guba (1985) proposed a number of techniques that could be utilised to address credibility, two of which were employed (to an extent) in this study. A form of peer debriefing was employed, in which deductive and inductive coding was reviewed and discussed with an independent coder (a fellow Trainee Psychologist undertaking Level 10 research who was familiar with TA). Whilst this peer debriefing proved valuable, the lack of multiple coders and analysts presents as a limitation. Member checking was also utilised within the analytic process. However, rather than checking the findings and interpretations with the participants, technical member checking was conducted in which participants were provided the opportunity to comment on or correct what they perceived to be errors or inappropriate representations of their experiences or perspectives within the transcripts (Cho & Trent, 2006). This form of member checking was chosen as it has been argued that participants may not be the best judge of analytic interpretations (Sandelowski, 2002). With regard to transferability, whilst it is not possible for the researcher to know who may wish to transfer the findings of this study, it was nonetheless important to present information with makes judgements of transferability possible (Lincoln & Guba, 1985). Accordingly, all information pertaining to P2 participants' teaching and training experience were presented to enable judgements of transferability to other contexts and populations. However, it could be argued that such details do not amount to the thick description that is necessary in order to sufficiently address transferability (Nowell et al., 2017). Finally, in an

attempt to demonstrate the dependability of the qualitative research, a research journal was maintained and an audit trail provided (Lincoln & Guba, 1985). The use of a research journal allowed for methodological decisions and rationales to be documented throughout the process, acknowledging the active role of the researcher in the analysis (Bryman, 2012; Nowell et al., 2017). An audit trail which evidenced decisions made, particularly in reference to the deductive and inductive coding, is also provided (Nowell et al., 2017). Finally, as previously mentioned, the peer debriefing which took place, while not extensive, acted as a trial to ascertain if the peer in question would arrive at comparable as opposed to contradictory conclusions (Nowell et al., 2017).

4.3. Unexpected Ethical Considerations

As previously detailed in Section 3.2.2., ethical approval was sought from MIREC prior to the current research study commencing. In line with this, extensive planning and forethought was undertaken, guided by the PSI Code of Professional Ethics (PSI, 2019) and the BPS Code of Ethics and Conduct (BPS, 2018), which resulted in several intentional decisions being made in order to address the anticipated ethical concerns identified in advance. Such ethical concerns primarily related to informed consent, anonymity and confidentiality, and the secure storage of data. With regard to informed consent, an information letter, one for each of the two phases of research, was provided to participants in an easily understood format prior to procuring consent. With regard to anonymity and confidentiality, the anonymity of participants who only took part in P1 was protected through the utilisation of unique identification numbers which participants assigned themselves. This ensured that it was in no way possible to trace particular data back to the participants that provided such data (Mertens, 2015). However, anonymity could not be ensured for participants who took part in P2, given that they provided the researcher with their unique identification number in order for relevant P1 data to be identified for the P2 sampling strategy (Mertens, 2015). Rather, confidentiality was ensured as all remnants of identifying information in P2 data regarding teachers, schools, and most importantly, their pupils, was removed from transcripts (PSI, 2019). Furthermore, care was taken to ensure that data extracts utilised within the write-up of results could not be identified as belonging to any particular participant. With regard the storage of data, data collected during the research process was stored in an encrypted file on a password protected device, only accessible to the researcher.

Whilst gaining ethical approval from MIREC was an important development in the research process, it is understood that ethical responsibilities do not come to an end as soon as

formal approval is granted. Rather, being an ethical researcher requires ongoing responsibility that continues during the collection and analysis of data as well as the representation of outputs (Brough, 2018; Inguaggiato et al., 2019). Accordingly, unanticipated ethical considerations arose during the research process which required deliberation (Bryman, 2012). One such dilemma was related to the dual relationships present between researcher and participants, while the other dilemma related to the discussion of sensitive topics within the interviews.

During the sampling procedure for P2, it transpired that two of the eight participants that were selected, and who subsequently participated in interviews, were known to the researcher; one in a personal capacity and one in a professional capacity. Whilst it has been affirmed in the literature that it is acceptable for a researcher to interview participants known to them, entering into a dual relationship with these participants requires additional ethical considerations on behalf of the researcher (Braun & Clarke, 2013; Garton & Copland, 2010). One such consideration related to the use of pre-existing relationships to influence individuals to participate. Whilst it is imperative to ensure coercion is absent in relation to participant recruitment (Johnson & Clark, 2003; McConnell-Henry et al., 2010), this proved to be less relevant to the current study as a result of the opt-in nature of P2 participation. Rather than participants being recruited directly by the researcher, recruitment entailed a general invitation to all P1 participants at the conclusion of P1. Nonetheless, when P2 participants known to the researcher were randomly selected (based on the stratified random sampling technique), they were assured that they had the right to withdraw from participation, without the need to provide an explanation for doing so (BPS, 2018; PSI, 2019). Furthermore, it was emphasised to participants that they had the right to refrain from answering particular questions during the interview (BPS, 2018; PSI, 2019). The second consideration regarding dual relationships concerned knowledge gained inside and outside of the interview. It was important to be cognisant that the participant had consented to the use of information established during the interview, precluding insights gained outside of the interview to become part of the analysis (McConnell-Henry et al., 2010). As well as this, information shared during the interview remained confidential to the interview (Braun & Clarke, 2013).

The other unanticipated ethical dilemma pertained to the discussion of sensitive topics during the interview. A planned procedure had been established prior to interviews taking place, as it was acknowledged from the outset that the topic of trauma and adversity could prove sensitive in nature (Bride, 2007; Diehm et al., 2019). Such a procedure included the termination of the interview as well as the provision of information related to support services

for teachers if a participant was to become distressed. Whilst there was no need for any of the interviews to be discontinued, as none of the participants became distressed during the interview process, additional care was nonetheless required in relation to participants' wellbeing. Given the emotive nature of the subject, particularly in reference to teachers' feelings of unpreparedness and ignorance regarding their understanding of trauma and how this may have impacted upon their approach with pupils who had experienced adversity, extra care was required to limit feelings of guilt or embarrassments (PSI, 2019). The need for reflection and caution, which were exercised, regarding the use of probes and follow up questions is exemplified by the following statement within the Helsinki Declaration: "while the primary purpose of (…) research is to generate new knowledge, this goal can never take precedence over the rights and interests of individual research subjects" (World Medical Association, 2014, paragraph 8). The need for an open, non-judgemental stance was also apparent as teachers discussed the impact of their work, given that some participants came to the realisation during the interview process that they were in fact being impacted by such work (Hydon et al., 2015). In line with this, care was taken to provide participants with relevant information pertaining to support services for teachers, namely, access to support from a Spectrum Life qualified counsellor through their INTO membership.

4.4. Implications of Research Findings

The aim of this research study was to elucidate how the field of Educational and Child Psychology can support teachers in their work with adversity-exposed pupils. Whilst limitations related to design, data collection and analyses, as described above, should be taken into consideration when interpreting findings, the results of this study have nonetheless contributed to the research base on teachers' experiences and perspectives on supporting pupils exposed to ACEs. Furthermore, tentative implications and recommendations can be drawn from such findings, particularly as they relate to policy, practice and research, all of which are delineated below.

4.4.1. Policy

With regard to service delivery and organisational change, one of the core competencies of an EP is to bring about change through policy development (BPS, 2019). Based on the findings obtained in this study, one all-embracing recommendation related to policy development is proposed, namely, that education staff working with children in the Irish education system should become trauma-informed. While integrated results from this study

indicated that many schools are in fact seeking to become trauma-informed, the absence of any policy or guidelines undoubtedly gives rise to lack of continuity in the approaches being adopted. It is therefore recommended that the DES devise a policy pertaining to the development of trauma-informed schools. It is advised that such a policy follow best-practice guidelines that have been advocated internationally (SAMHSA, 2014a), while also encompassing some of the pertinent findings established in this study based on the experiences and perspectives of teachers. In keeping with international guidance, three policy stipulations to be outlined within a DES policy will be presented which aim to bring about an education system that realises, recognises and responds to the impacts of trauma in ways that promote healing and resilience and avoid re-traumatisation (SAMHSA, 2014a). These three primary policy stipulations refer to the training of teachers, the need for ongoing support to be provided to schools, and the need to address teacher wellbeing.

The first policy stipulation pertains to the training of teachers. It has been stated within the literature that in order to achieve the development of a trauma-informed education workforce, the provision of professional training is necessary (PEIN, 2019; Woodside-Jiron et al., 2019). Based on findings in this study, it is necessary for the DES policy to state clearly that universal training for education staff will be provided related to trauma. As demonstrated in this study's findings, a significant majority of teachers (teachers across many school settings and in diverse teaching roles) have worked with/continue to work with pupils who have experienced adversity. Therefore, access to training related to trauma and adversity needs to be universal. Furthermore, this universal training needs to be at the pre-service and in-service level.

Looking specifically at pre-service training, based on previously outlined findings from this study it is evident that an insufficiency of pre-service training related to trauma and adversity appears to exist, which results in teachers feeling unprepared and overwhelmed when working with ACE-exposed pupils. In the past decade initial teacher education (ITE) in Ireland has been amended, with undergraduate courses now four years in duration. Whilst the purpose of the extension from three to four years was multifaceted, one such motive was to allow for an increased emphasis on key strategic priorities, one of which relates to inclusion (The Teaching Council, 2017). With regard to inclusive education, which is stated as a mandatory element of all ITE, the domains of "special education" and "disadvantage" are specifically mentioned (The Teaching Council, 2017, p. 14). Correspondingly, it is suggested that the DES policy endorse the need for pre-service training related to trauma and adversity to be

incorporated within the ITE element of inclusive education, in order for all teachers to be prepared to work with and support pupils who have been exposed to adversity.

Looking specifically at in-service training, based on previously outlined findings from this study it is evident that there is a need for the training being provided to schools to be evidence-based in nature. In line with this, it is recommended that the DES policy clearly outlines that training for teachers must incorporate the four principles of trauma-informed care (SAMHSA, 2014a). Namely, this would necessitate that training comprise information and instruction to ensure that teachers/schools:

- Realise the widespread impact of trauma and understand potential paths for recovery.
- Recognise the signs and symptoms of trauma in pupils.
- Respond to the impacts of trauma by fully integrating knowledge about trauma into policies, procedures, and practices.
- Resist re-traumatisation in their work with pupils.

Not only would such training, as stipulated by the DES policy, incorporate the internationally recognised principles of trauma-informed care (SAMHSA, 2014a), but it would embrace findings pertaining to the training needs of Irish teachers (further outlined in section 4.4.2.1.)

The second stipulation pertains to the need for ongoing support to be provided to schools. While the aforementioned training for teachers is imperative, becoming a trauma-informed school is a process and therefore cannot be achieved following once-off training. Rather, what is needed following such training is ongoing support in order for schools to progress in their endeavour to become trauma-informed. The purpose of such ongoing support is multifactorial. Firstly, as delineated within the study, the field of trauma and adversity in schools is still in its infancy (Dorado et al., 2016; McIntyre et al., 2019; Overstreet & Chafouleas, 2016). Correspondingly, new knowledge and information regarding best practice is continually evolving and developing and such information should be disseminated appropriately and responsibly to the teachers in the field by qualified professionals. Secondly, as stated above, a primary principle of trauma-informed care relates to responding to the impacts of trauma by integrating relevant knowledge into policies, procedures and practices in manners that resist re-traumatisation. In line with this, teachers require ongoing guidance regarding the implementation of trauma-informed strategies and practices. As explicated within the findings, teachers' feel they possess limited knowledge of appropriate strategies that are necessary to support ACE-exposed pupils. While it is important for such strategies and approaches to be disseminated to teachers (as outlined in section 4.4.2.1.), it is imperative that

implementation of such practices are continually guided by qualified professionals. As specified within the findings, teachers themselves desire ongoing support in the form of consultation to ensure they are supporting their pupils in the most appropriate manner. Additionally, ongoing support is required by schools with regard to advising the revision of policies to ensure they are in keeping with trauma-informed principles. Such policies could for instance relate to schools' behavioural management practices or disciplinary codes. For example, SAMHA (2014a) state that placing a pupil in a seclusion room may be re-traumatising for said pupil if they had experienced neglect in their past. In line with this, schools can receive ongoing advice via consultation with EPs and other qualified professionals in terms of revising policies to ensure potentially outdated strategies that may no longer be viewed as trauma-informed are removed and replaced with more appropriate alternatives. Given the above information, it is recommended that the DES policy sets forth a provision whereby support services such as NEPS, the National Council for Special Education and the Professional Development Service for Teachers, are fully trained and available to provide the necessary support for schools and teachers on an ongoing basis.

The third stipulation pertains to the wellbeing of teachers. It is recommended that the DES policy explicitly promotes the importance of supervision for teachers working with trauma-exposed pupils. The findings of this study clearly explicate that working with pupils exposed to adversity can cause emotional challenges for teachers, with some such challenges potentially leading to the development of STS. Given the negative consequences of STS (i.e., professionals becoming emotionally impaired and ineffective at their job, contributing to high rates of staff absences and turnover [Bride, 2007; Ronfeldt et al., 2013; SAMHSA, 2014b]), it is recommended that the DES policy states that support for teachers, in the form of supervision, will be accessible. Whilst supervision is a commonplace support mechanism for other professionals working with trauma-exposed individuals, providing same for teachers at risk of/suffering from STS is currently not established and should undoubtedly be addressed in a DES trauma-informed policy (Boccellari & Wiggall, 2017; Hydon et al., 2015; INTO, 2015; Longford County Childcare Committee, 2016).

4.4.2. Practice

With regard to implications and recommendations pertaining to the practice of the EP based on the current findings, three central domains are emphasised; the role of EP in training and development, the role of the EP in consultation, and the role of the EP in supervision (BPS, 2019).

4.4.2.1. The Role of the EP in Training and Development. The findings of this study have several implications for the role of the EP with regards to the provision of training and development. Firstly, given the finding that the ethos of the school is perceived as influential with regard to how efficacious a teacher feels in supporting pupils exposed to adversity, it is recommended that EPs work with schools at a systematic level in preparation for implementation of trauma related training. Addressing schools' readiness to embrace trauma-informed approaches is imperative, as demonstrated by implementation science (Overstreet & Chafouleas, 2016; Phifer & Hull, 2016; Zakszeski et al., 2017). Accordingly, promoting the necessary paradigm shift regarding staff's perceptions may be facilitated through collaborative systemic work between the EP and schools within the context of schools' self-evaluation process (DES, 2016). Within the Wellbeing Policy Statement and Framework for Practice (DES, 2019), it is clearly stated that by the year 2023, every school is to utilise the School Self-Evaluation process to initiate a wellbeing promotion review, with trauma in schools a potential topic for consideration given its inextricable links with wellbeing. Within this, schools are to gather information by consulting with various key stakeholders such as staff, parents and pupils (DES, 2019). Through this process, positive aspects as well as areas for development in current practices pertaining to supporting trauma in schools could be identified, which in turn could inform future actions. Generating ideas in this manner ensures opinions from the ground up are considered, while also incorporating the perspectives of management, both of which are essential if a trauma-informed approach is to be embraced (Overstreet & Chafouleas, 2016; Phifer & Hull, 2016; Zakszeski et al., 2017).

Secondly, while findings from this study demonstrated that in-service training related to trauma and adversity is being delivered to some teachers, findings also demonstrate that such training does not result in a practically significant increase in understanding of trauma related behaviours and symptoms or a practically significant increase in feelings of teacher self-efficacy in working with affected pupils. The effectiveness of such training is therefore called into question. Given that EPs are evidence-based practitioners, it is recommended that EPs deliver trauma-informed training which has been proven to be effective. Although trauma-informed training programmes have been evidenced as producing positive outcomes for both staff and pupils internationally (Dorado et al., 2016; Roseby & Gascoigne, 2021), research examining effectiveness within the Irish education system is limited. Nonetheless, promising research has emerged regarding the use of the Trauma-Sensitive Schools Training Package, which has been demonstrated to be possibly efficacious in the Irish context (Delaney, 2020;

Guarino & Chagnon, 2018). Consequently, it is recommended that EPs support teachers in their work with pupils who have experienced ACEs through the implementation of evidence-based trauma training.

Thirdly, findings of this study indicate that there is a gap in the knowledge and skills possessed by teachers and the knowledge and skills needed by teachers in order to effectively support their pupils. Findings highlighted that teachers often rely on being informed specifically of the presence of ACEs in a child's background in order for a more understanding approach to be adopted. Such findings are concerning given that there are undoubtedly pupils in classrooms in Ireland who are experiencing adverse events unbeknownst to the teacher, with such pupils requiring a trauma-informed approach, but potentially not receiving it (Honsinger & Brown, 2019). Accordingly, it is recommended that EPs provide teachers with the necessary knowledge in order for teachers to effectively recognise symptoms of traumatic stress in the school environment (SAMHSA, 2014a). Furthermore, findings demonstrated that while teachers feel confident in providing relationship-based support to pupils, limited knowledge of appropriate trauma-informed strategies resulted in teachers feeling less efficacious in their role. Therefore, it is recommended that EPs bridge the research to practice gap by making available to teachers evidence-based trauma-informed strategies that could be implemented by teachers universally (SAMHSA, 2014a). Such strategies/practices/approaches that are trauma-informed in nature and could be employed within an educational setting include Restorative Practice (Burnett & Thorsborne, 2015), Collaborative and Proactive Solutions (Greene & Winkler, 2019), Nurture Groups/Nurturing Schools (Hughes & Schlosser, 2014) and the PACE Model (Hughes et al., 2015). Essentially, EPs need to ensure that the content of training received by teachers addresses the needs identified by teachers.

4.4.2.2. The Role of the EP in Consultation. Similarly, the findings of this study have implications for the role of the EP with regards to the facilitation of consultation. Firstly, findings indicate that teachers perceive the role of the EP as conducting cognitive assessments and disseminating related psycho-educational reports, with such work denoted as less valued or sought after by teachers in their work with pupils exposed to adversity. Rather, results indicate that teachers desire support in the form of consultation. Given that the NEPS model of service delivery is in fact a consultative model (DES, n.d., Nugent et al., 2014), this indicates that there is a need for EPs to provide teachers with enhanced understanding and information related to the role of the EP within the current consultative model of service delivery. Correspondingly, it is recommended that consultation be prioritised by EPs and embraced by

schools when referrals emerge related to pupils who may be presenting with difficulties indicative of traumatic stress reactions.

4.4.2.3. The Role of the EP in Supervision. Finally, findings pertaining to the impact of working with trauma-exposed pupils, especially the potential presence of STS, require attention from EPs who work with such teachers. Given the toll such effects can have on the personal and professional wellbeing of education staff and the potential consequential impact on pupils, it is recommended that EPs provide supervisory based, within-school support for teachers. Whilst the literature base related to such support for teachers is limited, current recommendations include; providing a venue for discussion and opportunities to share difficult feelings associated with working with trauma affected pupils; providing opportunities for peer support to reduce feelings of isolation and build collegiality; provide proactive strategies to mitigate difficulties, such as mindfulness (Boccellari & Wiggall, 2017; Gold et al., 2010; Hydon et al., 2015). Although it is recognised that this recommendation perhaps represents a divergence in the role of the EP, findings indicate that such a role is needed in order to support teachers and enable them to better support their pupils. It is therefore recommended that such work be incorporated into the support and development work provided to schools by EPs on a needs basis.

4.4.3. Research

Based on the findings of the current study, future research is recommended.

Firstly, it is recommended that future research further examines the effectiveness of trauma training being implemented in the Irish education system. Results from this study have potentially called into question the effectiveness of the training related to trauma and adversity being received by teachers, given that such training did not appear to positively impact teachers' understanding of trauma or their self-efficacy in working with trauma-exposed pupils in a practically meaningful manner. Given that training related to trauma and adversity aims to effect enhanced understanding as a result of its implementation (Dorado et al., 2016; McIntyre et al., 2019; Perry & Daniels, 2016), it could be surmised that the training currently being provided to schools is not evidence-based in nature. Resultantly, two research recommendations are posited related to same. It is recommended that the training related to trauma and adversity currently being provided to schools be rigorously evaluated. Such evaluation should include examination of improvements based on pre- and post- intervention measures of interest (e.g., understanding of trauma, self-efficacy etc.) as well as an appraisal

as to whether such potential post-intervention benefits are maintained in the long-term. The aim of this research recommendation is to establish the evidence-base of the training currently in use in the Irish education system given that a significant number of teachers reported receiving in-service training within the realm of trauma and adversity. In line with this, the other research recommendation pertaining to training is that the Trauma-Sensitive Schools Training Package, which has been demonstrated to be possibly efficacious in the Irish context (Delaney, 2020; Guarino & Chagnon, 2018), be further evaluated. To date this training has only been found to be effective when implemented with DEIS schools. However, based on findings of this research study, training is required in both DEIS and non-DEIS school settings. It is therefore recommended that the effectiveness of this training be further examined through implementation in diverse school settings (e.g., non-DEIS schools) with various school staff.

Secondly, it is recommended that future research further examines the causal relationships related to teachers' understanding of trauma presentations, teachers' self-efficacy in supporting pupils affected by trauma, and teachers' recognition of the impact of such work. As previously explicated, causal inferences cannot be drawn from the statistical results within this study. The undertaking of research which is longitudinal in nature is therefore required in order to better understand the causal relationships amongst the aforementioned variables of interest. A possible opportunity to execute this may involve following a cohort of NQTs as they begin their teaching careers. It is recommended that such research involves the collection of data prior to NQTs entering the work force and periodic reviews during their teaching careers. Important factors to explore within such longitudinal research would include school setting, teaching role, the ethos of the school, the presence/absence of support mechanisms for teachers (such as mentors or peer groups with more experienced colleagues), the number of pupils taught that have experienced trauma, training received etc.

Thirdly, it is recommended that future research further explores STS amongst Irish education staff. Current findings pertaining to the impact of working with pupils who have experienced traumatic events, particularly the potential presence of STS amongst some teachers, signifies the need for future research given the significant toll STS can have on the professional and personal lives of educators who work with pupils affected by trauma (Hydon et al., 2015). Future research is evidently warranted, with three specific research recommendations put forth. It is recommended that future research examine in detail the presence and development of STS amongst Irish primary school teachers. Such research should include a review of the prevalence of STS, the presence or absence of specific

symptoms/features of STS, the developmental pathways at play based on teachers' own trauma histories, and the co-occurrence of related conditions such as compassion fatigue and vicarious trauma (NCTSN, 2011; SAMHSA, 2014a). It is also recommended that future research explore the attitude to behaviour gap pertaining to STS and self-care that was revealed within the findings of this study. It was perceived in the findings that appreciating the value of support and self-care did not appear to translate to teachers' implementation of and benefit from same. Examining why this may be the case is imperative, as accessing support and engaging in self-care behaviours has been endorsed as both preventative and interventive in nature with regard to STS (SAMHSA, 2014b). It is possible that lack of engagement with such self-care behaviours could be contributing to the reactions symptomatic of STS found in this cohort. In future research, possible explanations should be considered as to why teachers may not attend to their own wellbeing through implementation of self-care strategies, in spite of teachers' attitudes towards such strategies indicating that they are viewed as being of value. Finally, it is also recommended that future research be conducted that examines the effectiveness of supervisory based, within-school support for teachers facilitated by EPs. As explicated above, it is recommended that such supervisor groups be implemented to support teachers. However, it is imperative that the effectiveness of such groups is established. Such research should examine the presence of STS symptoms, teachers' attitudes towards working with trauma-exposed pupils, teachers' beliefs pertaining to support mechanisms (such as supervision and self-care strategies), as well as an examination of teachers' execution of such supportive strategies.

4.5. Impact Statement

The research question posed at the outset of this study was "What are teachers' experiences of and perspectives on supporting pupils exposed to adversity?". It was hoped that answering this question would elucidate how the field of Educational and Child Psychology could support teachers in supporting pupils exposed to adverse events. Through the implementation of rigorous research methods, the findings and insights generated within this study have implications across practice, policy and research.

The findings of this study have importantly contributed to the limited empirical literature pertaining to teachers' experiences of and perspectives on supporting pupils exposed to ACEs. The execution within an Irish context proved critical, as previous findings from diverse countries could not be extrapolated and generalised to the Irish education system. However, the primary impact of this study relates to how the obtained findings and relevant

implications inform the role of the EP. The creation of specific recommendations concerning the role of the EP in training and development, consultation and supervision is considered a meaningful impact. It is hoped that through the provision of essential support to teachers by EPs, the lives of pupils who have experienced trauma and adversity will be impacted upon positively. Furthermore, it is hoped that the generated findings will be recognised by the DES, with policy recommendations enacted as a result.

A further impact of this study relates to its originality. To the researcher's knowledge, to date no such study examining the experiences and perspectives of teachers regarding their work with pupils exposed to adversity has been conducted in which both quantitative and qualitative methods are implemented and integrated. In addition, the use of analytic techniques such as path analysis and a hybrid TA approach furthers this study's distinctive contribution to the field of research methods.

In order for the findings and insights presented to be impactful, there is a need to "give psychology away" (Miller, 1969, p. 1074). It is envisaged that through dissemination, the results and related implications will be circulated throughout the field of Educational and Child Psychology. Such dissemination has commenced through presentation at the national Psychological Society of Ireland's annual conference (2020). The findings will also be presented to two cohorts of Trainee Educational and Child Psychologists, as well as the team members of the Doctorate in Educational and Child Psychology in Mary Immaculate College in the upcoming Research Summer School. Furthermore, for EPs to support teachers effectively, it is essential for the results and recommendations of this study to be distributed to a wider audience. Therefore, it is planned that the empirical paper presented within this thesis will be submitted for publication in a peer reviewed journal, in the hope that such distribution will bring about greater impact.

This research and its related findings have come about at an opportune time. The field of trauma-informed practice is developing rapidly, and it is hoped that the current thesis has contributed to its progression.

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Zakszeski, B. N., Ventresco, N. E., & Jaffe, A. R. (2017). Promoting resilience through trauma-focused practices: A critical review of school-based implementation. *School mental health*, *9*(4), 310-321. Doi:https://doi.org/10.1007/s12310-017-9228-1

Appendices

Appendix 1 – Excluded Studies

Excluded Studies Following Abstract Screening	Exclusion Criteria
Abu-Zidan, F. M., & Elzubeir, M. A. (2010). An interactive problem-solving approach to teach traumatology for medical students. *World Journal of Emergency Surgery*, *5*(1), 1-8.	Criteria 5
Alat, K. (2002). Traumatic events and children: How early childhood educators can help. *Childhood Education*, *79*(1), 2-8.	Criteria 4
Allen, D. (2018). Support for families and children caught up in traumatic events. *Nursing Children and Young People*, *30*(01), 18.	Criteria 4
Allery, V. P. (2017). "The Fire that Is Beginning to Stand": Teaching Historical Trauma at Stone Child College. *Tribal College*, *28*(3), 34-36.	Criteria 4
Altieri Jr, V., Rooney, M., Bergholz, L., & McCarthy, J. (2020). Becoming a Student of Your Students: Trauma-Informed, Culturally Relevant Practices for Physical Education Teachers. *Journal of Physical Education, Recreation & Dance*, *92*(1), 8-18.	Criteria 4
Ameyaw, E., Amponsah-Achiano, K., Yamoah, P., & Chanoine, J. P. (2014). Abnormal blood glucose as a prognostic factor for adverse clinical outcome in children admitted to the paediatric emergency unit at Komfo Anokye Teaching Hospital, Kumasi, Ghana. *International journal of pediatrics*, *2014*, 1-6	Criteria 5
Amin, R., Nadeem, E., Iqbal, K., Asadullah, M. A., & Hussain, B. (2020). Support for Students Exposed to Trauma (SSET) Program: An Approach for Building Resilience and Social Support Among Flood-Impacted Children. *School Mental Health*, *12*(3), 493-506.	Criteria 5
Asuquo, M. E., Ekpo, R., & Ngim, O. (2009). A prospective study of burns trauma in children in the University of Calabar Teaching Hospital, Calabar, south–south Nigeria. *Burns*, *35*(3), 433-436.	Criteria 5
Aydin, B., Akbas, S., Turla, A., & Dundar, C. (2016). Depression and post-traumatic stress disorder in child victims of sexual abuse: perceived social support as a protection factor. *Nordic Journal of Psychiatry*, *70*(6), 418-423.	Criteria 5
Baum, M. T. (2015). Adversity and redemption: Learning and teaching in the language learning histories of two EFL student-teachers. *Studies in Second Language Learning and Teaching*, *5*(2), 273-299.	Criteria 5
Baweja, S., Santiago, C. D., Vona, P., Pears, G., Langley, A., & Kataoka, S. (2016). Improving implementation of a school-based program for traumatized students: Identifying factors that promote teacher support and collaboration. *School Mental Health*, *8*(1), 120-131.	Criteria 5
Bellis, M. A., Hughes, K., Ford, K., Hardcastle, K. A., Sharp, C. A., Wood, S., ... & Davies, A. (2018). Adverse childhood experiences and sources of childhood resilience: a retrospective study of their combined relationships with child health and educational attendance. *BMC public health*, *18*(1), 1-12.	Criteria 5
Bergeron, M. Y. (2017). Factors that support the use of child–parent psychotherapy as an intervention for child–parent dyads exposed to	Criteria 5

pediatric medical traumatic stress. *Clinical Social Work Journal*, *45*(1), 77-87.

Borgerson, D., & Dino, J. (2012). The feasibility, perceived satisfaction, and value of using synchronous webinars to educate clinical research professionals on reporting adverse events in clinical trials: a report from the Children's Oncology Group. *Journal of Pediatric Oncology Nursing*, *29*(6), 316-322. Criteria 5

Borggreve, A. S., Meijer, J. M., Schreuder, H. W., & Ten Cate, O. (2017). Simulation-based trauma education for medical students: a review of literature. *Medical teacher*, *39*(6), 631-638. Criteria 4

Breckenridge, J., & James, K. (2010). Educating social work students in multifaceted interventions for trauma. *Social Work Education*, *29*(3), 259-275. Criteria 4

Brittain, C. (2019). My patient died. *Nursing 2020*, *49*(4), 50-51. Criteria 4

Brooks, B. M., Rose, F. D., Johnson, D. A., Andrews, T. K., & Gulamali, R. (2003). Support for children following traumatic brain injury: the views of educational psychologists. *Disability and rehabilitation*, *25*(1), 51-56. Criteria 6

Brown, J., & Wollersheim, M. (2019). Exploring assistive technology use to support cognition in college students with histories of mild traumatic brain injury. *Disability and Rehabilitation: Assistive Technology*, *14*(3), 255-266. Criteria 5

Brunzell, T., Stokes, H., & Waters, L. (2016). Trauma-informed positive education: Using positive psychology to strengthen vulnerable students. *Contemporary School Psychology*, *20*(1), 63-83. Criteria 4

Brunzell, T., Waters, L., & Stokes, H. (2015). Teaching with strengths in trauma-affected students: A new approach to healing and growth in the classroom. *American Journal of Orthopsychiatry*, *85*(1), 3-9. Criteria 4

Bugel, M. J. (2018). The Experience of Compassion In School-Age Siblings of Children With a Severe Traumatic Injury. *Pediatric Nursing*, *44*(1), 7-11. Criteria 5

Bulstrode, C., Gallagher, F. A., Pilling, E. L., Furniss, D., & Proctor, R. D. (2003). A randomised controlled trial comparing two methods of teaching medical students trauma and orthopaedics: traditional lectures versus the "donut round". *The Surgeon*, *1*(2), 76-80. Criteria 5

Caplan, B., Bogner, J., Brenner, L., Arciniegas, D., Gioia, G. A., Glang, A. E., ... & Brown, B. E. (2016). Building statewide infrastructure for the academic support of students with mild traumatic brain injury. *Journal of head trauma rehabilitation*, *31*(6), 397-406. Criteria 4

Chakravorty, S., Basu, K. S., Biswas, S. K., Bisth, J., Ghosh, D., & Saha, K. (2020). Pancreatico duodenal trauma in children: Two-year experience at a regional referral center and tertiary care teaching hospital. *Journal of Indian Association of Pediatric Surgeons*, *25*(3), 151-154. Criteria 5

Chapman, S. S., Ewing, C. B., & Mozzoni, M. P. (2005). Precision teaching and fluency training across cognitive, physical, and academic tasks in children with traumatic brain injury: a multiple baseline study. *Behavioral Interventions*, *20*(1), 37-49. Criteria 5

Chornyi, V., & Vakulych, M. (2020). Specificities of Remote Teaching of Traumatology and Orthopedics Course to Medical Students. *Revista Romaneasca pentru Educatie Multidimensionala*, *12*(2), 34-40.	Criteria 5
Chung, U. S. (2016). Adapting and implementing support for students exposed to trauma in south Korea: a pilot study. *Journal of the American Academy of Child & Adolescent Psychiatry*, *10*(55), 11-12.	Criteria 5
Cluver, L., Fincham, D. S., & Seedat, S. (2009). Posttraumatic stress in AIDS-orphaned children exposed to high levels of trauma: The protective role of perceived social support. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, *22*(2), 106-112.	Criteria 5
Cohen, J. A., & Mannarino, A. P. (2011). Supporting children with traumatic grief: What educators need to know. *School Psychology International*, *32*(2), 117-131.	Criteria 4
Conner, J. O., Miles, S. B., & Pope, D. C. (2014). How many teachers does it take to support a student?: Examining the relationship between teacher support and adverse health outcomes in high-performing, pressure-cooker high schools. *The High School Journal*, *98*(1), 22-42.	Criteria 5
Cook, R. S., Gillespie, G. L., Kronk, R., Daugherty, M. C., Moody, S. M., Allen, L. J., ... & Falcone Jr, R. A. (2013). Effect of an educational intervention on nursing staff knowledge, confidence, and practice in the care of children with mild traumatic brain injury. *Journal of Neuroscience Nursing*, *45*(2), 108-118.	Criteria 5
Crosby, L. M. S. W., Shantel, D., Penny, B., & Thomas, M. A. T. (2020). Teaching through Collective Trauma in the Era of COVID-19: Trauma-informed Practices for Middle Level Learners. *Middle Grades Review*, *6*(2), 1-6.	Criteria 4
Crosby, S. D., Somers, C. L., Day, A. G., Zammit, M., Shier, J. M., & Baroni, B. A. (2017). Examining school attachment, social support, and trauma symptomatology among court-involved, female students. *Journal of Child and Family Studies*, *26*(9), 2539-2546.	Criteria 5
Cummings, K. P., & Swindell, J. (2019). Using a trauma-sensitive lens to support children with diverse experiences. *Young Exceptional Children*, *22*(3), 139-149.	Criteria 4
Cuseo, J. (2007). The empirical case against large class size: Adverse effects on the teaching, learning, and retention of first-year students. *The Journal of Faculty Development*, *21*(1), 5-21.	Criteria 5
Dababnah, S., Habayeb, S., Bear, B. J., & Hussein, D. (2019). Feasibility of a trauma-informed parent–teacher cooperative training program for Syrian refugee children with autism. *Autism*, *23*(5), 1300-1310.	Criteria 5
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Wymbs, N. F., Orr, C., Albaugh, M. D., Althoff, R. R., O'Loughlin, K., Holbrook, H., ... & Kaufman, J. (2020). Social supports moderate the effects of child adversity on neural correlates of threat processing. *Child abuse & neglect*, *102*, 1-9.	Criteria 5
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Young, C., Wong, K. Y., & Cheung, L. K. (2014). Effectiveness of educational poster on knowledge of emergency management of dental trauma-Part 2: Cluster Randomised Controlled Trial for Secondary School Students. *PloS one*, *9*(8), 1-8.	Criteria 5
Ziv, Y., Golden, D., & Goldberg, T. (2015). Teaching traumatic history to young children: The case of Holocaust studies in Israeli kindergartens. *Early Education and Development*, *26*(4), 520-533.	Criteria 4

Appendix 2 – Weight of Evidence A

Within the MMAT, two distinct sections were utilised based on the design of the included studies (Hong et al., 2018). For each of the five qualitative studies, Section 1 of the MMAT was used. The five methodological quality criteria comprise the following questions:

1. Is the qualitative approach appropriate to answer the research question?
2. Are the qualitative data collection methods adequate to address the research question?
3. Are the findings adequately derived from the data?
4. Is the interpretation of results sufficiently substantiated by data?
5. Is there coherence between qualitative data sources, collection, analysis and interpretation?

For the sole quantitative study, Section 4 of the MMAT was used, which appraised quantitative studies of a descriptive nature (as opposed to randomised and non-randomised control trials). The five methodological quality criteria comprise the following questions:

1. Is the sampling strategy relevant to address the research question?
2. Is the sample representative of the target population?
3. Are the measurements appropriate?
4. Is the risk of nonresponse bias low?
5. Is the statistical analysis appropriate to answer the research question?

All items were marked as Yes, No or Not Possible to Tell, with Yes corresponding to a score of 1, and the remaining responses corresponding to a score of 0. All five scores were then totalled for each study, with a total score range of 0 – 5 possible to attain.

Study	Quality Criteria 1	Quality Criteria 2	Quality Criteria 3	Quality Criteria 4	Quality Criteria 5	Methodological Quality Total
Alisic, 2012	1	1	1	1	1	5
Alisic et al., 2012	1	0	1	1	1	4
Berger & Samuel, 2020	1	1	1	1	1	5
Brunzell et al., 2018	1	1	1	1	1	5
Kinkead-Clark, 2021	1	1	1	1	1	5
Luthar & Mendes, 2020	1	0	0	1	0	2

Based on the total scores, studies were categorised as;

- Low: a study obtained a methodological quality total of 0 – 2
- Medium: a study obtained a methodological quality total of 3 – 4
- High: a study obtained a methodological quality total of 5

Study	Score	Descriptor
Alisic, 2012	5	High
Alisic et al., 2012	4	Medium
Berger & Samuel, 2020	5	High
Brunzell et al., 2018	5	High
Kinkead-Clark, 2021	5	High
Luthar & Mendes, 2020	2	Low

Appendix 3 – Weight of Evidence B

As previously stated, several factors were taken into consideration when appraising the methodological relevance of the included studies. One such factor related to the design adopted. Given that it was purposefully chosen to take a broad approach to design within the inclusion/exclusion criteria, in which all designs resulting in primary data were accepted for consideration, issues related to the relative extent that the various designs utilised were appropriate for answering the review question were examined. Specifically, each design was evaluated in terms of its effectiveness in gaining the insights (experiences and perspectives) of teachers, with study designs that employed methods for gathering such views (i.e., surveys, interviews etc.) considered most appropriate. Given that mixed methods studies have the possibility to implement both quantitative and qualitative methods to gather the views of teachers (both surveys and interviews for example), and therefore have the potential to provide a more complete and comprehensive understanding of the area (Bryman, 2006), they were correspondingly allocated a higher WoE B score of 2. Studies of a quantitative nature in which surveys were utilised to collect views from a larger sample of education staff were allocated a score of 1 (Mertens, 2015). Similarly, qualitative studies in which techniques to gain an in-depth account of experiences and perspectives were employed were also allocated a score of 1 (Mertens, 2015). Designs in which the experiences and views of teachers could not be elicited (e.g., experimental designs) were not considered appropriate in answering the review question, and therefore allocated a WoE B score of 0.

2 = Mixed methods in which both quantitative and qualitative methods are used to gather participants views (e.g., survey **and** interviews/focus groups etc.)

1 = Qualitative techniques **or** quantitative techniques were used to gather participant views.

0 = Other designs in which the views of teachers are not elicited e.g., experimental design

0 = Not Possible to Tell

It has been remarked that clear distinctions are necessary regarding the use of terminology in the realm of research concerned with childhood trauma (Krupnik, 2019; McLaughlin, 2016; Perfect et al., 2016). Whilst closely associated, terms such as ACEs, trauma, traumatic stress etc. are often used interchangeably within the literature even though such terms are in fact distinct. Consequently, without distinctions and definitions outlined to participants within studies, challenges can arise. Primarily, lack of consistency in what participants may understand as trauma or ACEs can pose a threat to validity. For example, some participants may understand trauma to be fixed with the concept of PTSD, others may

understand the original 10 ACEs to be the only events of relevance, while others may adopt a broad definitional framework. In order to avoid such threats to validity and ensure all participants are of a uniform understanding, it has been advised that researchers need to clearly report their criteria or definitional frameworks (Perfect et al., 2016). Correspondingly, studies in which participants were provided with a definition of the term used were allocated a higher WoE B score compared to those in which this was absent.

2 = A definition of the term of interest (e.g., trauma, ACE, traumatic stress etc.) was provided

0 = A definition of the term of interest (e.g., trauma, ACE, traumatic stress etc.) was not provided

0 = Not Possible to Tell

Diversity in the education staff that participated in these studies were sought. Data triangulation in the form of collecting viewpoints from various different participants allows for multiple standpoints to be revealed, which arguably facilitates potentially richer and more valid understandings (Carter et al., 2014). Furthermore, reporting of participant variables is important in providing an insight as to whether the sample in question is reflective of the wider cohort of education staff. This component is related to the concept of transferability. It is necessary for detailed contextual information to be provided regarding the participants' backgrounds in order to ascertain whether findings can be generalised to other contexts which are similar to those in which findings emerged. In line with this, studies in which a diversity of perspectives were sought and outlined accordingly were allocated a higher WoE B in comparison to those who did not seek a diversity of perspectives and did not report contextual information.

2 = Viewpoints were obtained from educational stakeholders with diverse educational experiences with at least three of the following being considered and reported (e.g., school setting, teaching experience, age range, gender).

1 = Viewpoints were obtained from educational stakeholders with diverse educational experiences with only one to two of the following being considered and reported (e.g., school setting, teaching experience, age range, gender).

0 = Viewpoints were not obtained from educational stakeholders with diverse educational experiences, with none of the following being considered or reported (e.g., school setting, teaching experience, age range, gender).

0 = Not Possible to Tell

Study	Design	Definition	Data Triangulation	Methodological Relevance Total
Alisic, 2012	1	2	2	5
Alisic et al., 2012	1	2	2	5
Berger & Samuel, 2020	1	0	2	3
Brunzell et al., 2018	1	0	2	3
Kinkead-Clark, 2021	1	0	1	2
Luthar & Mendes, 2020	1	0	2	3

As can be seen, all items were marked on a scale from 0 – 2. All three scores were then totalled for each study, with a total score range of 0 – 6 possible to attain. Based on the total scores, studies were categorised as:

- Low: a study obtained a methodological relevance total of 0 – 2
- Medium: a study obtained a methodological relevance total of 3 – 4
- High: a study obtained a methodological relevance total of 5 – 6

Study	Score	Descriptor
Alisic, 2012	5	High
Alisic et al., 2012	5	High
Berger & Samuel, 2020	3	Medium
Brunzell et al., 2018	3	Medium
Kinkead-Clark, 2021	2	Low
Luthar & Mendes, 2020	3	Medium

Appendix 4 – Weight of Evidence C

Within WoE C, three factors were considered pertinent to topic relevance. The first of these related to the primary focus of each of the included studies. Similar to research design within WoE B, the focus of the study (i.e., teachers' experiences and perspectives) was considered within the inclusion/exclusion criterion for the review. The broad inclusion criteria related to the focus of the study allowed for all relevant research on this topic to be included in the review, enabling a wide range of evidence to be considered. However, the focus of each included study was reappraised within WoE C, taking into account how directly relevant the focus was in answering the review question. Accordingly, for studies in which the primary focus was the general experiences and perspectives of education staff on their work with trauma-exposed pupils, a higher WoE C score was allocated. Conversely, for studies in which the general experiences and perspectives were a secondary focus, or for studies in which the primary focus was placed on a specific aspect of experiences and perspectives as opposed to general experiences and perspectives, then a lower WoE C score was allocated.

1 = The general experiences and perspectives of education staff on their work with pupils who have experienced trauma/adversity is the primary focus of the study

0 = The general experiences and perspectives of education staff on their work with pupils who have experienced trauma/adversity is not the primary focus of the study

0 = Not possible to tell

A second factor considered within WoE C was the composition of the sample. Whilst all education staff were included as all individuals working in an educational setting have the capacity to support trauma-affected children in some way, differences in the configuration of school staff in various countries requires acknowledgement. This relates to the applicability of findings to average education systems. Given that classroom teachers are universally present in schools, unlike education staff such as school mental health workers who are not widely present in all schools, WoE C scores reflect this. Studies in which the samples are comprised of mostly teachers are allocated higher scores than studies in which the samples are mostly non-teacher education staff.

1 = At least 50% of participants were teachers

0 = Less than 50% of participants were teachers

0 = Not possible to tell

Finally, the third factor taken into consideration within WoE C relates to the construct of adversity or trauma. Given that a broad conceptualisation of adversity and trauma is adopted in this review, those studies which focused on pupils' trauma and/or adversity as a whole were allocated a higher WoE C score. This is opposed to studies which focused on teachers' work with pupils who had experienced a specific type of potentially traumatic event, with such studies allocated lower scores.

1 = Broad conceptualisation of trauma or adversity explored

0 = Specific forms of trauma or adversity explored

0 = Not possible to tell

Study	Focus	Education Staff	Adversity	Topic Relevance Total
Alisic, 2012	1	1	1	3
Alisic et al., 2012	1	1	1	3
Berger & Samuel, 2020	1	0	1	2
Brunzell et al., 2018	0	1	1	2
Kinkead-Clark, 2021	1	0	0	1
Luthar & Mendes, 2020	0	1	1	2

As can be seen, all items were marked on a scale from 0 – 1. All three scores were then totalled for each study, with a total score range of 0 – 3 possible to attain. Based on the total scores, studies were categorised as

- Low: a study obtained a topic relevance total of 0 – 1
- Medium: a study obtained a topic relevance total of 2
- High: a study obtained a topic relevance total of 3

Study	Total Score	Descriptor
Alisic, 2012	3	High
Alisic et al., 2012	3	High
Berger & Samuel, 2020	2	Medium
Brunzell et al., 2018	2	Medium
Kinkead-Clark, 2021	1	Low
Luthar & Mendes, 2020	2	Medium

Appendix 5 - Weight of Evidence D

Prior to determining the overall WoE D scores for each of the included studies, several steps had to be followed. Firstly, equal weight was given to WoE A, WoE B and WoE C within this review. Accordingly, each of the three WoE scores had to be adjusted accordingly. To achieve this, all allocations of a High WoE score were assigned a new score of 3, allocations of a Medium WoE score were assigned a new score of 2, and all allocations of a Low WoE score were assigned a new score of 1. This allowed for equity between the three components, as opposed to simply calculating the average from the three overall scores, given that such scores were not equally distributed (i.e., WoE A was scored from 0-5, WoE B was scored from 0-6, WoE C was scored from 0-3). Following this, all newly assigned scores were averaged to calculate the overall score. WoE D scores.

- Scores that ranged from 0.0 – 1.9 were categorised as Low

- Scores that ranged from 2.0 – 2.4 were categorised as Medium

- Scores that ranged from 2.5 – 3.0 were categorised as High

Study	WoE A	WoE B	WoE C	WoE D
Alisic, 2012	High (3)	High (3)	High (3)	High (3)
Alisic et al., 2012	Medium (2)	High (3)	High (3)	High (2.7)
Berger & Samuel, 2020	High (3)	Medium (2)	Medium (2)	Medium (2.3)
Brunzell et al., 2018	High (3)	Medium (2)	Medium (2)	Medium (2.3)
Kinkead-Clark, 2021	High (3)	Low (1)	Low (1)	Low (1.7)
Luthar & Mendes, 2020	Low (1)	Medium (2)	Medium (2)	Low (1.7)

Appendix 6 – Summary of Studies

Study	Country	Participants & Setting	Research Aim	Design	Data Collection	Data Analysis	Findings
Alisic, 2012	The Netherlands	N = 21 Elementary school teachers Age: 22-55 years (mean = 35.5 years) Gender: 16 female (76%), 5 male (24%) Teaching experience: 0.5-30 years (mean = 9.9 years) All teachers had interacted with one or more children who had been exposed to a traumatic event Sampling technique: Purposive sampling to maximise diversity in perspectives (gender, teaching experience, school setting)	Gain an understanding of teachers' perspectives on day-to-day support of children in elementary schools after a variety of traumatic events	Qualitative Design	Semi-structured interviews Interviews conducted by trained students Interview guide reviewed by an expert Interviewers worked in pairs to enhance reliability and fidelity of procedure Interviewers supervised by author	Interviews were transcribed verbatim Summative Analysis conducted MAXQDA 2007 software utilised Member checking conducted	Themes Identified: The Role of the Teacher Finding a Balance in Answering Different Needs - A child's needs versus the group's needs - Focus on trauma versus focus on normality - Giving extra attention versus creating an outcast position A Need for More Professional Knowledge and Know-How - How to talk about the traumatic event - When is specialised care necessary - Where to refer The Emotional Burden of Working with Children After Trauma - Taking problems home - Earlier personal experiences - Support by colleagues

Study	Country	Participants & Setting	Research Aim	Design	Data Collection	Data Analysis	Findings
Alisic et al., 2012	The Netherlands	N = 765 Teachers Age: 18-64 (mean = 43) Gender: 558 female (73%), 207male (27%) Teaching experience: 1-43 years (mean=18.4 years) Teachers worked with pupils from ages 8-12 years, spending full days teaching these children various academic skills Most teachers (89%) had interacted with one or more children who had been exposed to a traumatic event Sampling technique: Random sampling Response rate = 38%	Examine to what extent teachers report their experiences with regard to supporting children after trauma	Quantitative Design	Questionnaire (anonymised) Questionnaire completed and returned by mail Questionnaire contained nine items covering various aspects of assisting children after trauma that had emerged from a preceding qualitative study Statements were scored on a 6-point Likert scale Questionnaire was reviewed by experts and piloted by teachers The measure yielded a Cronbach's α of .82. Definition of trauma and vignettes provided for participants	Descriptive analyses conducted Multiple regression conducted	In the multiple regression analysis, teachers' scores depended significantly and negatively on the amount of teaching experience, whether they had attended trauma-focused training in the past 3 years, and the number of traumatised children they had worked with. Gender was nonsignificant. The model explained 4% of the variance in the total difficulty score, a small effect.

Study	Country	Participants & Setting	Research Aim	Design	Data Collection	Data Analysis	Findings
Berger & Samuel, 2020	Australia	N = 13 School mental health workers (n=10 wellbeing staff, n= 3 school counsellors) Age: 36-65 (mean = 50.9) Gender: 12 female (92%), 1 male (8%) Experience in current role: 9-35 years (mean=19 years) Sampling technique: Stratified random sampling	Develop an understanding of the impact of pupil trauma on school mental health workers and other staff, including their experiences, and ongoing training and support needs	Qualitative Design	Semi-structured interviews Interview schedule developed by researchers	Interviews were transcribed Thematic Analysis conducted Reliability of the themes was supported through the process of checking of 20% of the data with a researcher independent of the study	Themes Identified: Emotional Impact of Student Trauma Responding to Student Trauma Lack of Support and Communication Training Refreshes but Does Not Extend Knowledge Requirement for External Support Through Supervision Need for Attractive Internal Protocols Availability and Participation in Training

Study	Country	Participants & Setting	Research Aim	Design	Data Collection	Data Analysis	Findings
Brunzell et al., 2018	Australia	N = 18 Classroom teachers Age: 22-51 years Gender: 13 female (72%), 5 male (28%) Teaching experience: 1-17 years Sampling technique: Not explicitly stated but the two schools were potentially chosen purposefully based on their pupil cohorts. These two schools were identified as having trauma-affected pupils within their cohorts because of complex systemic factors including low socio-economic indicators, transient populations, recently arriving refugee groups, and Aboriginal communities.	Identify and explore the specific sources and mechanisms of meaningful work that teachers derive from educating trauma-affected pupils	Qualitative Design	Data was collected in two sessions over a two-month period Teachers were asked to complete written journal entries using prompts Semi-structured focus groups were conducted	Audio recordings of focus groups and all journal entries were fully transcribed Interpretative Phenomenological Analysis conducted Participant member-checking of interview transcripts Dependability audits by two additional readers to increase internal confirmability and intercoder agreement	Themes Identified: Two major sources of meaningful work include; Practice Pedagogy - Student achievement - Student wellbeing Teacher Wellbeing - Workplace coping - Self-regulation - Relationships - Professional Identity

Study	Country	Participants & Setting	Research Aim	Design	Data Collection	Data Analysis	Findings
Kinkead-Clark, 2021	Jamaica & Belize	N = 4 Early years teachers Age: Not reported Gender: 4 female (100%) Teaching experience: All participants had at least 8 years experience in early years settings Sampling Technique: Participants were purposefully selected based on the communities in which they taught. All teachers worked in schools situated in highly volatile communities	To understand how teachers deal with and support children who come from violent circumstances	Qualitative Design	Semi-structured interviews Jamaican teachers were interviewed in person, while Belizean teachers were interviewed virtually	Interviews were transcribed Thematic Analysis conducted	Themes Identified: Feelings of Fear Intuitive Support Forward Planning

Study	Country	Participants & Setting	Research Aim	Design	Data Collection	Data Analysis	Findings
Luthar & Mendes, 2020	USA	N = 10 teachers working in (self-described) trauma-informed education settings Age: Not reported Gender: 8 female (80%), 2 males (20%) Teaching experience: Nine teachers were classroom teachers, one teacher held a school leadership role. Teachers as general education as well as special education teachers. Teachers' classrooms covered a mix of general education and specialised subjects School backgrounds: Schools ranged from kindergarten to high school in both urban and suburban settings Sampling Technique: Not explicitly stated	To explore teachers' experiences of working in trauma-informed schools and the challenges they are confronted with and how these might best be alleviated	Qualitative Design	Social media was utilised to collect responses from participants – an institution-affiliated professional network group for educators as well as a personal social media page of researcher	Researchers refer to themes but a form on qualitative analysis is not explicitly noted	Teachers experience stress related to coping with pupil's emotional and behavioural disturbances - Compassion fatigue - Low efficacy Teachers experience stress related to evaluative policies and allegiance to standardised testing Teachers advocate the need for additional training and dedicated mental health professionals, as well as overall policy changes

Appendix 7 – MIREC Approval

Mary Immaculate College Research Ethics Committee

MIREC-4: MIREC Chair Decision Form

APPLICATION NO. A20-012 Amendment

1. PROJECT TITLE

An Exploration of Irish Primary School Teachers' Experiences of and Perspectives on Supporting Students Exposed to Adverse Events

2. APPLICANT

Name:	Hollie Hayes
Department / Centre / Other:	EPISE
Position:	Postgraduate Researcher

3. DECISION OF MIREC CHAIR

☐	Ethical clearance through MIREC is required.
☐	Ethical clearance through MIREC is not required and therefore the researcher need take no further action in this regard.
✓	Ethical clearance is required and granted. Referral to MIREC is not necessary.
☐	Ethical clearance is required but the full MIREC process is not. Ethical clearance is therefore granted if required for external funding applications and the researcher need take no further action in this regard.
☐	Insufficient information provided by applicant / Amendments required.

4. REASON(S) FOR DECISION

A20-012 – Hollie Hayes – Amendment to *An Exploration of Irish Primary School Teachers' Experiences of and Perspectives on Supporting Students Exposed to Adverse Events*

I have reviewed the proposed amendment to this application which Hollie has put forward and I believe it satisfies MIREC requirements. It is, therefore, approved.

5. DECLARATION (MIREC CHAIR)

Name (Print):	Dr Áine Lawlor
Signature:	Áine Lawlor
Date:	14th May 2020

Appendix 8 – Phase One Survey

An Exploration of Irish Primary School Teachers' Experiences of and Perspectives on Supporting Pupils Exposed to Adversity

Welcome,

My name is Hollie Hayes and I am a doctoral student presently completing the Professional Doctorate in Educational and Child Psychology in Mary Immaculate College. As part of my doctoral thesis I am currently conducting a research study exploring teachers' experiences of and perspectives on supporting pupils who have been exposed to adversity. The objective of the study is to determine how Educational Psychologists can assist teachers to optimally support their pupils who have experienced adversity.

Participation in this phase of the research study involves completing this online questionnaire, which is expected to take approximately 15 minutes.

All information gathered in this phase of the research study will be completely anonymous, and you are free to withdraw from participation at any point prior to submitting your completed questionnaire.

Please download the following file to view the entire Participant Information Letter (Information Letter hyperlink)

- ○ I have read the Participant Information Letter and I consent to participate in this study
- ○ I do not consent to participate in this study

Are you a qualified Primary School Teacher in Ireland?

- ○ Yes
- ○ No

Please provide an ID number for yourself. The ID must include 4 numbers followed by a letter. An example might be the last 4 digits of your phone number followed by the initial letter of your middle name - 0683M

_____

Demographics

Do you identify as

- ○ Female
- ○ Male
- ○ Other
- ○ Prefer not to answer

Please indicate the age range in which you fall

- ○ 20 - 29 years
- ○ 30 - 39 years
- ○ 40 - 49 years
- ○ 50 - 59 years
- ○ 60 - 69 years

Teaching Experience

How many years have you been teaching?

	0	50
Years Teaching		

What is your role within your school?

- ○ Principal/Deputy Principal (Administrative)
- ○ Principal/Deputy Principal (Teaching)
- ○ Home School Community Liaison
- ○ Class Teacher (Mainstream Class)
- ○ Class Teacher (Special Class)
- ○ Special Education Teacher

What type of school do you work in?

- ○ Deis (Urban)
- ○ Deis (Rural)
- ○ Non Deis (Urban)
- ○ Non Deis (Rural)

This questionnaire makes several references to "adversity" or "adverse events". Although adverse experiences can sometimes be considered synonymous with traumatic events, for the purpose of this questionnaire adversity is defined as "experiences that are likely to require significant adaptation by an average child and that represent a deviation from the expectable environment".

Common examples of adverse events frequently experienced by children are displayed below, however, this list is not exhaustive.

To the best of your knowledge, which of these adverse events have your pupils experienced (you may choose multiple)

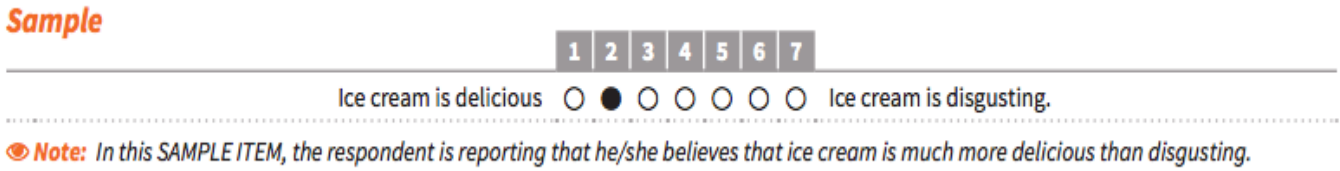
- [ ] Parental / Guardian death
- [ ] Death of a close family member (excluding parents / guardians) e.g. Sibling
- [ ] Death of a close friend
- [ ] Parental separation or divorce
- [ ] Domestic violence
- [ ] Household mental illness
- [ ] Household substance abuse
- [ ] Incarcerated family member
- [ ] Homelessness
- [ ] Poverty
- [ ] Exposure to community violence
- [ ] Exposure to war / selective violence
- [ ] Foster care / residential care
- [ ] Parental abandonment
- [ ] Peer violence
- [ ] Serious medical procedure or life-threatening illness

- [ ] Serious illness or injury of a family member
- [ ] Separation from primary caregiver through deportation or immigration
- [ ] Being forced to flee home country
- [ ] Treated badly because of race, sexual orientation, place of birth, disability, or religion
- [ ] Detained, arrested, or incarcerated
- [ ] Emotional neglect
- [ ] Physical neglect
- [ ] Emotional abuse
- [ ] Physical abuse
- [ ] Sexual abuse

To the best of your knowledge, approximately what percentage of your pupils throughout your teaching career have experienced adversity/adverse events?

- ○ 0 - 10 %
- ○ 11 - 20 %
- ○ 21 - 30 %
- ○ 31 - 40 %
- ○ 41 - 50 %
- ○ 51 - 60 %
- ○ 61 - 70 %
- ○ 71 - 80 %
- ○ 81 - 90 %
- ○ 91 - 100 %

For each item, select the circle along the scale between the two options that best represents your personal belief during this past school year.



I believe that...

	1	2	3	4	5	6	7	
Pupil's learning and behaviour problems are rooted in their behavioural or mental health condition	○	○	○	○	○	○	○	Pupils' learning and behaviour problems are rooted in their history of difficult life events

	1	2	3	4	5	6	7	
I don't have what it takes to help my pupils	○	○	○	○	○	○	○	I have what it takes to help my pupils

	1	2	3	4	5	6	7	
It's best not to tell others if I have strong feelings about the work because they will think I am not cut out for this job	○	○	○	○	○	○	○	It's best if I talk with others about my strong feelings about the work so I don't have to hold it alone

	1	2	3	4	5	6	7	
The pupils were raised this way, so there's not much I can do about it now	○	○	○	○	○	○	○	The pupils were raised this way, so they don't yet know how to do what I'm asking them to do

	1	2	3	4	5	6	7	
I have the skills to help my pupils	○	○	○	○	○	○	○	I do not have the skills to help my pupils

	1	2	3	4	5	6	7	
The best way to deal with feeling burnt out at work is to seek support	○	○	○	○	○	○	○	The best way to deal with feeling burnt out at work is not to dwell on it and it will pass

	1	2	3	4	5	6	7	
Many pupils just don't want to change or learn	○	○	○	○	○	○	○	All pupils want to change or learn

	1	2	3	4	5	6	7	
Each day is uniquely stressful in this job	○	○	○	○	○	○	○	Each day is new and interesting in this job

	1	2	3	4	5	6	7	
The fact that I'm impacted by my work means that I care	○	○	○	○	○	○	○	Sometimes I think I'm too sensitive to do this kind of work

	1	2	3	4	5	6	7	
Pupils have had to learn how to trick or mislead others to get their needs met	○	○	○	○	○	○	○	Pupils are manipulative so you need to always question what they say

	1	2	3	4	5	6	7	
The ups and downs are part of the work so I don't take it personally	○	○	○	○	○	○	○	The unpredictability and intensity of work makes me think I'm not fit for this job

	1	2	3	4	5	6	7	
The most effective helpers find ways to toughen up - to screen out the pain - and not care so much about the work	○	○	○	○	○	○	○	The most effective helpers allow themselves to be affected by the work - to feel and manage the pain - and to keep caring about the work

	1	2	3	4	5	6	7	
Pupils could act better if they really wanted to	○	○	○	○	○	○	○	Pupils are doing the best they can with the skills they have

	1	2	3	4	5	6	7	
I feel able to do my best each day to help my pupils	○	○	○	○	○	○	○	I'm just not up to helping my pupils anymore

	1	2	3	4	5	6	7	
It is because I am good at my job that the work is affecting me so much	○	○	○	○	○	○	○	If I were better at my job, the work wouldn't affect me so much

	1	2	3	4	5	6	7	
Pupils do the right thing one day but not the next. This shows that they are doing the best they can at any particular time.	○	○	○	○	○	○	○	Pupils do the right thing one day but not the next. This shows that they could control their behaviour if they really wanted to

	1	2	3	4	5	6	7	
I dread going to my job because it's just too hard and intense	○	○	○	○	○	○	○	Even when my job is hard and intense, I know it's part of the work and it's ok

	1	2	3	4	5	6	7	
How I am doing personally is unrelated to whether I can help my pupils	○	○	○	○	○	○	○	I have to take care of myself personally in order to take care of my pupils

	1	2	3	4	5	6	7	
If things aren't going well, it is because the pupils are not doing what they need to do	○	○	○	○	○	○	○	If things aren't going well, it is because I need to shift what I'm doing

	1	2	3	4	5	6	7	
If I told my colleagues how hard my job is, they would support me	○	○	○	○	○	○	○	If I told my colleagues how hard my job is, they would think I wasn't cut out for the job

	1	2	3	4	5	6	7	
When I feel myself "taking my work home," it's best to bring it up with my colleagues and/or supervisor(s)	○	○	○	○	○	○	○	When I feel myself "taking my work home," it's best to keep it to myself

Training Experience

How did you first obtain your teacher qualification?

- ○ Undergraduate Training
- ○ Postgraduate Training
- ○ Other (please explain below)

_____

This questionnaire references **pre-service** training. For the purpose of this questionnaire, **pre-service** training is any training you received while completing your teaching degree. For the purpose of this questionnaire, training related to trauma is considered synonymous with training related to childhood adversity.

During your **pre-service** teacher training, did you receive training related to childhood adversity?

- ○ Yes
- ○ No

How much training in childhood adversity did you receive during your **pre-service** teacher training?
(Approximately)

▼ 1 hour … 100 hours

What topics were covered in the **pre-service** training you received in childhood adversity?

_____

_____

_____

How adequately or inadequately do you feel your **pre-service** training in childhood adversity prepared you to support pupils experiencing adversity?

- ○ Very inadequate
- ○ Somewhat inadequate
- ○ Neither adequate nor inadequate
- ○ Somewhat adequate
- ○ Very adequate

How satisfied or dissatisfied are you with the **pre-service** training you received in childhood adversity?

- ○ Very dissatisfied
- ○ Somewhat dissatisfied
- ○ Neither satisfied nor dissatisfied
- ○ Somewhat satisfied
- ○ Very satisfied

Is there anything important to you about your **pre-service** training in childhood adversity that has not been asked? If so, please use the space below.

_____

_____

_____

_____

This questionnaire references **in-service** training. For the purpose of this questionnaire, **in-service** training is any training you received once qualified as a teacher (including official departmental in-service training or CPD through summer courses, Croke Park hour input etc.).

For the purpose of this questionnaire, training related to trauma is considered synonymous with training related to childhood adversity.

During your time as a qualified teacher, have you received **in-service** training related to childhood adversity?

- ○ Yes
- ○ No

How much **in-service** training in childhood adversity have you received during your time as a qualified teacher? (Approximately)

▼ 1 hour … 100 hours

What topics have been covered in the **in-service** training you have received in childhood adversity?

_____

_____

_____

_____

How adequately or inadequately do you feel your **in-service** training in childhood adversity has prepared you to support pupils experiencing adversity?

- ○ Very inadequate
- ○ Somewhat inadequate
- ○ Neither adequate nor inadequate
- ○ Somewhat adequate
- ○ Very adequate

How satisfied or dissatisfied are you with the **in-service** training you have received in childhood adversity?

- ○ Very dissatisfied
- ○ Somewhat dissatisfied
- ○ Neither satisfied nor dissatisfied
- ○ Somewhat satisfied
- ○ Very satisfied

Is there anything important to you about your **in-service** training related to adversity that has not been asked? If so, please use the space below.

_____

_____

_____

_____

Needs of the Pupils

Based on your time working with pupils experiencing adversity, please indicate the degree to which you agree or disagree with the following:

Pupils experiencing adversity require more academic support in the classroom than their peers

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Pupils experiencing adversity require more emotional support in the classroom than their peers

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Pupils experiencing adversity require more behavioural support in the classroom than their peers

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Is there anything important to you about the needs of the pupils experiencing adversity that has not been asked? If so, please use the space below.

_____

_____

_____

_____

Roles

Please indicate the degree to which you agree or disagree with the following

Teachers should be responsible for providing additional academic support to pupils experiencing adversity

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Teachers should be responsible for providing additional emotional support to pupils experiencing adversity

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Teachers should be responsible for providing additional behavioural support to pupils experiencing adversity

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Is there anything important to you about Teachers' role in supporting pupils experiencing adversity that has not been asked? If so, please use the space below.

_____

_____

_____

Please indicate the degree to which you agree or disagree with the following

Educational Psychologists should be responsible for providing additional academic support to pupils experiencing adversity

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Educational Psychologists should be responsible for providing additional emotional support to pupils experiencing adversity

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Educational Psychologists should be responsible for providing additional behavioural support to pupils experiencing adversity

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Is there anything important to you about Educational Psychologists' role in supporting pupils experiencing adversity that has not been asked? If so, please use the space below.

_____

_____

_____

Barriers and Facilitators

In your opinion, what are some of the barriers to and facilitators of supporting pupils who have experienced adversity?

Barriers

_____

_____

_____

_____

_____

Facilitators

_____

_____

_____

_____

_____

Appendix 9 – Phase One Pilot Study Feedback

During the think aloud protocol for the pilot testing of the P1 data collection measure, pilot participants were encouraged to verbalise their thoughts with regard to the design and usability of the survey (Beatty & Willis, 2007). The survey which was being pilot tested had been created on Qualtrics, and participants completed the survey with laptops or phones using a temporary link to the pilot survey. Whilst there was consensus that the content and structure of the survey was mostly acceptable and user friendly, there were several items of feedback that were submitted by pilot participants. These items that were raised were then discussed in a group format until a suitable alternative was agreed upon, with relevant alterations subsequently incorporated into the final survey disseminated to schools. These items that were raised, along with a brief explanation as to how they were revised are outlined below.

Item/Issue Raised	How Item/Issue was Addressed
Age of Participants	The pilot survey asked participants to disclose their age by selecting from a dropdown menu. However, several of the pilot participants declined to answer this question by skipping forward in the survey. When asked why this was the case, participants shared that they did not like disclosing their exact age. This raised concern, as participant age was one of the predictor variables being explored within the analysis, and had previously been demonstrated to be a significant predictor (Alisic, et al., 2012). Thus, this was an important variable that needed to be measured. Several alternatives were discussed with pilot participants: 1. Leave age as a dropdown option in which exact age is requested 2. Set the question probing age as a forced-response question, whereby participants are unable to proceed with survey unless said question is answered 3. Change the response option so that participants do not need to report exact age Option 1 reflected the original format. While some pilot participants provided their age without issue, feedback from other pilot

	participants indicated that this format could result in missing data. This was unfavourable, as missing data would negatively impact the planned inferential analysis. Option 2 was rejected, as a forced-response option was not in line with the procedure outlined in the ethical application which was approved by MIREC. Option 3 entailed changing the format of the question, whereby participants indicated the age range within which their age fell as opposed to disclosing their exact age. Based on feedback from pilot participants, this was the preferred method. Resultantly, this feedback was incorporated into design of the final survey.
The percentage of pupils a teacher taught that had been exposed to ACEs	The pilot survey asked participants to indicate the percentage by typing the relevant number into the provided space. However, several of the pilot participants declined to answer this question by skipping forward in the survey. When asked why this was the case, participants reported feeling apprehensive typing in an exact number given that their answers were approximations. This raised concern, as this variable was one of the predictor variables being explored within the analysis, and had previously been demonstrated to be a significant predictor (Alisic et al., 2012). Thus, this was an important variable that needed to be measured. Pilot participants suggested the answer option be changed to allow participants choose a number range as opposed to an exact number. Resultantly, this feedback was incorporated into design of the final survey.
Training Received	The pilot survey asked participants if they had received pre-service/in-service training related to adversity. The pilot survey then asked participants to answer questions related to the amount of training received, the adequacy of training received and the satisfaction with training received, with instructions provided informing participants to only answer such questions if they had received said training. However, some participants who indicated that they had not received training proceeded to answer the subsequent training related questions. When this was discussed with pilot participants, some reported that they had forgotten about the instructions and answered

	the questions because they were presented. To avoid this occurrence, the skip logic in Qualtrics was employed, ensuring that if participants indicated they had not received training, they were not presented with the subsequent training related questions, and were instead directly brought to the next relevant section.

Appendix 10 – Phase One Information Letter

An Exploration of Irish Primary School Teachers' Experiences of and Perspectives on Supporting Pupils Exposed to Adverse Events

Participant Information Letter

What is the project about?

Previous research has demonstrated that exposure to adverse experiences in childhood can be strikingly common, and can potentially bring about a number of difficulties for the child. Such resultant difficulties can present in the classroom on a daily basis, consequently adding a level of complexity that can be challenging for our schools. However, very little is known about teachers' experiences of and perspectives on this matter. In order to clarify how the field of educational psychology can assist teachers in supporting such pupils, a better understanding of teachers' insights is needed.

Who is undertaking it?

My name is Hollie Hayes and I am a postgraduate student attending Mary Immaculate College. I am presently completing the Professional Doctorate in Educational and Child Psychology in the Department of Educational Psychology, Inclusive & Special Education, under the supervision of Dr John Perry and Dr Maeve Dooley. The current study will form part of my doctoral thesis.

Why is it being undertaken?

The objective of the study is to determine how educational psychologists can assist teachers to optimally support their pupils who have experienced adversity.

What are the risks and benefits of this research?

There are no foreseeable risks involved in participating in this research study other than those encountered in day-to-day life. Direct benefits from participating in this research study are not expected. However, your responses will generate a better understanding of how the field of educational psychology can assist teachers in supporting their pupils, potentially bringing about meaningful benefits for the children in question. Therefore, the potential benefits of participation are apparent from a societal perspective.

Exactly what is involved for the participant

Participation in this phase of the research study involves completing an online questionnaire. This questionnaire can be completed at any time, in any location in which Wifi is available. Completion of this questionnaire is expected to take approximately 15 minutes.

Right to withdraw

Your anonymity is assured, and you are free to withdraw from the research study at any point prior to submitting your completed questionnaire. This withdrawal can be achieved by virtually exiting from the online platform on which the questionnaire will be completed, as no information is saved prior to the responses being submitted at the end. Once a completed questionnaire is submitted, it is not possible for participants' responses to be withdrawn from the study given the anonymous nature of the online questionnaire. You can withdraw from the research study without the need to provide a reason, and there will be no consequences for deciding to withdraw.

How will the information be used / disseminated?

The data from the study will be combined with that of the other participants in this study and used to form the results section of my thesis. Summary data only will appear in the thesis, individual participant data will not be shown.

How will confidentiality be kept?

All information gathered within this phase of the research study will remain confidential. A random ID number will be generated for each participant and it is this number rather than the participant's name which will be held with their data to maintain confidentiality.

What will happen to the data after research has been completed?

In accordance with the MIC Record Retention Schedule, all anonymised data may be stored indefinitely.

Contact details

If at any time you have any queries / issues with regard to this study, my contact details are as follows:

- Principal Investigator: Hollie Hayes 18097103@micstudent.mic.ul.ie
- Supervisor: Dr John Perry john.perry@mic.ul.ie
- Supervisor: Dr Maeve Dooley maeve.dooley@mic.ul.ie

This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (*A20-012*). If you have concerns about this study and wish to contact someone independent, you may contact: Mary Collins, MIREC Administrator, Research and Graduate School, Mary Immaculate College, South Circular Road, Limerick. Telephone: 061-204980 / E-mail: mirec@mic.ul.ie

Appendix 11 – Phase Two Interview Guide

How would you describe your experience of working with pupils who have experienced adversity?

Do you feel you have a good understanding of the needs of pupils experiencing adversity, and what causes such needs?

- How did you come to gain such understanding?
- Is there anything that you feel has particularly helped you in gaining this understanding?
- How does your understanding effect how you work with and support pupils experiencing adversity?
- Does this understanding impact how you feel about your work with these pupils?

Could you reflect on and describe an experience/situation where you felt ABLE to meet the needs of your pupils who were experiencing adversity?

- What was it about that situation that enabled you to feel able (or confident and competent) to support them/meet their needs?
- Being able to support your pupils effectively, how did that make you feel at that time?
- Looking back on that experience now how does it make you feel?

Could you reflect on and describe an experience/situation where you felt UNABLE to meet the needs of your pupils who were experiencing adversity?

- What was it about that situation that prevented you from feeling able (or confident and competent) to support them/meet their needs?
- Not being able to support your pupils' needs, how did that make you feel at that time?
- Looking back on that experience now how does it make you feel?

Those instances where you were feeling MORE confident and competent, do you think/feel these impact you in any way?

- Professionally
- Personally

Those instances where you were feeling LESS confident and competent, do you think/feel these impact you in any way?

- Professionally
- Personally

Do you think this would be the same for some of your colleagues?

- Why do you think that is?

Is there anything you do or think should be done to address the potential impact this work can have upon you personally and professionally?

How are you supported in meeting the needs of the pupils you work with that are experiencing adversity?

Do you find this support effective?

In your personal and professional opinion, how best can you as a teacher (or teachers in general) be supported to better meet the needs of these pupils? I.e. What kind of support would you like to have to enable you to more effectively work with pupils experiencing adversity?

What advice would you give to a teacher starting out working with pupils who are experiencing adversity?

- Professional
- Personal

Appendix 12 – Phase Two Information Letter and Consent Form

An Exploration of Irish Primary School Teachers' Experiences of and Perspectives on Supporting Pupils Exposed to Adverse Events

Participant Information Letter

What is the project about?

Previous research has demonstrated that exposure to adverse experiences in childhood can be strikingly common, and can potentially bring about a number of difficulties for the child. Such resultant difficulties can present in the classroom on a daily basis, consequently adding a level of complexity that can be challenging for our schools. However, very little is known about teachers' experiences of and perspectives on this matter. In order to clarify how the field of educational psychology can assist teachers in supporting such pupils, a better understanding of teachers' insights is needed.

Who is undertaking it?

My name is Hollie Hayes and I am a postgraduate student attending Mary Immaculate College. I am presently completing the Professional Doctorate in Educational and Child Psychology in the Department of Educational Psychology, Inclusive & Special Education, under the supervision of Dr John Perry and Dr Maeve Dooley. The current study will form part of my doctoral thesis.

Why is it being undertaken?

The objective of the study is to determine how educational psychologists can assist teachers to optimally support their pupils who have experienced adversity.

What are the risks and benefits of this research?

There are no foreseeable risks involved in participating in this research study other than those encountered in day-to-day life. Direct benefits from participating in this research study are not expected. However, your responses will generate a better understanding of how the field of educational psychology can assist teachers in supporting their pupils, potentially bringing about meaningful benefits for the children in question. Therefore, the potential benefits of participation are apparent from a societal perspective.

Exactly what is involved for the participant?

Participation in this phase of the research study involves taking part in a one-on-one interview with the Principal Investigator (Hollie Hayes). This interview will be audio recorded, and will then be

transcribed and anonymised. The questions which will be posed within this interview will be provided to you in advance of the interview taking place.

Right to withdraw.

Confidentiality is assured, and you are free to withdraw from the research study without the need to provide a reason, and there will be no consequences for deciding to withdraw. Withdrawal from participation can take place at any time, with the relevant audio recordings and/or electronic transcripts being securely destroyed.

How will the information be used / disseminated?

The data from the study will be combined with that of the other participants in this study and used to form the results section of my thesis. Summary data only will appear in the thesis, individual participant data will not be shown.

How will confidentiality be kept?

All information gathered will remain confidential and will not be released to any third party. Confidentiality will be ensured as the data provided by participants will be handled and reported in a manner that cannot be associated with the participants personally. Pseudonyms will be used throughout the transcripts and any identifying information which may be included by participants throughout the interviews will be altered to ensure confidentiality is maintained.

The audio recordings obtained from the interviews will be transferred and encrypted immediately to a password-protected computer. Following this, the original recording will be deleted from the recording device. Once the audio recordings have been transcribed, the electronic transcripts will be encrypted and securely stored on a password protected computer, and the encrypted audio recordings will then be deleted to ensure confidentiality.

What will happen to the data after research has been completed?

In accordance with the MIC Record Retention Schedule, all anonymised data may be stored indefinitely.

Contact details

If at any time you have any queries / issues with regard to this study, my contact details are as follows:

- Principal Investigator: Hollie Hayes 18097103@micstudent.mic.ul.ie
- Supervisor: Dr John Perry john.perry@mic.ul.ie
- Supervisor: Dr Maeve Dooley maeve.dooley@mic.ul.ie

This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (*quote approval number when you have received it*). If you have concerns about this study and wish to contact someone independent, you may contact: Mary Collins, MIREC Administrator, Research and Graduate School, Mary Immaculate College, South Circular Road, Limerick. Telephone: 061-204980 / E-mail: mirec@mic.ul.ie

An Exploration of Irish Primary School Teachers' Experiences of and Perspectives on Supporting Pupils Exposed to Adverse Events

Informed Consent Form

Dear Participant,

As outlined in the **Participant Information Letter** the current study will investigate how educational psychologists can assist teachers to optimally support their pupils who have experienced adversity. The participant information letter should be read fully and carefully before consenting to take part in the study.

Your anonymity is assured and you are free to withdraw from the study at any time. All information gathered will remain confidential and will not be released to any third party. In accordance with the MIC Record Retention Schedule all anonymised data may be stored indefinitely

Please read the following statements before signing the consent form.

- I have read and understood the **Participant Information Letter**.
- I understand what the study is about, and what the results will be used for.
- I am fully aware of all of the procedures involving myself (including the audio recording of my interview), and of any **risks and benefits** associated with the study.
- I know that my participation is voluntary and that I can withdraw from the project at any stage without giving any reason.
- I am aware that my results will be kept confidential.

Name of Participant (PRINTED):
_____

Name of Researcher (PRINTED):
_____

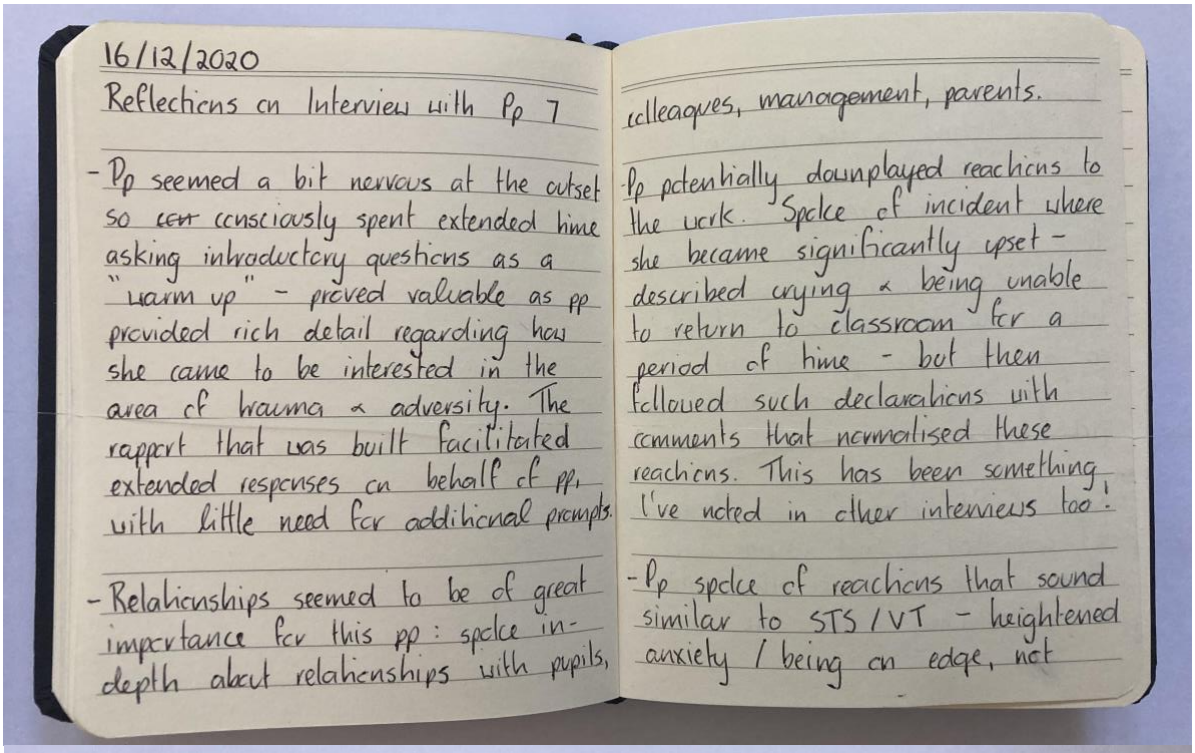
Name of Participant (Signature):
_____

Name of Researcher (Signature):
_____

Date:_____

Date:_____

Appendix 13 – Researcher Journal



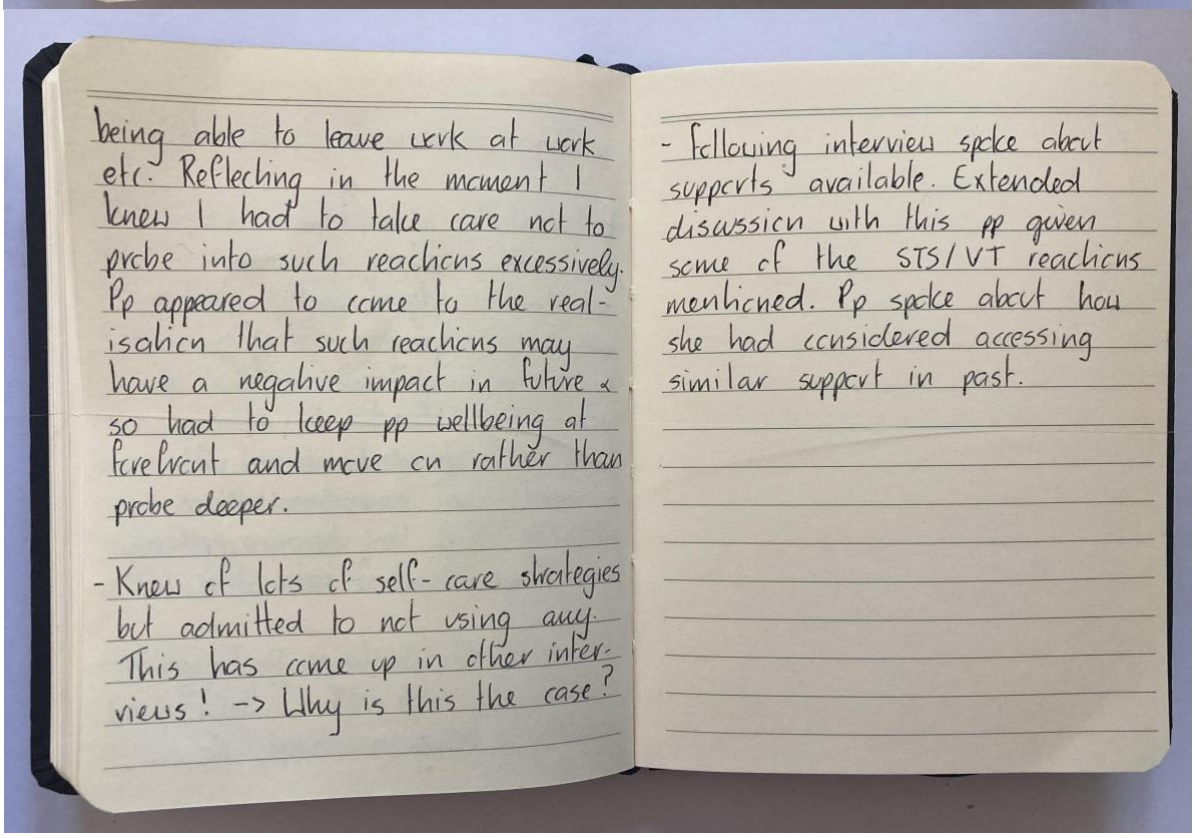
16/12/2020
Reflections on Interview with Pp 7

- Pp seemed a bit nervous at the outset so ~~con~~ consciously spent extended time asking introductory questions as a "warm up" - proved valuable as pp provided rich detail regarding how she came to be interested in the area of trauma & adversity. The rapport that was built facilitated extended responses on behalf of pp, with little need for additional prompts.

- Relationships seemed to be of great importance for this pp: spoke in-depth about relationships with pupils, colleagues, management, parents.

- Pp potentially downplayed reactions to the work. Spoke of incident where she became significantly upset - described crying & being unable to return to classroom for a period of time - but then followed such declarations with comments that normalised these reactions. This has been something I've noted in other interviews too.

- Pp spoke of reactions that sound similar to STS / VT - heightened anxiety / being on edge, not



being able to leave work at work etc. Reflecting in the moment I knew I had to take care not to probe into such reactions excessively. Pp appeared to come to the realisation that such reactions may have a negative impact in future & so had to keep pp wellbeing at forefront and move on rather than probe deeper.

- Knew of lots of self-care strategies but admitted to not using any. This has come up in other interviews! -> Why is this the case?

- following interview spoke about supports available. Extended discussion with this pp given some of the STS / VT reactions mentioned. Pp spoke about how she had considered accessing similar support in past.

Appendix 14 – Explication of Hybrid Thematic Analysis

A hybrid approach to TA was employed within this study in order to address the research question posed in P2. This approach to TA was based on similar approaches adopted in previous research, in which both deductive and inductive coding was conducted (Fereday & Muir-Cochrane, 2006; Xu & Zammit, 2020). The selection of this analytical approach was based on the goal of the analysis, which was to further understand the hypothesised conceptual model from P1 through an in-depth exploration of the participants' personal experiences and perspectives. The deductive-inductive approach allowed for the conceptual model to be used as a lens through which data could be initially organised, while allowing for findings to be strongly linked to the data itself. The analysis comprised of Braun and Clarke's (2006) six stage approach, with the incorporation of deductive coding within stage two. A comprehensive depiction of what each stage entailed in this hybrid approach to TA is outlined below. However, while the following explication suggests a straightforward linear process, the analytic procedure was in fact cyclical and iterative in nature (Braun & Clarke, 2013; Xu & Zammit, 2020).

Stage 1: Familiarising Yourself With Your Data

Following the completion of interviews, each data item in the data corpus was transcribed by the researcher using orthographic transcription (Braun & Clarke, 2013). This allowed the researcher to become increasingly familiar with the data from the outset (Lapadat & Lindsay, 1999). Repeated and active reading of the transcripts, as well as listening to the original audio recordings, not only allowed for accuracy to be confirmed, but for immersion in the data to be achieved (Braun & Clarke, 2006). Immersion in the data enabled patterns or issues of potential interest that were tentatively arising in the data to be considered and recorded in the research journal.

Following transcription, individual transcripts were sent as password protected files to the P2 participants, allowing them the opportunity to comment on or correct what they perceived to be errors or inappropriate representations of their experiences or perspectives as a form of technical member checks (Cho & Trent, 2006; Lincoln & Guba, 1985). This form of technical member checking was chosen at this stage as opposed to ongoing or reflexive member checking later in the analytic process in which participants respond to or confirm findings (Cho & Trent, 2006), as it has been argued that such form of member checking can instead become participants' response to a new phenomenon, the researcher's interpretations (Sandelowski,

2002). Participants were instructed to respond if they perceived inaccuracies or inappropriate representations. Of the eight P2 participants, six responded affirming that the transcripts were accurate representations of the interviews, while there was no response from two participants. Given that instructions informed participants to respond if issues were noted, the lack of response was considered as verification.

Transcripts were then transferred to NVivo 12 software programme as data items. Qualitative data analysis software such as NVivo 12 was utilised as it has been noted to facilitate management of qualitative data which supports researchers in conducting analysis in an efficient, systematic and trustworthy manner (Nowell et al., 2017; Woods et al., 2016).

Stage 2: Generating Initial Code

As previously noted, data was coded both deductively and inductively. Following Crabtree and Miller's (1999) deductive approach, a codebook was developed a-priori. Rather than being theory-driven, the codebook was developed based on the hypothesised conceptual model established within P1. Accordingly, the codebook, which was simple in nature, involved three broad codes; Understanding, Self-Efficacy and Reactions. Following procedure reported in Xu and Zammit (2020), the codebook contained the code names, a definition and an example, which were used as a guide to help analyse the data (DeCuir-Gunby et al., 2011). Crabtree and Miller (1999) assert that once such codebooks have been developed, they can be used in various ways. One such way, which was employed in this study, entailed the use of a-priori codes as a data management tool, which involved identifying and collating segments of text related to each of the three codes. Essentially, the three deductive codes were entered as Nodes in NVivo 12, with data coded by matching codes with segments of the text deemed to be related to or representative of the codes (Fereday & Muir-Cochrane, 2006). With the aim of coding data inclusively, data was not coded line by line. Rather, codes were assigned to phrases, sentences, or paragraphs in line with past research, ensuring context was not lost (DeCuir & Gunby et al., 2011). This approach has been referred to as a way of focusing the researcher's attention on the most relevant topics related to the research question (Crabtree and Miller, 1999). It was therefore also effective in eliminating aspects of the data that were in no way related to the conceptual model being explored. For example, the semi-structure nature of the interviews allowed for participants to occasionally steer the interview into territory unrelated to the research question. Within this research, such unrelated domains included teachers discussing the diagnosis of Autism Spectrum Disorder in girls and gender identity issues in pupil cohorts etc. Whilst the researcher effectively guided the interview back on course in such

instances, data related to such topics were nonetheless present in the data set. The use of the codebook and the related deductive coding ensured that the data being analysed was of relevance to the conceptual model being explored by eliminating such extracts from the data set to be inductively coded. An example of the deductive coding process is outlined below.

Transcript	Deductive Coding
Researcher: In your personal or professional opinion, how best can you as a teacher or teachers in general, be supported to meet the needs of these pupils?	
Participant: Am… I suppose when we work with psychologists am it's for assessments which are obviously well needed and essential but I think it would be amazing to also receive more support from psychologists in supporting these children. Am…because at the moment am the only really…like not in a bad way but the only real interactions we have with a psychologist is for assessing children and sometimes I think we have a lot of children who are traumatised or who need support but they're not meeting like a diagnostic whatever so they're not coming on to the radar of our psychologist. Like we get assessments but that's not what a load of these pupils need. Like I don't really need to know someone's IQ or their reading or spelling score. What is needed is intervention to help them recover from trauma or adversity but that's not what the psychologist does…they don't provide any of that kind of support. Like I'd love support in like ah…sometimes some children may present with symptoms but it can be difficult to know if those are symptoms of the trauma or whether they are symptoms of a particular condition so I think it would be very helpful to be able to have conversations about those children and think things through and problem solve and stuff with a psychologist…not for me to be diagnosing anything but just for me to be able to know how to support the kids…like on the other things we could be doing to support the children not just educationally through the assessments. Like it would be great just to get advice around whether what we were or were not doing was right or wrong. Like the training out there on trauma is great to like get that knowledge and try and develop that trauma-informed understanding and like I don't mean to undermine that but just to have like meetings to discuss strategies that we as teachers can implement in the class. And like again I think I have to say colleague support again here … I just think it's absolutely invaluable am because like I said just talking through something that happened with somebody or having a laugh about it or ah…knowing that somebody else feels the same way or has gone through the same thing I just think is ah…very beneficial	Self-Efficacy Understanding Reactions

and like I said I think it's beneficial especially when it's from your peers and your colleagues who are working in the same context as you because I think you're going to get…or maybe not even a colleague but just someone who understands the context of the school …it's going to be a lot more effective rather than it being a complete stranger who may not really understand.	
Researcher: So…what advice would you give to a teacher starting out working with pupils who are experiencing adversity, from a professional point of view?	
Participant: From a professional point of view I would encourage them to be informed. Am.. I was not informed when I started teaching…I didn't know about …I didn't know about ACEs, I didn't know about the effects that trauma could have on a child, I didn't know about the effects trauma could have on the body or the brain of a child and how that can look in the classroom…I didn't know any of these things… and it's frightening because I think they are the most critical aspects of my work…the knowledge related to all of that…so my number one advice would be to get informed on…or to be informed because I think it would have a huge impact on their teaching and how they would view certain situations or how they would view certain children and their difficulties. Am…so that would be what I would advise first of all from a professional perspective. I would also encourage them that if they felt like they were struggling with a child's behaviour…with a child's…if they had concerns to ask somebody and to make sure that they bring that concern to the management in the school or somebody in the school and try not to fix…or deal with the issue by themselves if they were worried about something…because I think too often an NQT because they might be trying to make a good impression or they might just try …like to deal with everything by themselves and sometimes that's not very effective…for the children like.	Understanding Self-Efficacy
Researcher: You mentioned there about being informed…how would you suggest someone go about becoming informed?	
Participant: Am…well I think what would be great…no sorry I actually think it is imperative that teachers receive some form of training related to this when they're in college. Because like I said when I was in college we received no training on adversity or trauma in college so I think that that would be very needed and beneficial to teachers…that they would have some basic knowledge of it before	Understanding

they go out into the world to work…especially in the context of because a lot of these teachers are going to end up teaching in DEIS schools where the levels of adversity are usually higher… and even for the non-DEIS schools like they will undoubtedly come across a pupil who has experienced an ACE…so I think that it would be important that they would receive the much needed knowledge from the start as opposed to forcing them to play catch up. Researcher: And lets say from a personal point of view…what advice would you give to a teacher starting out working with these pupils? Participant: Am…I would really encourage them to ya know find a support network in their school of colleagues or peers and speak to them about their worries and concerns. And I know I'm actually being a bit of a hypocrite here but they need to mind themselves…like it's important that they learn how to be able to switch off from school and find some ways to let school at school. But I myself find that kind of impossible to be honest.	Reactions

While deductive coding was completed solely by the researcher, a sample of anonymised interview transcript, the codebook and instructions were provided to an independent coder (a fellow Trainee Psychologist undertaking Level 10 research who was familiar with TA). Using the a-priori codes, the transcript was deductively coded by the independent coder, with subsequent discussion regarding discrepancies taking place in order to verify that data segments being identified as representative of the a-prior codes by the researcher were in fact representative (Roberts et al., 2019).

Once all data segments associated with Understanding, Self-Efficacy and Reactions were identified, they were collated in order for inductive coding to take place. Inductive coding entailed generating codes which captured the essence of the data extract more specifically, in a data-driven/bottom-up manner (Braun & Clarke, 2006). An example of the inductive coding process can be viewed below, in which collated data which had been initially coded as Understanding, were inductively coded.

Transcript	Inductive Coding
Participant 1: Yeah I think…like just thinking about it now I think something that's important kinda linked to this is that…that's always something in the school I work in is that we're lucky we are kept	

informed the majority of the time if it's a kind of severe kind of a case or we are kept informed you know so that really helps because you know you really you are you have more understanding if you know what that child is going through like you, you kind of you understand that bit more and you kinda have more you kinda have more time for them you know, you kinda give them a few more chances that maybe you wouldn't give other children so that's really something that is really good about our school in that we are kept informed so that's really helpful.	Being provided with pupils' backgrounds viewed as positive Understanding of pupil background can influence teachers' approach
Participant 6: Maybe having some training, I know in our school we have had some training, kind of CPD training during Croke Park hours so we have had speakers come in and talk to ah us about trauma and about how it affects the children's behaviour and am how ACEs as well can kind of affect people's or children's behaviours as well … and ya that's been really helpful in getting you to think about and look and gain an understanding how these children are feeling and how they're behaving so that has really helped me I think.	Teacher training as a source understanding
Participant 4: Our principal would have a great relationship with us and the home school that might need to relay messages and what might be happening at home and that can really change your teaching, or the way you approach the child	Understanding of pupil background can influence teachers' approach
Participant 7: To be quite honest with you, am, I don't think the college system that we have for teaching is fit for purpose in that sense because like it is so driven on content and curriculum at the expense of this area of teaching, it's missing… because I suppose there's trauma all around us and am and I think every teacher will work with some child and we're not prepared so that then when we're faced with it we are beyond clueless	Lack of pre-service training leaves teachers unprepared Need for universal understanding
Participant 7: Am…well I think what would be great…no sorry I actually think it is imperative that teachers receive some form of training related to this when they're in college. Because like I said when I was in college we received no training on adversity or trauma in college so I think that that would be very needed and beneficial to teachers…that they would have some basic knowledge of it before they go out into the world to work…especially in the context of because a lot of these teachers are going to end up teaching in DEIS schools where the levels of adversity are usually higher… and even for the non-DEIS schools like they will undoubtedly come across a pupil who has experienced an ACE…so I think that it would be	Desire/need for pre-service training Need for universal understanding Knowledge/ understanding

important that they would receive the much needed knowledge from the start as opposed to forcing them to play catch up.	viewed as necessary from outset

Stage 3: Searching For Themes

Once all data was coded and extracts collated, codes were sorted into potential themes. According to Braun and Clarke (2006, p. 82), a theme "captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set". Accordingly, codes were grouped together based on meaningful patterns, with this stage being carried out over a protracted period of time. Some codes were collapsed or combined at this stage. For example, codes related to the impact of the work such as "Dysregulation", "Heightened Anxiety", "Physically Drained" were amalgamated into one code "Diverse Reactions to the Work". Additionally, some codes were separated to allow for more specificity. For example, the code of "Self-Care" was divided into "Knowledge of Self-Care" and "Implementation of Self-Care". This process of categorisation allowed for codes capturing similar patterns of meaning to be grouped into candidate themes. For example, the aforementioned codes of "Diverse Reactions to the Work", "Knowledge of Self-Care" and "Implementation of Self-Care" were grouped into the candidate theme "For Every Action there is a Reaction". All relevant data extracts within the candidate themes were collated at this point (Braun & Clarke, 2006). A thematic map was developed at this stage, which facilitates consideration of "the relationship between codes, between themes, and between different levels of themes" (Braun & Clarke, 2006, p. 89). It was at this point that it became apparent that the candidate themes required re-consideration. For example, the candidate theme "The Secret", was subsumed under the candidate theme "A Supported Teacher is a Supportive Teacher".

Stage 4: Reviewing Themes

In attempting to review and refine the candidate themes, Braun and Clarke's (2006) approach involved two levels. The first level entailed reviewing all the relevant coded data extracts for each of the candidate themes in order to ascertain whether they appear to capture a coherent pattern. The second level entailed reviewing the candidate themes and the thematic map that had been developed in relation to the entire data set. The aim was to ensure that "data within themes should cohere together meaningfully, while there should be clear and identifiable distinctions between themes" (Braun & Clarke, 2006, p. 91). During this process it became apparent that some of the candidate themes did not fit satisfactorily. What was found

was that each of the three candidate themes were attempting to capture aspects of the data that were too broad. Consequently, it was decided to restructure the candidate themes. This resulted in each of the candidate themes being comprised of subthemes, which captured the extracted data more precisely and reflected the data set as a whole more accurately.

Stage 5 & 6: Defining and Naming Themes and Producing The Report

The aim of defining and refining theme titles is to ensure they accurately represent what is captured within each theme. Similar to all stages within TA, this process was cyclical as the researcher moved between the content of the themes to the tentative titles. In ensuring the titles accurately depicted the essence of the theme, many theme and subtheme titles were changed. For example, the subtheme "The Limit Does Exist" was originally entitled "Ask and You Should Receive" and was then changed to "A Problem Shared is a Problem Halved". Both previous titles related to the finding that teachers cannot always support pupils exposed to adversity independently, with professional support required at times. However, upon reflection, the title was changed in order to more accurately represent the primary finding captured within the subtheme, which related to the fact that there are bounds to teachers' feelings of self-efficacy. Braun and Clarke (2006, p. 93) advocate for theme, and subtheme, titles to be "concise, punchy and immediately give the reader a sense of what the theme is about". Following this, data extracts to be included in the final write-up were selected. Some extracts were chosen as they were viewed as representative of the many voices within the data set, while others were chosen as they vividly expressed more unique perspectives of participants. Once all themes were fully established, with titles and extracts finalised, the write-up of the analysis was completed.