Setting up for success: A qualitative study on teachers of students

with Fetal Alcohol Spectrum Disorder

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Abstract

Teaching is a stressful and emotionally challenging profession with high attrition, effecting positive outcomes for students. Concurrently, children with Fetal Alcohol Spectrum Disorders (FASD) often have disrupted school experiences and those who thrive have an extensive support system, including caring parents and teachers. Little research has been conducted internationally on the experiences and wellbeing of teachers working with students who have FASD, and even fewer studies with New Zealand teachers working in this area. This thesis explored the experiences of teachers in working with students who have FASD, with a focus on teacher wellbeing. Six New Zealand teachers from both mainstream and special needs schools were interviewed. Through the qualitative approach of Interpretative Phenomenological Analysis (IPA), the themes were teacher-student relationships and collaborative partnerships. This study revealed that it is necessary for school leaders and the Ministry of Education to understand FASD further in order to support the wellbeing of teachers working with children diagnosed with FASD.

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Table of Contents

List of Tables

List of Abbreviations and Terminology

FASD   Fetal Alcohol Spectrum Disorder

PAE   Prenatal alcohol exposure

CNS   Central nervous system

SFF   Sentinel Facial Features

MOE   Ministry of Education

MOH   Ministry of Health

RTLB   Resource Teacher of Learning and Behaviour

This thesis uses dignity-promoting alternatives to stigma-inducing words or phrases to promote the dignity of those with FASD and their families (Looking After Each Other Project, 2016). Therefore, instead of FASD children, suffering/living with FASD, terms such as Person/Individual/Students/Children with FASD will be used.

Chapter One: Introduction

Alcohol is a potent teratogen, and when exposed in-utero, it damages children's physical, cognitive, behavioural, and learning development (Cook et al., 2016; Nguyen et al., 2010). This behavioural and neurodevelopmental condition, referred to as Fetal Alcohol Spectrum Disorder (FASD), has detrimental effects on individuals' lifespan development. Many children with FASD have negative school experiences due to many factors, including learning and behavioural difficulties and lack of adequate support, resulting in exclusion from their peers and teachers (Ryan & Ferguson, 2006; Salmon & Buetow, 2012; Stade et al., 2011).

New Zealand Children's Commissioner, Andrew Becroft, recently called attention to a vision of 'No school removals' for children with Fetal Alcohol Spectrum Disorder (FASD) by addressing the high rates of school suspensions and exclusions of these children (Alcohol Healthwatch & The University of Auckland, 2019). Schools frequently suspend such children with extreme and unmanageable behaviour (Catherall, 2019; Stuff NZ, 2018). "Kids with FASD are likely to disengage from education, they have greater health needs, and they are disproportionately involved in the criminal justice system," says Becroft (Children's Commissioner, 2018). Those who had positive educational experiences reported that having caring and understanding teachers helped them to thrive (Salmon & Buetow, 2012). Teachers are required to support these students through their challenging behaviours, which can be stressful for most teachers. Therefore, tackling this enormous issue requires an immense focus on the wellbeing of both students and teachers, as these are pivotal in implementing the vision and plans for supporting those with FASD (Stuff NZ, 2018).

Teacher wellbeing is at the forefront of educational focus, amidst the increasing international shortage of teachers, including New Zealand (Beckley, 2011; Clipa, 2017; NZEI Te

Riu Roa, 2018, 2019; Whitehead et al., 2000). Teachers are significant adults in students' lives and are pivotal in implementing effective teaching and developing positive student outcomes (Briner & Dewberry, 2007; McCallum & Price, 2010; Roffey, 2012b). However, teaching is a highly stressful and challenging profession. Roles have evolved to a point where teachers take on multiple roles to support students, including a social worker, counsellor, leader, health promoter, and many more (Anderson, 2018; Foley & Murphy, 2015; Whitehead et al., 2000). Many teachers leave their profession due to the stress and burnout from increasing workload demands, responsibilities, and a lack of support and resources (Beckley, 2011; NZEI Te Riu Roa, 2018, 2019). For those who are teaching students with FASD, many reported experiencing a great deal of stress in applying effective teaching strategies, while managing difficulties around students' neurological impairments and meeting the demands of the school curriculum (Dybdahl & Ryan, 2009; Pei et al., 2013; Ryan & Ferguson, 2006). Thus, a focus on teacher wellbeing is critical to ensure that teachers are given the support they need to continue teaching and supporting students. This thesis explores the experiences of working with students who have FASD through analysis of interviews with six New Zealand teachers. This present study further aims to shed light on the factors that impact and promote teacher wellbeing, in teaching students who have FASD.

Fetal Alcohol Spectrum Disorders (FASD)

Alcohol is a potent teratogen that can pass freely via the placenta at any stage of pregnancy, interfering with healthy cell growth and function during development (Schoeps et al., 2018; Young et al., 2014). Alcohol exposure in-utero at any stage of gestation has detrimental effects of varying severity in many areas of the central nervous system (CNS) (Adams, 2016). The effects of alcohol vary throughout pregnancy, with significantly harmful impacts occurring during the embryogenesis stage when organs are rapidly developed (Young, Giesbrecht, Eskin, Aliani, & Suh,

2014). Daily heavy alcohol consumption has more severe consequences for the developing fetus than acute moderate consumption (Young, Giesbrecht, Eskin, Aliani, & Suh, 2014). Nonetheless, irrespective of the alcohol amount and time of consumption, the developing infant in-utero can be affected (Schoeps et al., 2018). These neurological impacts of prenatal alcohol exposure (PAE) result in Fetal Alcohol Spectrum Disorder (FASD) (Nguyen et al., 2010).

FASD has a broad spectrum of presentations affected by prenatal alcohol exposure (Chudley et al., 2005). These features vary from unique craniofacial features (this includes small eye-slits, thin upper lip, smooth philtrum, small palpebral fissures), central nervous system abnormalities, and impairment of physical growth (Adams, 2016; Nguyen, Coppens, & Riley, 2010). The severity of these features differs between individuals with FASD, as some individuals may not have the physical features associated with FASD but have neurological impairments (Chudley et al., 2005). Thus, FASD is known as an invisible disability (Paley, 2006).

Generally, individuals with FASD have deficits in executive function, cognitive capacity, memory, behaviour, social skills and impulse control (Blackburn & Whitehurst, 2010; Brown & Connor, 2014; Y. J. Kelly et al., 2012; Schonfeld et al., 2006). Although FASD is associated with a wide range of impairments across neurological domains, studies have found a deficit in the executive function to process mental and perceptual sets, which predominantly results in learning and memory problems (Brown & Connor, 2014; Kerns et al., 1997). Perceptual sets are primarily involved in perceiving situations, while mental sets relate to the tendency to problem solve (Brown & Connor, 2014). This inability leads to difficulties in adapting to novel situations, which may be viewed by some as stubborn behaviour, and thus having a routine can help individuals with FASD (Kerns et al., 1997). The learning and behavioural needs of children with FASD change over time as it typically becomes more evident as they progress through school (Blackburn et al., 2012).

Therefore, to accurately gather their evolving strengths and weaknesses, neuropsychological assessments may be required at different periods of life for individuals with FASD (Gibbard et al., 2003).

A child with FASD may appear as hyperactive, excessively friendly, fearless, have poor motor coordination, delayed speech, language, and other developmental milestones (Adams, 2016; Blackburn & Whitehurst, 2010). Children with FASD are also prone to temper tantrums and appear to be non-compliant. By school age, they incline to struggle with cognitive, academic, and social areas and often have emotional and behavioural challenges, which negatively affect their ability to learn and function in the school environment (Carpenter, 2011). These children commonly have difficulties with inattention and hyperactivity, which contributes to their lack of skills in learning new information (Green, 2007).

Regardless of intelligence, individuals with FASD have impairments in social learning, which include naivety, a deficit in social skills, difficulty understanding others' perspectives, and a lack of understanding of social boundaries (Kelly, Day, & Streissguth, 2000). The lack of social learning is often viewed as problematic by parents and teachers, and these impairments result in dysregulation (Schonfeld, Paley, Frankel, & O'Connor, 2006). Additionally, individuals with FASD tend to have slow social development. Whaley et al. (2001) found a significant decline in socialisation standard scores among children with FASD in comparison to those without this diagnosis. These findings revealed that other than difficulties in academic learning, individuals with FASD have impairments in social learning, which develop gradually throughout childhood and adulthood, and are considered problematic (Whaley et al., 2001).

FASD is a lifelong brain impairment that cannot be treated or outgrown (Streissguth et al., 2004). Individuals with FASD experience daily challenges and might require extra assistance with

motor skills, physical health, learning, memory, attention, emotion regulation, and social skills (Nguyen et al., 2010). FASD is also associated with a range of secondary effects as a result of unmet cognitive and functional needs (Alcohol Healthwatch, 2007). These secondary effects include experiences of mental health problems, disrupted school experience, trouble with the law and the justice system, inappropriate sexual behaviours, and alcohol and drug problems (Alcohol Healthwatch, 2007; Petrenko et al., 2015). Those with an intelligence quotient (IQ) over 70 have a higher calibre of problematic behaviours and are more at risk of developing such secondary conditions (Streissguth et al., 2004). Misinterpreting FASD-related behaviours can additionally contribute to these secondary conditions, as the individual may feel frustrated and subsequently engage further with these behaviours to cope (Petrenko et al., 2015). Thus, at a systems-level, lack of knowledge and understanding about FASD can lead to misinterpretations. Without appropriate support, individuals with FASD may experience stress, which can lead to engaging in these secondary conditions that place enormous challenges on the individual and their families.

Prevalence of FASD

The estimated global prevalence of FASD among children and youth in the general population revealed to be 7.7 per 1000, with South Africa having the highest estimated prevalence out of 187 countries (Lange et al., 2017). The prevalence in New Zealand is mainly unknown as FASD is under-recognised and under-reported (Adams, 2016; Ministry of Health, 2016; Parackal, 2003; Symes, 2004). However, given that the current population estimation is 4,952,500 (Statistics Zealand, 2019), the global prevalence estimation implies that there are about 38,057 children and youth with FASD in New Zealand. Alcohol Healthwatch (2010) also estimated that at least 173 babies are born with FASD every year in New Zealand based on the overseas rate of three per 1,000 live births. Despite the need for a formal investigation on the FASD prevalence, these

estimations indicate that FASD is potentially the most common cause of disability in New Zealand (Ministry of Health, 2016; Tesoriero, 2019).

Numerous studies have claimed that alcohol consumption is pervasive in New Zealand culture, and therefore have speculated that FASD might be particularly prevalent (Mallard et al., 2013; Ministry of Health, 2019; Parackal, 2003). According to the Ministry of Health's (2019) New Zealand Health Survey, four in five adults (80.3%) consumed alcohol in the past year, with one in five adults (20%) engaged in hazardous drinking. An Otago study on 723 post-partum women suggests that the prevalence of FASD in New Zealand may be significantly higher than in the United States or Canada (Mallard et al., 2013). Mallard, Connor, and Houghton (2013) found that 34% of women consumed alcohol during pregnancy and that 12% of pregnancies were at high risk of heavy alcohol in early gestation. Younger pregnant women are particularly at risk for heavy and binge drinking (Parackal, 2003). Midwives' reported that a significant proportion of teenagers (82%) and young adults (48%) had consumed some alcohol during pregnancy, with a higher proportion of women from the provisional regions compared to the major regions in New Zealand.

Further, studies indicated that Māori and Pacific mothers might be consuming alcohol during pregnancy at rates higher than those of other groups (Mallard et al., 2013; Ministry of Health, 2019; Stuart, 2009). The percentage of pregnancies with heavy alcohol exposure in early gestation was almost five times higher for Māori women and 3.4 times higher for Pacific women than for New Zealand European women (Mallard et al., 2013).

FASD has substantial costs to the individual and their family, as well as to educational, health, and social services. Establishing additional medical, educational, and social services support could cost New Zealand $3.5 million annually (Alcohol Healthwatch, 2007). The Ministry of Health (2018) previously estimated that the annual cost to the Government to support each

individual with FASD would be $15,000. Given the estimated prevalence of 38,000 children and youth with FASD (Statistics New Zealand, 2019), the annual cost to the Government in supporting these children and youth would be around $570 million. This estimated cost has a significant disparity from the actual fund of $12 million allocated in the action plan (Espiner, 2019; Houlahan, 2018). Hence, many families, service providers, and researchers feel that this insufficient funding to address the scale of the implications reflects a lack of commitment from the Government (Catherall, 2019).

Diagnosis of FASD

Recognising FASD early in life is crucial in understanding the individual and the support that they need, which increases their chances of receiving the best possible outcomes for quality of life in later adulthood (Adams, 2016). In New Zealand, a multidisciplinary diagnostic specialist team comprehensively assesses FASD based on the Canadian Guidelines (Alcohol Healthwatch, 2010; Chudley et al., 2005). This diagnostic process includes screening and referral, physical examination and differential diagnosis, neurobehavioural evaluation and treatment, and follow-up (Chudley et al., 2005). The updated Canadian Guidelines diagnostic process is a simplified version that disregards the sub-diagnosis of Fetal Alcohol Syndrome (FAS) and recognises FASD as a diagnostic term rather than an umbrella non-diagnostic term.

The behavioural and emotional effects displayed by individuals with FASD additionally sparks resemblances to other diagnoses. These diagnoses include conduct disorder, visual problems, speech and language deficits, hearing loss, alcohol or drug dependence, and attention-deficit/hyperactivity disorder (ADHD). Many children with FASD often receive initial diagnoses of autism spectrum disorder (ASD), and obsessive-compulsive disorder (OCD) (Carpenter, 2011).

These findings imply the issues encompassing the diagnostic assessment of FASD and the possibilities of misdiagnosing an individual.

A missed diagnosis of FASD could have detrimental consequences of emotional, financial, and social stresses on the individual and their surrounding system (Riley & McGee, 2005). Possible reasons encompassing missed diagnosis include women's reluctance to disclose information about their prenatal alcohol consumption due to both a sense of shame and guilt, and fear of losing child custody (Bax et al., 2015). Many women may also struggle to recall the amount or frequency of alcohol consumption during pregnancy, and there are no reliable means to measure this (Chudley et al., 2005). On the other hand, many health professionals in New Zealand are reluctant to discuss women's drinking history due to the following: fear of alienating or stigmatizing their patients, lacking knowledge about the effects of alcohol on the mother and her developing child, as well as insufficient training to appropriately assess the risk of using alcohol (Wouldes, 2009).

In New Zealand, there are no laws regarding mandatory reports from health professionals about prenatal alcohol and drug abuse of mothers, and children are often not removed from homes solely due to parental substance abuse (Abar et al., 2012). In saying this, it is estimated that up to 50% of children in New Zealand state care could have FASD (Ministry of Health 2016; Oranga Tamariki, 2020). This estimation was made by extrapolating from international studies and systematic reviews (Ospina & Dennett, 2013; Popova et al., 2014), mostly conducted in North America and Europe, which found a high prevalence of children with FASD in the foster care settings (prevalence ranges from 30-50%). Of those diagnosed with FASD in North America, 70% were likely to have been, or were currently, in care (Burd et al., 2011). Likewise, Canadian studies estimated that in 2011 the total number of FASD children in care was about 67,433, and between

30.5% to 52% of such children were placed in foster care at some point in their lives (Popova, Lange, Burd, & Rehm, 2014).

Impact of FASD on learning and school experiences

Learning and behavioural difficulties associated with FASD emerge in the classroom setting (Carpenter, 2011; Chudley et al., 2005; Sakano et al., 2019). As previously discussed, children with FASD have difficulties across cognitive, academic and social areas, and therefore generally struggle in the classroom environment (Kerns, Don, Mateer, & Streissguth, 1997; Kelly, Day, and Streissguth, 2000; Schonfeld, Paley, Frankel, & O'Connor, 2006; Blackburn & Whitehurst, 2010; Brown & Connor, 2014). These difficulties negatively affect their ability to learn and function in the school environment as children tend to misunderstand rules and directions, which can trigger significant frustration and emotional distress, and engage in repeated disruptive behaviours.

In school, children with FASD often have problems with exclusion and "feeling different" from their peers due to other people misunderstanding their conditions, which results in disrupted school experiences (Brenna et al., 2017; Knorr & Mcintyre, 2016; Ryan & Ferguson, 2006; Salmon & Buetow, 2012; Stade et al., 2011). Being omitted and "feeling different" from their peers is often accompanied by feelings of frustration, sadness, and anger (Stade et al., 2011). Children have been found to struggle to understand academic concepts (commonly maths) and have difficulties staying out of trouble (Knorr & Mcintyre, 2016). They were aware of their differences from their peers and had negative feelings about their diagnosis, one view being that "FASD is unfair" (Stade et al., 2011*)*. Adults with FASD also reported past experiences of feeling that they did not fit in at school and that difficulties in the classroom had led to anger and frustrations towards their diagnosis, negatively affecting their self-esteem (Knorr & McIntyre, 2016). Negative experiences also

occurred socially, with reported difficulties making friends and experiences of bullying, which resulted in aggressive responses on their part and subsequent punishments from schools (Knorr & Mcintyre, 2016). In New Zealand, Salmon (2008) found that mothers of children with FASD experienced conflicts with schools due to lack of communication, resulting in inconsistent strategies across home and school settings, and disrupted schooling for the children. Salmon and Buetow (2012) further found significant challenges in the classroom related to teachers misunderstanding the hidden nature of their condition, perceiving them as stubborn, lazy, and troublemakers and schools struggled to adapt children's learning environments according to their neurological needs, mainly due to a lack of knowledge and resources

However, there were also sources of strength that were called upon to surmount hardships (Knorr & McIntyre, 2016). These protective factors include receiving help from knowledgeable and caring teachers, extra academic support from teacher aides, and having supportive caregivers who advocated for them at school and in the community. One individual reported that through the support she received at school, she developed a resilient attitude by not being ashamed of her FASD diagnosis, believing it was not something to define her and that she is capable of anything (Knorr & Mcintyre, 2016).

Similarly, a young Canadian adult with FASD voiced that being aware of their neurological constraints and strengths contributed to their resilient attitude, which they were able to call up in advocacy work (Brenna, Burles, Holtslander, & Bocking, 2016). The need for non-judgmental support in class to avoid feeling self-conscious, which can trigger negative emotional responses, was indicated as important. Thus, despite the challenges at school, protective factors highlighted the crucial need for teachers to gain further knowledge and understanding of the students' different learning styles and to support them effectively.

Teachers of students with FASD

Effective teaching practices for students with FASD focus on adapting teaching approaches to learners' needs (Dybdahl & Ryan, 2009; Pei et al., 2013; Ryan & Ferguson, 2006). viewing students as individuals and using reminders to focus and refocus, being familiar with the triggers of challenging behaviour, providing one on one support from the teacher or teacher aide, establishing positive relationships, and promoting the development of self-control were highly effective (Dybdahl & Ryan, 2009; Ryan & Ferguson, 2006). Considering the unique cognitive profile of individuals with FASD, it is critical to change teaching strategies (such as lowering external expectations and time pressures) to improve their performance (Blackburn et al., 2012). Adapting the learning environment entailed identifying, assessing, and incorporating the neurobehavioural diversity of FASD and developing individual learning characteristics, such as character strengths, capacities, and interests (Blackburn et al., 2012).

Previous studies found that many teachers require additional educational support, funding, evidence-based strategies, and resources in order to do this (Brett et al., 2018; Fetal Alcohol Spectrum Disorder Ontario Network of Expertise, 2010). The New Zealand Ministry of Education has developed a comprehensive report on FASD and recent online guides, which includes information, videos, website links, and recommended strategies for students' learning, behaviour, and communication (Parsonson, 2014). These strategies mainly focused on building positive relationships with the student and their whānau, adapting the class instruction and environment of the student, and modifying teaching practices and curriculum according to their needs and abilities.

Many teachers reported that although the resources and training on effective teaching strategies are beneficial, they are irrelevant in their classroom settings (Ryan & Ferguson, 2006). Pei, Job, Poth, and Atkinson (2013) found that teachers who had prior knowledge about FASD

appeared to struggle in implementing the strategies learned due to limited time, resources, and support. Some teachers who received training were not aware that they would teach learners with FASD, and therefore at the time did not find the information relevant (Dybdahl & Ryan, 2009). These findings, therefore, suggest the significance of proper quality training and support that pertains to the classroom setting.

Teachers who reported applying effective teaching strategies viewed assessment reports solely as a guide, as they do not include explanations about the learner's individuality (Pei et al., 2013). Poth, Pei, Job, and Wyper (2014) found that teachers understood learners with FASD on a personal level rather than relying on reports became an external brain for students with FASD to help with executive functioning (Green, 2007). Being an external brain involves establishing and maintaining a positive relationship with the student and their caregivers, which provides a better understanding of the learner's strengths, limitations, and capabilities, as well as familiarising them with individual triggers (Green, 2007).

Other than implementing effective teaching strategies, establishing a flexible learning environment tailored to the specific needs of each student also maximises student success (Blackburn et al., 2012). One of the first classrooms set up mainly for students with FASD was established in 1995 by the Winnipeg School Division (WSD), Canada (Millar et al., 2017). This action was a response to the increasing prevalence of infants exposed to alcohol and the anticipation of more alcohol-exposed children in schools. Since the establishment, the WSD increasingly grew, forming strong partnerships with health, education, and social services, which is crucial given the complex nature of FASD (Green, 2007; Jirikowic et al., 2008; Millar et al., 2017).

In sum, children with FASD generally experience many challenges at school due to their neurological impairments, affecting their learning capacities and behaviour. These children must be supported by their parents, caregivers, and teachers in order to thrive in school. However, teachers experience daily stress in managing challenging and disruptive behaviour. Teachers further reported experiencing a great deal of stress in applying effective teaching strategies while trying to meet the demands of the school curriculum (Van Schalkwyk & Marais, 2017). These challenges and stressful classroom conditions have an enormous impact on teacher well-being.

Wellbeing

There is no single definition for wellbeing, but rather, several elements contribute to wellbeing (Seligman, 2011). Wellbeing is subjective, and a construct described as perceiving life positively and feeling good (Seligman, 2011). According to Seligman (2011), wellbeing consists of five components: Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (PERMA). Wellbeing is further defined as the result of a balanced point between an individual's set of resources and the challenges that they are experiencing (Dodge et al., 2012). It is a complex, multifaceted term that is often focused on stress and burnout (Betoret & Artiga, 2010; Greenberg et al., 2016), in addition to compassion fatigue (Dubois & Mistretta, 2019).

Lazarus and Folkman's (1984) Transactional Model of Stress and Coping states that subjective interpretation or appraisal of an event shapes how a person manages subsequent coping responses. These cognitive appraisals consist of two processes: the primary and secondary appraisal.

Primary appraisal occurs when an individual evaluates whether the incident is relevant and goal congruent (relevant to an individual's goals, values, or needs). Events can either be appraised

as a challenge or as a threat (Lazarus & Folkman, 1984). Individuals who appraise an event as a challenge tend to have lower levels of stress, increased positive emotions, and perceive opportunities for mastery and growth. (Folkman & Moskowitz, 2000; Lazarus & Folkman, 1984). In contrast, events appraised as a threat to an individual's goals or needs trigger unpleasant emotions, which present a harmful risk to one's wellbeing through their perception of difficulties to overcome such a situation (Lazarus & Folkman, 1984). Thus, repeated daily experiences of unpleasant emotions in response to stress negatively influences wellbeing, whereas experiences of pleasant emotions promote wellbeing.

Teaching is a profession that involves high levels of burnout and emotional exhaustion (Buonomo et al., 2017; Chang, 2009). The term burnout refers to the physical, emotional, and mental exhaustion resulting from a continuous stress response, which is often found in emotionally demanding professions (Buonomo et al., 2017; Talmor et al., 2007). The main components of burnout include a sense of failure, emotional or physical exhaustion, and feelings of being worn-out (Talmor, Reiter, & Feigin, 2007). These elements result from work demand overload and often occur in work situations that require high levels of interpersonal involvement. For teachers, consistent negative appraisals about student behaviour significantly contribute to the repeated experience of unpleasant emotions, leading to burnout (Chang, 2009).

Building from this concept of burnout, Joinson (1992) identified compassion stress and fatigue. Compassion stress is the result of an individual experiencing difficulties in satisfying their efforts in helping another person (Figley, 2001). Chronic experiences of compassion stress can lead to compassion fatigue, which is a job hazard that encompasses a combination of a helper's empathy levels, exposure to others' stress or trauma, and concerns about responding to this, which then leads on to their empathic response (Figley, 1995, 2001). Those who have large capacities of

empathy tend to be more at risk of compassion stress and fatigue (Figley, 1995). Compassion fatigue can be experienced in many forms, including a lowered sense of hope, compassion and empathy, changes in work performance, reduced job satisfaction, and diminished emotional regulation (Dubois & Mistretta, 2019). The severity of compassion fatigue can vary day-to-day depending on the context, affecting the areas of cognition, emotional, behavioural, spiritual, relational, and physical (Figley, 1995). Thus, teachers who work with students who may be experiencing chronic difficulties such as FASD, are at increased risk of developing compassion fatigue. Unlike the gradual impact of burnout as a result of emotional exhaustion, compassion stress and fatigue can emerge abruptly and with little warning (Figley, 1995). Compassion fatigue can elicit complex emotions, as teachers may experience low autonomy over the situation, triggering guilt and anger, which can lead to emotional depletion (Figley, 1995).

Sources of Stress

There is an increasing recognition that the sources of teachers' stress lie within the interpersonal context of teaching (Buonomo et al., 2017). Teachers' roles and responsibilities involve daily interaction with students, parents, and colleagues (Benevene et al., 2019).

Teacher-student relationships are generally intricate, and teachers often describe negative experiences related to students' disruptive behaviour, including hostility, aggression, hyperactivity and distractibility (Boujut et al., 2017; Chang, 2013; Haydon et al., 2018; Rae et al., 2017; Tsouloupas et al., 2010). Teachers' judgements about student behaviour may additionally contribute to unpleasant emotions and difficulties in building affectionate relationships (Chang, 2009, Spilt, Koomen, & Thijs, 2011). According to the Attribution Theory, the way a teacher attributes a behaviour or situation impacts on their attitudes towards their students, and decisions on how to best support students (Weiner, 1985). For teachers of students with FASD, their causal

views of challenging behaviours related to FASD are likely to impact their emotions towards the students, and eventually, their wellbeing (Frohlich, 2017).

Teachers can also find dealing with uncooperative parents or caregivers stressful. Negative interactions between parents and teachers can range from subtle incidents of unfriendly verbal exchanges to enraged arguments (Dewe, 1986; Le Cornu, 2013: Scheepers, 2009). Teachers of students with FASD described challenges around parents and caregivers who showed a lack of cooperation, especially around maintaining consistent learning and behaviour strategies (Job et al., 2013; Van Schalkwyk & Marais, 2017). These teachers voiced the need for enhanced early and frequent communication amongst parents and teachers, and the development of a mutually supportive environment. However, research revealed that clear communication and a mutually supportive environment could be challenging to create (Bax et al., 2015; Job et al., 2013; Salmon & Zealand, 2008; Schonfeld et al., 2006). Parents and caregivers are often reluctant to trust teachers and establish working relationships due to denial or lack of background information on their child's prenatal history, and might also be unaware of the child's difficulties in school (Ministry of Health, 2016; Paley, O'Connor, Frankel, & Marquardt, 2006; Scheepers, 2009)

Stress and burnout in teachers have also resulted from organisational pressures and a lack of support and resources. These have included unsupportive school staff and management, limited support and inadequate resources, a lack of control over schools' decisions, and the constant pressure of sole accountabilities for students' learning and behaviour (Haydon et al., 2018; Richards, 2012), and increased workload demands and responsibilities. (Haydon et al., 2018; Rae et al., 2017; Richards, 2012).. To understand workplace relationships, Rousseau (1989) developed the theory of Psychological Contract. This theory involves a set of beliefs and expectations exchanged between individuals at a workplace, including employees, work colleagues, managers,

and employers. The psychological contract is subjective and implicit, as it involves a broader construct of expectations (Rousseau, 1989). When an employee perceives that the other party fails to fulfill this implicit exchange, a psychological contract breach occurs. A breach of the psychological contract entails various detrimental outcomes, such as reduced job performance and satisfaction, in addition to increased turnover intentions (Rousseau, 1989).

The inclusion of all students in school leads to higher workload demands, requiring more support and resources for teachers. New Zealand is currently facing a significant teacher shortage. Of the 700 principals surveyed in 2018, 90% reported struggling to find relievers, and 30% reported finding no suitable applicants for vacancies (Te Rui Roa, 2018). As a result, principals had to shift children between classes, split classes, or increase the number of students, which disrupts children's learning environment. It also placed more pressure on teachers, contributing to their stress and workload, as 81% of principals reported that on occasions, sick teachers still come to school due to no relievers being available for their classes (NZEI Te Riu Roa, 2018).

The recent NZCER 2017 survey in New Zealand also found that many mainstream school teachers feel the need for more significant provisions and support for students with additional learning needs, which increased from 21% in 2013 to 32% in 2016 (Wylie, 2017). Demands on teachers are becoming increasingly difficult and stressful due to large class sizes, complex and diverse learning needs, as well as limited school resources and funding for education reforms (Gray et al., 2017; Price et al., 2015). According to Payne and Fletcher's (1983) study and Hobfoll's (2011) Conservation of Resources theory, psychological stress is a consequence of an imbalance between demands, support, resources, and job constraints. Thus, job resources may buffer the effect of job demands on stress and burnout, whereas a scarcity of support and resources in a demanding work setting leads to stress. However, these imbalances vary as one teacher may view

classroom demands as exceeding their available resources, while another teacher may view that their resources are sufficient (Kyriacou, 2010). Those who chronically perceive themselves to have insufficient resources are most vulnerable to stress and the risk of burnout, in addition to lowered job satisfaction and commitment (Kyriacou, 2010).

New Zealand research on teachers' wellbeing found that many teachers are experiencing some form of stress, and this appears to be increasing (Beckley, 2011; Soykan, 2015). Beckley (2011) found a direct influence of role overload on stress and a strong correlation with role responsibility, suggesting that as teachers' workload and responsibilities increase, their stress levels rise. Workload, stress, and work-life balance are difficult to achieve, and reasons for recent resignations included workload/burnout, difficult work-life balance, and incompatibility between pay and responsibilities (NZEI Te Riu Roa, 2019).

Protective Factors

Despite that teaching has become a stressful profession, several factors have been identified as protecting teachers from developing stress, burnout, and compassion fatigue (Beltman et al., 2011; Gu, 2014; Johnson et al., 2010). High levels of self-efficacy or the belief that one has the mastery to achieve goals (Bandura, 2000), and affecting motivation was found to be a vital part of teacher wellbeing (Hoy & Spero, 2005) For teachers, self-efficacy is about the judgement of their capabilities to promoting learning outcomes, affecting effort and investment teaching practices, aspirations, and goals (Hoy & Spero, 2005).

Teachers' tendency to remain in their profession often depends on whether they find their work meaningful. Those who engage in teaching for the sense of meaning and rewards that their work brings view their profession as a calling (Wrzesniewski, 2003). Many teachers choose to teach because they want to make a difference to students with challenging backgrounds and/or

because they enjoy working with children (Farkas et al., 2000; Wrzesniewski, 2003). This implies that a sense of achievement or accomplishment for teachers is made possible through positive relationships with their students. Lortie (1975) coined the term "psychic rewards", which suggests that teachers feel rewarded when students reciprocate affection shown towards them. A positive teacher-student relationship reduces disruptive behaviour and promotes positive engagement and learning (Frisby & Martin, 2010). Creating a relational closeness was a protective factor against the impacts of conflict when dealing with challenging students (Evans et al., 2019). Stamm (2000) further identified the term "compassion satisfaction," which results from feelings of pleasure that stem from being able to function well at work. Teachers may derive pleasure from successfully helping and having positive relationships with students, parents, and colleagues (Farkas et al., 2000)

A positive school climate with supportive colleagues and school leaders also boosts teachers' efficacy and morale, mainly through challenging situations (Hosford & Sullivan, 2016). Ebersöhn (2012) coined this notion as Relationship Resourced Resilience (RRR), a collective process whereby individuals join, share ideas, and resources for better coping in adverse situations (Ebersöhn, 2012). Wellbeing then becomes a collective responsibility for teachers to aid in coping with adversities by engaging in both collective problem-solving and information seeking.

Teachers who perceive higher levels of relational trust with their colleagues are more likely to stay in their profession and be equipped to manage daily classroom stresses (Lantieri et al., 2011). Positive interaction with other teachers was found to buffer teachers against stress, with this especially evident amongst special education teachers (Haydon, Leko, & Stevens, 2018). Teachers in this study reported that supporting each other, collaborating, and offering assistance made stress more manageable (Haydon, Leko, & Stevens, 2018). Accessing instrumental (tangible assistance),

informational, and emotional support is vital in sustaining support (Lyons & Chamberlain, 2006; Stroebe, 2000; Taylor, 2011). Fostering strong relationships with colleagues is a type of support-seeking coping strategy in which an individual uses available social resources (Skinner & Zimmer-Gembeck, 2011). These relationships provide empathy, care assistance, facilitate feelings of self-worth, and provide concrete resources and strategies for dealing with difficult situations.

Emotion-focused coping strategies are essential in sustaining teacher wellbeing, and these functions to manage psychological distress (Lazarus & Folkman, 1984). According to Dubois and Mistretta (2019), it is crucial for helping professionals also to prioritise caring for themselves to both maintain their wellbeing and reduce their risk of developing compassion fatigue. As previously discussed, sustaining positive relationships with colleagues is significant for teachers in terms of receiving social support to reduce emotional and psychological distress (Alhija, 2015; Johnson et al., 2010). Researchers also found that self-distraction through pleasurable activities is vital for teachers' wellbeing (Betoret & Artiga, 2010; Chang, 2013; Richards, 2012). The most common coping strategies teachers employ are taking a day off work, exercising, and social support (Richards, 2012). However, although emotion-focused strategies generally provide successful distraction temporarily, the stressor remains (Lazarus & Folkman, 1984).

Correspondingly, problem-focused coping strategies are vital in reducing distress by managing or altering the problem (Lazarus & Folkman, 1984). Problem-focused coping occurs when an individual acts to address the stressor, and this includes other strategies that serve a similar function, such as exertion, persistence, instrumental action, strategising, planning, and active attempts (Skinner & Zimmer-Gembeck, 2011). Teachers who implement problem-solving coping strategies tend to experience more efficacy in their work (Betoret & Artiga, 2010) and lower levels of stress and burnout (Spilt et al., 2011). Thus, sustaining knowledge about students' learning and

behavioural needs, as well as being equipped with teaching strategies, are paramount in promoting teachers' wellbeing. Chang (2013) argued that both problem and emotion-focused coping significantly decrease unpleasant emotions and stress. This combination was found in the recent study of New Zealand teachers, which revealed that those with higher levels of wellbeing and lower levels of stress tend to appraise class difficulties as a challenge and implement problem-focused coping strategies (Soykan, 2015). These teachers also had higher levels of psychological capital, which includes self-efficacy, hope, resilience, and optimism, in addition to positive life satisfaction and affect.

To conclude, New Zealand is currently facing a significant teacher shortage, as teaching has increasingly become a stressful profession due to increased workload demands and responsibilities involving students, parents, and colleagues. Teachers with additional needs, including those with FASD, experience significant difficulties in work demands and limited support, which puts their wellbeing on the line. However, studies identified several factors that protect teachers from developing stress, burnout, and compassion fatigue. These factors include self-efficacy, a sense of meaning through positive teacher-student relationships, supportive school colleagues and leaders, and sustaining coping strategies. The next section briefly examines the New Zealand education system and support for those with FASD.

New Zealand Context

The New Zealand Education system endured a significant reformation in the late 1980s, as a result of the formation of the Ministry of Education (MOE), a public service department that oversees the education system (Openshaw, 2014). The establishment of the Education Act (1989) and the neo-liberal political movement's implementation of Tomorrow's Schools, has resulted in significant changes. Schools became self-managing and run by a community-based board of

trustees. There are three main types of schools in New Zealand: state, state-integrated, and private schools (Ministry of Education, 2019a). State schools are government-funded and teach the National New Zealand Curriculum. State-integrated schools are also government-funded, teaching the National Curriculum while keeping their unique character. Private schools receive some funding from the Government but are independent (Ministry of Education, 2019a). Within the state school system are options for different age groups, values, languages, and religious beliefs (Ministry of Education, 2019a). Special needs schools are a form of state school that caters to those with specific learning and behavioural needs.

The Education Act (1989) introduced inclusive education in all state schools, which entitles all students who have different learning needs the same rights to enrol and receive an education as other students. New Zealand schools also have obligations to include all learners under the New Zealand Disability Strategy and the United Nations Convention on the Rights of Persons with Disabilities (Ministry of Education, 2019a). In response to this Act, the Ministry of Education (2019a) collated resources to support inclusive practices in schools, including relevant documents on the values of inclusiveness, professional development websites and booklets, and classroom strategies booklets for specific learning needs. Implementing inclusiveness in schools means integrating more demands for teachers, not only to teach the school curriculum but also to manage a variety of behaviours (Wylie, 1992). As a result, many New Zealand teachers reported heightened feelings of stress due to increased responsibilities, workload demands, and working hours (Wylie, 1992). This reformation also widened the gap of trust between schools and the Ministry, as many schools and parents expressed frustration at the inconsistent and inaccessible support from agencies (Tomorrow's Schools Independent Taskforce, 2019).

Parents, teachers, and health professionals often identify children's learning and developmental concerns. To carry out formal assessments on students, schools often make a referral to the Ministry's learning support needs (Ministry of Education, 2018). Teachers generally liaise with parents about learning support. They may recommend an assessment that will corroborate any difficulties in the child's learning or development, in addition to whether the child has mild, moderate, or high learning support needs (Ministry of Education, 2018). The Government then allocates schools with the Learning Support Funding (LSF), which is based on the school roll and decile, and this includes funding for Resource Teachers: Learning and Behaviour (RTLBs) and early intervention services for younger children (Ministry of Education, 2019c). RTLBs' roles are to provide educational support in classrooms and enhance skills in behaviour management or curriculum development.

When receiving support, students who classify as having high or very high needs can receive additional support from the Ministry of Education's (2018) Learning Support team. This extra assistance may cover an extra teacher or teacher's aide hours, transport to school, extra equipment, and the modification of school buildings. Those classified as having high needs can attend special needs schools based on a formal agreement between parents, schools, and the Ministry of Education (2019a). Currently, there are twenty-eight special needs schools in New Zealand, which use a curriculum adapted to students' needs, support from specialist staff, additional teaching time, and teacher's aide support (Ministry of Education, 2017).

The Tomorrow's Schools Independent Taskforce (2019) recently published a comprehensive report on critical issues mainly concerning schools running as self-managed organisations, recommending that the Ministry create education hubs as a service in between the MOE and schools. The aim of these would be for schools to have fewer responsibilities and focus

solely on education by allocating twenty education hubs across New Zealand to take responsibility for the property, employment, advisory services, professional development, and allocating Government funding (Tomorrow's Schools Independent Taskforce, 2019). In response to the report, the MOE decided to reset and redesign existing structures of the Ministry, including the establishment of an Education Service Agency (ESA) (Ministry of Education, 2019). ESA's primary purpose is to provide responsive and accessible local support for the needs of schools and whānau. This service level also includes the aim to ensure that school leaders and teachers are well supported to identify and respond to the needs of students with disabilities and learning needs, and that of their families.

Currently, New Zealand has limited diagnostic and support services available for the FASD communities, mainly due to a lack of research on its prevalence (Tesoriero, 2019). To begin to address these limitations, the New Zealand Ministry of Health (2016) published an Action Plan, Taking Action on Fetal Alcohol Spectrum Disorder 2016 to 2019, a first national approach to combat diagnosis and support issues. In response to the FASD action plan, Te Pou (2019) conducted an FASD workshop pilot that aimed to educate frontline professionals in Kaitaia and Dunedin, including teachers, clinicians, support workers, and police officers. In collaboration with Matua Raki (n.d.), both organisations also established a free online introductory course on FASD. These resources were developed in partnership with other service providers from different disciplines and sectors, along with families and people with FASD. These actions are part of the beginning phase of raising awareness about FASD and support for these individuals and their surrounding system, and it is hoped that this training will be widely available in the future.

Other endeavours have included Gibbs' (2019) pilot caregiver training course in Dunedin designed based on the researcher's experiences as a caregiver of a child with FASD and from

evidence-based materials around empowerment and advocacy processes, The main theoretical frameworks of this course were of brain-based developmental theory, which promotes the knowledge that brain injuries from alcohol cause primary impairments (Gibbs, 2019). This framework enables parents and caregivers to understand their roles in accommodating the brain impairments throughout the life course of their children with FASD. This training advocate for changing the child's environment, as opposed to changing the child, which follows a theoretical framework that focuses on the importance of perceiving FASD within the ecosystem, family, and developmental system lenses (Jirikowic et al., 2008; Petrenko et al., 2015). Gibbs (2019) found that participants highly valued the contents and processes of the course. Therefore, these results implied that best-practice interventions occur when professionals and families work together to support the child or young person over their life course and across different settings (childcare, education, health, welfare, medical and justice systems) (Gibbs, 2019). This approach may prevent further secondary impact on the child and their families as they are wrapped around by multiple agencies, supporting throughout their lives.

Researchers have pointed out the crucial need for early interventions to help people with FASD (Houlahan, 2018). Crawford (2013) advocated that there is a need for more educational support to enable children with FASD to stay in the school environment, as they have the same educational rights as other children. The Disability Rights Commissioner has further highlighted the crucial need for FASD to be recognised as a disability, enabling those affected to have greater access to more extensive support services (Tesoriero, 2019). Children diagnosed with FASD have limited access to disability services unless they are assessed as intellectually disabled, with an IQ below 70, which is the minority of the group (Brett et al., 2018; Catherall, 2019). This means that children with FASD whose IQ is within the normal range fail to have their needs adequately

addressed. Although the Ministry of Education (2019a) recently released a Learning Support Action Plan 2019-2025, intending to provide better support for students with disabilities and learning support needs, there has been no focus to ascertain that schools and teachers receive appropriate support through quality professional development and ongoing support for teaching children diagnosed with FASD (Gibbs & Sherwood 2017).

Present study

At present, the experiences of teachers working with students who have FASD is under-researched. Teachers are agents of change, and supportive teachers are vital for students with FASD to thrive in school. However, teachers generally experience multiple stressors that impact on their wellbeing, which are barriers in effectively supporting students at school. Thus, it is crucial to focus on teacher wellbeing to assist teachers in being competent practitioners. Given the current teacher shortage in New Zealand and high risk of school suspensions amongst students with FASD, the present study aims to explore New Zealand teachers' experiences in working with students who have FASD. Further, the present study examines the factors that impact and promote the wellbeing of teachers while working with these students.

Chapter Two: Methodology

Objectives and Rationale

The key objectives of this current study are to understand New Zealand teachers' experiences in working with students who have FASD and explore the influential factors on teacher wellbeing from these experiences. This chapter discusses the methodological bases of this present study, the procedure implemented to investigate the topic, and the rationale underpinning the specific techniques used.

Research Design

Teachers in New Zealand are encouraged to reflect and inquire about their teaching practices in order to develop an effective pedagogy (Ministry of Education, 2007). Therefore, it is deemed suitable to investigate teachers' experiences through the Interpretative Phenomenological Analysis (IPA). IPA is a qualitative methodology that looks at how an individual makes sense of their significant life experiences (Smith et al., 2009). The term "experience" is subjective and a complex concept that comprises elements of life separated in time; however, connected with a collective meaning (Pietkiewicz & Smith, 2012). IPA aims to reveal some meanings from an individual's narrative account and is well in gaining a deeper understanding of how an individual perceives the world and their experiences (Oxley, 2016). The three primary theoretical underpinnings of IPA are phenomenology, hermeneutics, and idiography.

Phenomenology is the philosophical study of experiences, which involve understanding one's perspective. In the early 20th century, Husserl developed phenomenology to improve ideas and focused on the study of "being" (Hefferon & Gil-Rodriguez, 2011). Husserl emphasised on enticing with the phenomena through reflections of experiences which involved a series of steps, known as reductions. These steps involve 'bracketing' preconceptions and pre-existing knowledge

to locate the basis of a phenomenon (Hefferon & Gil-Rodriguez, 2011). This method allows researchers to reflect on the information they have gathered. Heidegger pointed out the issue of putting this into practice due to our pre-existing knowledge of the world, and therefore the researcher should interpret to understand a phenomenon (Smith, Flower, & Larkin, 2009).

Hermeneutics is the concept of interpretation. Hermeneutic phenomenology involves a researcher apprehending a participant's point of view and translating the interpretation (Pietkiewicz & Smith, 2014). Therefore, it means that an IPA process is dynamic, and the researcher requires having a reflexive attitude. By doing so, it allows the researcher to reflect on how their pre-existing knowledge and preconception about the phenomena add value to the process. Likely, the researcher may not recognise their preconceptions until confronted with the accounts of a person's experience (Smith et al., 2009). Therefore, an IPA researcher should stay open to more preconceptions emerging throughout the procedure. The researcher may encounter difficulties in their preconceptions when engaging with the data, which refers to as *"hermeneutic circle"* (Smith et al., 2009). According to Smith, Flower, and Larkin (2009), the phenomenon refers to the participant's account, and researchers must immerse themselves in the participant's experience accompanied by an ongoing re-reading of the material and formulations of critical questions. These interpretations create a more prosperous and comprehensive analysis of the data.

Idiography is concerned with focusing on a specific population and the individual details, contrasting to the traditional nomothetic approach in psychology, which looks at establishing universal claims (Smith, Flower, & Larkin, 2009). The foundation of IPA is idiographic, as it concentrates on small samples of participants and makes no attempt in generalising the findings. Independent examination of the transcripts is then followed by an analysis across cases to find common themes (Hefferon & Gil-Rodriguez, 2011). By doing so, this considers each participant's

experiences as valuable to research. Despite the intention to not generalise the findings, the IPA approach can shed light on existing nomothetic research regarding teacher wellbeing and students with FASD.

Participants and Sampling

Participant Sample Size

The present study utilised sampling methods aligned with IPA, which aimed to interview a minimum of six teachers. The sample size for this study was small due to the idiographic nature of IPA, which focuses on an in-depth investigation of the teachers' experiences. This small homogenous sample size does not utilise generalisation but instead provided the opportunity to analyse in detail about the notion and understanding of teachers' wellbeing experience working with children with FASD (Langdridge, 2007). In order to maintain the homogeneity of the group, the screening process implemented purposive sampling (Smith et al., 2009). The present study selected participants in New Zealand, primarily based on the criteria that the teachers have or had worked with students who have FASD.

Snowball Sampling

The researcher recruited participants through purposive and via snowball sampling. Snowball sampling, also known as chain or referral sampling, is a technique that involves current participants recommending potential participants who are known by them (Biernacki & Waldorf, 2013; Langdridge, 2007). This sampling technique is frequently used when the sample is limited and very specific in the population (Biernacki & Waldorf, 1981).

The researcher recruited the first teacher through a Special Needs School in a major New Zealand City. In addition to contacting the school, emails were sent out to other Special Needs Schools. Once this approach was exhausted, emails were despatched out to Mainstream Schools

in the same major city, identified through an internet search and word of mouth recommendations. Other agencies, FASD Care Action Network (FASD-CAN) and Resource Teacher for Learning and Behaviour (RTLB), were also contacted and requested to circulate the research project New Zealand-wide and one participant from a provincial area responded After each interview, teachers were asked to share the project information sheet to other teachers who would be appropriate for the study, which resulted in a total of six interviews. Each teacher worked in different school settings, two from Special Needs Schools and four from Mainstream Primary Schools. There was a range of experience in teaching generally between five to thirty years, and teachers' years of working with the students ranged from one to three years. The characteristics of all the participants and their assigned pseudonyms are shown in Table 1.

Table 1

Descriptive information of participants

Name	Type of School	Years of Teaching	Years with student w/ FASD
Kay	Special School	30 years	2-3 years
Miriam	Mainstream School	30 years	2 years
Sharon	Mainstream School	12 years	1-2 years
Lara	Special School	5 years	1-2 years
Jane	Mainstream School	22 years	2 years
Ruth	Mainstream School	20 years	1-2 years

Screening and criteria

Participants initially contacted the researcher via email, expressing their interests in the research project. Screening communication was carried out to ensure that they met the criteria of the study. Once the teachers met the criteria, the researcher re-iterated the aims of the research, what it involves, as well as the time commitment and ethical considerations. A copy of the information sheet was emailed out, outlining the research details (see Appendix A).

Limitation to the sampling strategy

Limitations with this sampling method were around the knowledge of which schools and agencies to contact. Many Special Schools first contacted did not have children with FASD, and one principal stated that children with FASD usually attend Mainstream schools due to not meeting the requirements to attend Special Needs Schools. Another limitation of this sampling method is that most participants, but one, were from a major city. Finally, all participants are female teachers and mostly have longer teaching experiences. Therefore, a wider spread of experiences may be beneficial.

Data Collection

The data collection involved face-to-face and Skype interviews that lasted between 30 to 90 minutes. Five participants from the major New Zealand city were interviewed face-to-face, and one participant from the provincial city was interviewed through Skype. Interviews were held in mutually agreed places and times, where all participants chose their schools, in their classroom, or private office space.

The interview began with a rapport building between the participant and the researcher, allowing the participant to feel comfortable in sharing their experiences as participant-led interviews are crucial in IPA (Smith, Flower, & Larkin, 2009). During this process, the researcher

discussed the aim and outline of the interview, asked demographic questions, and provided a consent form to sign (see Appendix B). Interviews were documented, as per consent of the participants, using the researcher's iPhone 8 and an app called Otter Voice Notes (2019). This app audio-recorded the interviews, which then directly transcribed into written transcripts and kept in secured folders.

Semi-Structured Interviews

Semi-structured interviews are the most suitable method for collecting rich narrative accounts in IPA (Smith, Flower, & Larkin, 2009). According to Smith, Flower, and Larkin (2009, p. 57), interviews are considered as "conversation(s) with a purpose," which enables participants to reflect and provide rich, detailed accounts of their experiences. The interview flow occurred naturally as the participants had been trained as reflective teachers and were willing to recount their experiences (Ministry of Education, 2007). An interview schedule was used in which included open-ended questions asking the participants to describe and reflect on different areas of their experiences (see Appendix B). Smith, Flower, and Larkin (2009) suggested constructing the schedule following an iterative sequence based on the research questions with six to ten open questions. This schedule supplied a flexible structure and the opportunities for the interview to be participant-led. It is essential in IPA analysis to ensure a good quality interview wherein the researcher focuses and genuinely engages with the participant's experiences and concerns, followed by probing questions to learn more about their point of view (Smith, Flower, & Larkin, 2009). This interaction process implied the significance of the researcher to expect that the interview schedule can change according to the participant's experience. Therefore, the purpose of constructing an interview schedule was to create a plan to minimise the potential of interviewer anxiety, ensuring a quality flow of the interview.

Data Analysis

Analysis

The interviews were audio-recorded and transcribed verbatim. The analysis consisted of a multiple-step system interpreting transcripts on a case-by-case basis (Smith, Flower, & Larkin, 2009). The researcher initially read the transcripts, in conjunction with the audio recording of the interview, to become immersed in the data. It was critical for the researcher to actively engage with the text, aligning with the idiosyncratic of the methodology, and consequently, transcripts were read repetitively. Once the researcher familiarised themselves with the transcript, initial notes were made, which examined the text's contents, language used, and conceptual thoughts (Smith, Flower, & Larkin, 2009). It was necessary at this level of analysis to have an open mind of what it meant for the researcher and the participant. These initial notes included comments such as coping strategy, emotional responses to behaviour, and positive/difficult parent-teacher relationship.

Following the initial analysis, the preliminary notes and transcript had been re-read, and the researcher converted the primary notes into more meaningful emerging themes, which reflects a broader level of meaning in a section of text. These comments are broader and may be theoretically significant, which are likely to change at the subsequent stage. This process is aligned with the hermeneutic circle, transferring from small elements of the transcript to the whole (Smith et al., 2009). The themes reflected not only the participant's words and thoughts, but also the researcher's interpretation, capturing an understanding of the participant's reflection.

The researcher followed Smith, Flower, and Larkin's (2009) recommendations and listed all the emergent themes in a logical order to identify standard links in between. Emergent themes were classified through two processes: abstraction and numeration (Smith, Flower, & Larkin, 2009). *Abstraction* involves similar grouping themes into superordinate themes. *Numeration* took

account of the frequency the themes appeared in the case (Smith, Flower, & Larkin, 2009). During this stage, the researcher continually referred to the transcript to check the emerging analysis. The researcher then rearranged a table of themes in a coherent order. The themes were appropriately named, and each theme linked with the originating text through reference to specific quotes (including references of the page and line numbers). Themes that either did not fit well into the superordinate themes or did not add value to the analysis were excluded.

Once the superordinate themes were identified, the researcher moved onto the next case analysis either by starting from the first analytical stage process or referred to the previously generated themes as a guide. However, the researcher was cautious about adapting and amending the initial table of themes. The stages were repeated for all cases until a final table of themes was produced that represents all cases. Therefore, it was essential to be flexible with the possibilities of re-working themes or abandon those that seemed irrelevant to the other cases. This process refers to as "iterative" because of continually referring to the data to check the meaning and verify interpretations.

Reflexivity

It is critical in the IPA approach that the researcher is aware of the impact of personal knowledge on the analysis process (Willig, 2013). Reflexivity is an active process that entails the researcher drawing upon their knowledge of the topic. In the present study, the researcher noted their previous knowledge, gained through experiences working as a teacher aide, attending an FASD workshop, and meeting with FASD practitioners.

However, it is crucial in IPA that the researcher is not biased of their knowledge when interpreting participants' mean-making. Smith, Flower, and Larkin (2009) said that this is often a challenge for new researchers. During the analysis, the researcher disregarded their preconceived

knowledge of the topic and focused solely on the participant's experiences. It was within the latter phases of the analysis that the researcher drew upon previous knowledge and literature on FASD and teacher wellbeing. This stage helped the researcher better understand the participants' stories without changing the data itself.

Ethical and Cultural Considerations

This current study implemented ethical considerations as it involved human participants. Firstly, information sheets were sent to the participants before the interview, providing them time to read and ask any questions or concerns. In the interview, the researcher verbally outlined the contents of the information sheet to ensure that the participants understood, and this includes information that was given about recording, transcribing, as well as confidentiality and anonymity. Informed consent was provided, which allowed the participants to provide consent to take part (see Appendix A).

Participants' privacy and confidentiality were sustained in the data management as information was accessed solely by the researcher and their supervisor. The researcher also ensured that the app used for audio recording and transcriptions, Otter Voice Notes (2019), was suitable for keeping data private and secured through a password-protected account. Thesis data was stored in the researcher's password-protected laptop. Paper-form data, including signed consent forms and transcripts, were kept in a secured locked cabinet based in the researcher's home. Once the research is complete, the data will be stored by the supervisor and will remain for five years, as per Massey University requirements. In the transcripts and report, the researcher ensured participants' confidentiality by removing any identifying information and replacing names with pseudonyms.

To manage any risk or harm, the researcher was mindful of how the questions and interviews might impact or affect the teachers. The researcher made sure to establish rapport in the

beginning and was aware of verbal and non-verbal responses that can signal distress. Also, if signs of distress encountered, the researcher was prepared to stop the interview or redirect to a different question and offered support to talk through any issues that may have arisen. The researcher also consulted with their supervisor and other professionals in the Ministry of Education to find out resources of support to share with the participants, such as helplines, informative websites, and FASD booklets for teachers. This information was shared with the participants and included in the provided information sheets.

As discussed with the supervisor, should there be participants from Māori and other cultural backgrounds to seek advice from the University's Kaumātua. Despite the estimated higher prevalence of FASD in the Māori and Pacific population (Mallard et al., 2013; Ministry of Health, 2019; Stuart, 2009), participants in the study were of European background. The present study was deemed low risk as per consultation with an educational psychologist from the Psychology Department, who confirmed that teachers are trained as reflective practitioners and that they have ongoing professional development and supervision.

Ethical Approval was received by the Massey University Ethics Committee as per the statement below:

> This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.
>
> If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Professor Craig Johnson, Director (Research Ethics), email humanethics@massey.ac.nz.

Results and Discussion

An interpretative phenomenological approach was adopted to interpret the data, which resulted in two primary themes: "teacher-student relationship," and "collaborative partnerships." The results of the analysis and discussion of the findings are presented in the following chapters.

Chapter Three: Theme One. Teacher-Student Relationship

"Every adversity brings new experiences and new lessons."

Laila Gifty Akita, Pearls of Wisdom: Great Mind

The *teacher-student relationship* was a strong theme across all participants in the present study. Participants in the present study talked about challenges in teacher-student relationships, ways that they coped and managed the difficulties, and positives within their relationships with students. This theme highlights that sustaining quality relationships with students is valuable for participants in promoting positive outcomes for these students and teacher wellbeing. These topics are divided into sub-themes and will be discussed as follows.

Challenges

Forming quality relationships with students who have FASD can be difficult for some teachers due to managing behaviours viewed as disruptive (Chang, 2013; Gibbard et al., 2003; Van Schalkwyk & Marais, 2017). Participants discussed the many challenges they encountered in the classroom with children with FASD. Participants described behavioural incidents where students showed aggression, poor impulse regulation, and undeveloped social skills.

Jane explained, "The most negative that resonates with me is the physicality of the throwing, in this particular case, throwing things, having to evacuate the classroom, based on the level at this particular episode of the child's frustration and anger."

Sharon said, "The worst thing that happened with me was when she took off and left the school grounds."

Likewise, Lara said, "The most challenging for me is that he's very argumentative… generally asking the same question over and over and over again, making inappropriate comments."

Managing problematic behaviour is typically difficult for all teachers, even for those who do not teach students with FASD, and student challenges were the most cited source of stress (Haydon et al., 2018). For teachers of students with FASD, managing these were shown to be significant, and it was far more likely for these teachers to be more concerned about behavioural needs than academic achievements (Dybdahl & Ryan, 2009; Pei et al., 2015; Van Schalkwyk & Marais, 2017).

Teachers in this study reported these stress reactions during these behavioural incidents. Negative experiences associated with students' disruptive behaviour are emotionally challenging for teachers, and experiences of persistent emotional and interpersonal stressors can lead to reduced wellbeing (Chang, 2013) and in harming teachers' psychological and emotional functioning (Rae et al., 2017; Van Schalkwyk & Marais, 2017). Participants talked about these types of experiences.

> Miriam highlighted, "They came in stood on the teacher's table behind me and held a staple gun in their head…I felt very compromised… and felt very inadequate as a teacher."
>
> Sharon mentioned, "Sense of panic came over because she disappeared."
>
> Jane said, "It does weigh you down; it is quite tiring, especially when it occurred multiple times in one day."

Participants showcased their perceptions of students' aggressive, impulsive, and conflicting behaviours as disruptive and threatening to their teaching objectives and values. As a result, these types of appraisals can trigger unpleasant emotions as an individual develops a sense of helplessness, panic, and fatigue (Lazarus & Folkman, 1984). Repeated daily experiences of unpleasant emotional responses to these events can increase participants' stress levels, reducing their wellbeing (Lazarus & Folkman, 1984).

Participants discussed the requirement to be constantly vigilant about students' behaviour. Thus, placing them in a demanding position as they were always striving to understand the deeper meanings of students' behaviour while planning and acting in keeping everyone safe.

Jane explained, "I understood the context of why that was happening and his inability to retain lots of those hidden pieces of information… It leaves you quite drained. You're actually always scrambling to reflect and think about how you could do things differently next time. So, you're always being challenged from a mental capacity."

Ruth said, "It was about safety and also trying to work out what is it that caused this for him today. The more I know about the triggers, the more I can anticipate them and get them. I was exhausted by the end of the day. I wasn't upset or anything. It was quite draining to be mindful."

Likewise, Miriam explained that "You are in this heightened emotional state where you would just continually be keeping the children safe, the adult safe, the child themselves safe, and yourself safe… It required very quick decision making a lot of the time… that's a very tense place to be."

Participants found it arduous to balance the task of being mindful and physically keeping everyone safe, highlighting their roles that entail increased emotional stress. Recurring experiences of heightened emotional stress can lead to burnout (Antoniou et al., 2013; Talmor et al., 2007). Thus, it was critical for the participants to have sustained support in school and retained coping skills to prevent burnout.

Not only did the challenging behaviour affect teachers, but it also harmed relationships previously established and opportunities for forming more positive relationships.

For example, Jane said, "I worked very hard on building a relationship with him. However, when he did go into his behavioural episodes, he pushed everybody away. And regardless of the relationship I built up with him, it was still as almost I was starting from scratch of him knowing who I was. Every time we had one of those negative experiences, we had to restart from the beginning all over again."

Ruth said, "Some days he would arrive in a really angry mood, and I didn't know what triggered that. He would throw the computer and things that were a focus for him... I found it really difficult to find his other interests and make that connection with him."

Similarly, Lara explained that "It's constant arguing and conflict, so it's sort of a mixed bag type of relationship… I know the importance of relationship-building as a general teaching technique, but it's very difficult to establish that with him."

Continuous negative experiences related to students' behaviour are a significant hindrance in forming quality bonds with students, which is a central goal for teachers (Butler, 2012). Teachers who perceived student misbehaviour as rejecting them may additionally have difficulties in building an affectionate relationship with them (Spilt et al., 2011). It can also eventually lead to elevated levels of stress (Butler, 2012; Klassen & Ming, 2011; Van Schalkwyk & Marais, 2017) burnout (Chang, 2009) and compassion fatigue (Dubois & Mistretta, 2019).

Lara further described the challenging relationship with her student and said, "Probably my most frustrating student is dealing with him… he feels that he always knows better than you', no matter what the situation is."

Teachers who reported clashes with students may likely view them as having difficult personalities with aggressive and manipulative traits and can lead to feelings of distance from these students (Newberry & Davis, 2008). Often these teachers, as with participants in this study,

perceived students' behaviours as stable, internal, and unchangeable (Newberry & Davis, 2008). This perception may, for some teachers, make it difficult to establish quality relationships with students. Additionally, misinterpreting these maladaptive behaviours can be detrimental to students in the sense that it can increase feelings of frustration and thus repeatedly engage in the behaviour, leading to more severe outcomes (Petrenko, Tahir, Mahoney, & Chin, 2015).

Many participants additionally attributed the organic brain damage in-utero, as the ultimate cause of problematic behaviour.

For instance, Kay said, "Unfortunately, the same things possibly going to happen another time, because that's the nature of the beast. Her brain disorder."

Likewise, Sharon explained, "You can't really get angry at her because it's just the way she is. You can tell her off, she knows it's wrong, but it's her impulse, it sucks."

Perceiving students' challenging behaviour as uncontrollable led two participants in the present study to express feelings of concern, guilt, and sympathy as well as feeling helpless and hopeless regarding the management and outcome of students' behaviour.

Ruth said, "My whole day was focused on him, knowing what he's doing or where he is."

Sharon said, "I feel stink for her because I know with her Fetal Alcohol it's not something she chooses to do and something that just happened because of FASD. Just like the running, it's an impulse thing…I go to bed at night time thinking about her regularly, wondering how she is, especially in the school holidays… Whenever she goes missing, I feel guilty that I don't jump in my car and go and find her, even though it's not my job… I feel stink for her that she's not better managed."

These excessive concerns and sense of responsibilities participants experienced indicates their high levels of compassion to help the students. When individuals with high levels of empathy

and compassion struggle in helping others, as is the case in this study, they are at risk of developing compassion fatigue (Dubois & Mistretta, 2019). Compassion fatigue has a detrimental impact on the individual as they absorb the problems that others are experiencing and can be overwhelmed by the emotional responses involved. Thus, explains the level of emotional responses and exhaustion that participants experience when they could not help their students. An ongoing sense of responsibility for care, coupled with other life demands, can lead to increased risk of compassion fatigue (Figley, 2001). Without adequate resources and support to fulfil their needs in helping the students, participants can develop a lowered sense of hope, compassion, and reduced job satisfaction (Dubois & Mistretta, 2019).

Moreover, when teachers in the present study and previous FASD research (Pei et al., 2015) considered students' behaviour as a consequence of their brain condition, they are less likely to experience anger and futility towards the students. Teachers that have a deeper understanding of students' behaviour associated with FASD may foster stronger abilities to manage teacher-student relationships, perceived as an essential contribution to teacher wellbeing (Baumeister & Leary, 1995). Therefore, meeting this need to relate positively with students results in a more positive attitude towards them, buffering the negative impact of their challenging behaviour and minimising any compassion stress and fatigue.

Teachers discussed the need for their students to receive support in other areas, especially around mental and emotional wellbeing.

For instance, Ruth said, "I would like some counselling, or something supported where he can lead out all the stuff that's being put on him he comes to school saying, 'I've got to be a big boy now because dad's not there and I've got to help my mum,' I mean he's only ten,

and I'm like well actually he needs to be able to voice those concerns, which he does to me, but I'm not trained in what the right things to do or say to make it right for him."

Ruth further reported the need for additional teaching support. She said, "I find really tricky to manage with him with maths, and it is way lower than the rest of the students in my class. Although I love teaching maths, it's a strength of mine, but I find it very difficult to teach him. He doesn't retain information in maths, unlike he does in other subjects. So, if it was a perfect world, I'd love some support specifically for that."

Additional support and resources may likely fulfil Ruth's satisfaction in helping the student and lessen the risk of developing compassion fatigue (Dubois & Mistretta, 2019). This current study mirrors past research findings on students' notable difficulties in learning, especially subjects such as Maths (Knorr & Mcintyre, 2016). It is thought that students may especially struggle with this subject due to brain deficits that impair their problem solving, abstract thinking, memory, sequencing, and generalising (Blackburn, Carpenter, & Egerton, 2009). Thus, students require a different approach in retaining information in maths, and teachers require supplemental training and support on different educational strategies.

Jane's school could not sustain support for the student, and he was transferred to an alternative school, which she viewed as more suited for their needs. However, she mentioned the impact of this on both herself and the school saying,

"It was a big big scenario that our school hadn't had a referral to this school before, because it was always been that the student was able to be catered for here. Which felt like a sense of loss, actually, it did feel like a sense of failure and a sense of grief, that we hadn't been able to through no fault of the child."

According to Avramidis and Norwich (2002), teachers' attitudes towards the inclusion of children with special needs in the regular classroom emerge as more positive when there are adequate resources and support. It implies that without suitable support in place, teachers are likely to experience increased levels of stress and difficulties in coping. Jane's sense of compassion and empathy towards the student additionally leads to a sense of failure and grief (Figley, 2001) and a failure to address this through a suitable form of coping, such as self-care or social support, is likely detrimental to the wellbeing.

Participants in the present study cited the many challenges encountered in their relationships with students who have FASD. These challenges are mainly around managing disruptive maladaptive behaviours which elicit stress, fatigue, and an overall sense of helplessness. Not only did students' behaviour affect teacher wellbeing, but it also made an impact on their relationships with students due to perceptions of student behaviour and mismatch of personalities. However, despite the challenges, teachers largely attributed the students' behaviour as caused by the neurological deficits of FASD. This attribution influenced teachers to sympathise and worry excessively about their students. On the other hand, understanding the causes of challenging behaviours may likely foster positive relationships and attitudes towards students. The next sub-theme focuses on ways participants coped with the challenges and issues around managing the adversities within their relationships with their students.

Coping

The coping strategies participants used ranged from having an awareness of the risks on wellbeing, activities that targeted lowering distress, accepting responsibilities, reframing of expectations, practical approaches involving changing or adapting teaching practices, and utilising a sense of self-efficacy.

Awareness of potential risks on wellbeing is valuable for teachers as it enables them to better cope with challenging situations (McCallum & Price, 2010). Two participants in the present study talked about this awareness and understanding.

For instance, Ruth said, "The situation is bigger than just I can deal… I said [to the school management] that I need backing."

Likewise, Jane said, "I realise when there are stresses in job… when my body's rundown, it indicates that my wellbeing is affected... It's a good sort of measure to check where I'm at."

Ruth was aware of the impact of dealing with difficult situations alone, and so she reached out for assistance. On the other hand, Jane knew the signs of stress through physical symptoms and developed skills in intervening to foster her wellbeing. These results support McCallum and Price's (2010) study suggesting that self-awareness alone is not beneficial in promoting wellbeing unless paired with enabling tools and strategies for coping.

Many participants in the present study discussed ways of coping with the emotional effects of their roles.

For example, Jane said, "When I get home, I would use my physical exercise and download it with my family and friends to understand that this was just a unique situation."

Lara said, "I try to remain positive and put things into perspective. So, you know, it's just work, I still have a life outside of work, that type of thing. And just doing things that I enjoy afterward, trying not to think about it at all… I'm a team leader, so the only way to cope is to be very organised… My faith is very important in terms of helping me… and talking to other colleagues who understand how difficult the situation is."

Similarly, Miriam said, "I love driving.. I drive a long way to school and home from school, and that's almost always my thinking time… I would also make myself have a break during school, go and have a cup of coffee which I wouldn't usually have done, but the level of these children's behaviour forces me to make myself do that."

Teachers commonly report these coping strategies in terms of searching for social support (Alhija, 2015; Johnson et al., 2010), and distracting self through pleasurable activities such as exercise (Betoret & Artiga, 2010; Chang, 2013; Richards, 2012). Emotion-focused strategies offer a successful but temporary distraction by reducing the impact of the situation on the teachers' emotional wellbeing (Blake, Cook, & Keane, 1992). Caring for self in helping professions, particularly teachers, is a vital way to reduce the risk of developing burnout and compassion fatigue (Dubois & Mistretta, 2019). Interestingly, previous research (Alhija, 2015) found that more female teachers opt towards emotion-focused strategies to reduce stress levels than male teachers, which was also found in this study.

Participants who viewed students' behaviour as attributed to neurological impairments discussed further ways of coping via distancing themselves from the emotional impact of the situation, and reframing thoughts that students' behaviour was not intentional.

For example, Kay said, "I've done quite a few readings and watched videos on FASD… that it's like being a life sentence and stuff like that. A lot of what they say or do is not really directed at you personally… they didn't ask for this, maybe just showing a bit of empathy rather than sympathy, and know that it's out of their control, their brain is just wired differently. If you can accept that you're not going to change them in particular, then I think you don't get hung up about the issues that might have occurred or are going to occur the next day."

Lara said, "I have to constantly remind myself that it's nothing personal. It's not personal at all."

Jane mentioned, "I had to check myself to know that this wasn't a personal thing."

Distancing themselves reduces the negative emotions aroused by challenging behaviour, providing the participants with space to process and reflect on problematic situations (Skinner & Zimmer-Gembeck, 2011). This strategy occurs through accommodation, as the participant accepts that the situation is beyond their control, re-interpreting students' behavioural intentions, and defusing any negative emotions triggered (Skinner & Zimmer-Gembeck, 2011). Consequently, this strategy may positively shift attitudes towards students, facilitating a quality relationship with them, and potentially lower stress levels and foster resiliency (Millar et al., 2017; Weiner, 1985).

By accepting that the situation is beyond their control, participants appeared to reframe their expectations. Ruth reflected on student limitations and how teachers' expectations may have a detrimental outcome by saying,

"I think we push them into things that they can't actually do yet. So, we aim this high, and actually, that could be what I did with the other boy when actually it's little steps, and they can't quite do this yet, but they can do this."

Reframing of expectations highlighted the importance of meeting the needs of a child with FASD and is noted as "paradigm shift" (Millar et al., 2017) and entailed taking a problem-focused approach (Chang, 2013; Lazarus & Folkman, 1984). Rather than endeavouring to get the child to fit into the general school curriculum and setting, teachers must identify their specific needs and adapt the learning environment to it (Millar et al., 2017). Participants in the present study cited approaches on how they tailored a student's learning environment to their needs.

Jane said, "We implement brain breaks and things that were all unique to this particular child."

Similarly, Miriam said, "We ended up providing an external classroom outside with a Te Whāriki document the early childcare with the fund for teacher aide... So, we had to adapt and do things differently."

Sharon described that "She's in a routine, so she comes in every day and knows what she does every day… and I do have a slightly different program for her… I've got a couple of kids around the same academic level. To manage academic wise, I've got her kind of the same as everybody else but slightly different."

Teachers in the present study also talked about strategies that they applied when students expressed frustration and anger, in addition to the preventative measures that they have in place. These strategies included encouraging students to do tasks within their abilities, planning their school day that is personalised and motivating, implementing routines, and rewarding positive behaviour.

For example, Jane said, "When they're in the flight and fight mode, we know that we have to give that child space and the countdown time."

Moreover, Lara discussed a way in preventing arguments with her students, saying, "I made him feel special and important by getting him to help me with a job. And that worked very, very well. So that was good because then I didn't have any argumentation. I just had someone who was really willing to do a good job."

Participants were likely to implement problem-focused strategies as they appraised the situation as controllable. Implementing a problem-focused coping strategy may diminish stress levels and the likeliness of burnout as it addresses the stressor (Boujut et al., 2016; Chang, 2013).

Given that students' behaviours are maladaptive, adapting and changing their environment reduces the likelihood for them to display these behaviours (Petrenko, Tahir, Mahoney, & Chin, 2015). Not only did these approaches make the teachers feel at ease and relieved from stress, but they also reflected on their teaching practices, which strengthened beliefs of controllability over the external factors influencing students' behaviour and learning difficulties.

Lara said, "It made me feel better because It made me feel that it's not, it doesn't have to be a constant situation of arguing, that I can maybe find a way actually to get around that. So, it made me feel hopeful and also think that I need to reflect more on it and see how I can use the situation instead of falling into the same bad habits all the time."

Similarly, Sharon explained, "The main thing that's helped me with her are the management strategies, having GPS tracker on her, and hi-vis jacket. For me personally, it makes me feel a lot calmer and a lot more at ease because when I look around the room, I can automatically see her. If she does run, I can find her because it's connected on my phone."

Despite the challenges related to working with students who have FASD, participants spoke about the efficacy and confidence that they have in their roles.

Jane said, "I'm a positive person… I have the ability to bounce back. That's why I do this job."

Similarly, Kay said, "There's plenty of opportunities to go back into the mainstream school… I could go there if I wanted to, but I don't know, children with special needs give me satisfaction… I guess knowing that not everybody's cut out to work with children with special needs."

Participants' beliefs about their capabilities in their roles highlight their self-efficacy, which is an integral component of coping through difficult situations, and a protective factor aspect of

stress and burnout (Beckley, 2011; Gu & Day, 2013; Soykan, 2015). According to Hoy and Spero (2005), self-efficacy affects teachers' effort in investing in their teaching practices. Thus, teachers' self-efficacy contributes to the way that they surmount adversities in the classroom.

Two participants further mentioned about being more competent in managing students' behaviour, as Kay said,

"I've got to the stage now where I can defuse a lot of situations before it gets bad… She behaves quite well with me. If I'm out of the picture, then, often, she'll do things that will wind up other students in the class or the other adult."

Ruth said, "It's added a layer of stress having inconsistent teacher aides whom I have to train all the time then they don't stay, so I've told the management to not worry about teacher aides because he responds well to me."

Participants appeared to build upon levels of self-efficacy through problem-focused strategies by efficaciously changing and adapting their teaching practices. Tsouloupas et al. (2010) found a relationship between the perception of student behaviour and emotional exhaustion via perceived efficacy in handling student behaviour. In other words, efficacy in managing student behaviour may help teachers effectively cope with challenging situations.

Participants in the present study reported many ways of coping from their emotional responses in managing students' behaviour, reducing stress, and promoting wellbeing. These strategies were both emotion-focused (e.g., activities to minimise emotional stress) and problem-focused (e.g., changing or adapting to teaching practices), and each was effective for teachers working with students who have FASD. By applying emotion-focused coping strategies, it temporarily mitigated stress, whereas problem-focused strategies addressed the stressor in a more long-term effect. This process involved being aware when wellbeing was affected, having personal

techniques and tools to abbreviate distress, having a practical approach, as well as a sense of efficacy in working effectively with students who have FASD.

Participants also pointed out different sources in their relationship with students that influenced their wellbeing. Positive relationships and events with students that promote teachers' wellbeing will be discussed as the final sub-theme.

Positive Relationships and Events

According to Spilt, Koomen, and Thijs (2011), positive teacher-student relationships consist of respect, warmth, and trust. These qualities are vital for students in developing a sense of security and belonging (Roffey, 2012b). Consequently, connecting with students is significant in promoting teacher wellbeing as it reduces stress from managing disruptive student behaviour and promotes positive engagement in class (Butler, 2012; Frisby et al., 2010; Milatz et al., 2015). For teachers in the current study and precedent research (Poth et al., 2014), understanding students at a personal level and recognising their strengths enabled teachers to develop positive attitudes and relationships with them.

> For instance, Kay said, "When they're actually in their good frame of mind, they are awesome neat kids really, you know, they want to do well, they want to be liked… She's quite talented with singing and drama, and so we got her into the school choir."

> And likewise, Ruth said, "He's a really good artist… he's not rude or defiant… No matter what their special needs, they've got their own strength."

These teachers also described the positive aspects of their relationships with the students.

Ruth said, "I just really care, and I want the school to be a happy place, and with all of my students, that's really important… and just making it positive for him because he had really negative experiences before he came here. So, the relationship has been, he's really connected to me, and just knowing him inside and out."

Likewise, Kay said, "I think we have an amazing relationship, sort of two-way mutual relationship where we both respect each other."

Ruth's care for all students, including those with FASD, indicated her compassion for her students. Both Ruth and Kay showed the pleasurable feelings that they have received from the positive relationships with their students. Researchers stated that these positive emotions derive from relationships are not only vital for teachers' wellbeing in terms of coping from daily stressors (Fredrickson, 2004; Taxer et al., 2019), but it also minimises compassion stress and risk of developing compassion fatigue (Stamm, 2000).

Having complementing personalities may also help develop a positive teacher-student relationship as Kay said,

"She's quick-witted, and I am as well… So, we have the same sense of humour and can joke as well… The good thing about the relationship that we have is when she's in a good space, we can go away and talk about more or less anything."

Teachers who share similar personalities with students can often relate to them and develop a closer bond (Newberry & Davis, 2008). This "natural inclination towards another" strengthens the development of a mutual relationship (Tharpe, Estrada, Dalton, & Yamauchi, 2000, p.60). Being understood by teachers is significantly vital for individuals with FASD to thrive in school (Knorr & Mcintyre, 2016). Therefore, it is crucial for teachers to personally understand and

connect with these students to develop and sustain positive teacher-student relationships. For some teachers, having matching personalities with students are of advantage.

Participants talked about how seeing improvements from students and having positive interactions evoked a sense of reward.

Miriam said, "We see smiles after they're calm when they could gain success in the next activity that they did. I think that was one of the most pleasurable things, and for us to get to that as well."

Ruth mentioned, "It's really great to have a positive outcome, the fact that he came with this terrible reputation and it has turned around for him. I just find it hugely rewarding… it makes me feel happy every day to come to school."

Kay said, "Last year, because we're trying to give the children a voice, she filled out the survey, and it was really quite sweet. Some of the things she said that makes a good teacher, and apparently, I filled those roles."

The sense of reward and accomplishment that the participants discussed may refer to as "psychic rewards" (Lortie, 1975). This notion suggests that teachers feel rewarded when students reciprocate affection towards them, and show engagement in learning, incrementing teachers' sense of achievement or accomplishment.

Ruth said: "He gives that love right back all the time. So, it makes me feel, although the odd days are difficult, on the whole, I think it helps with the passion for the job, it helps bring that… I find it really rewarding it makes, and it fills your heart."

Participants further talked about increased job satisfaction as a result of this sense of accomplishment fostered through positive interaction with students.

For example, Kay explained, "As long as you get a good moment afterward, you go back to thinking, I love my job. Periodically I'll go home and think, 'Oh God, I've had such a terrible day. Why am I doing this, the pay is not worth any of it,' but you go back the next day, and something will happen that just gives you the joy that you know you're in the job for."

A teacher being content with their job plays an essential role in promoting wellbeing and compassion satisfaction (Fiorilli, Albanese, Gabola, & Pepe, 2017; Stamm, 2000). According to Wrzesniewski (2003), individuals that feel rewarded by the outcome of work engage in their role for the sense of fulfilment that their work brings, viewing their profession as a calling. For many teachers, they chose the teaching profession due to an inner drive, which may range from making a difference to students with challenging backgrounds or the pristine pleasure of working with children (Farkas et al., 2000).

Participants explicitly and implicitly cited their passion for helping children, implying that they view teaching as a calling and that it provides rewards for them.

For example, Ruth said, "I do particularly like working with special needs children, and it's a passion of mine."

Likewise, Kay mentioned, "I work hoping that what I'm doing is making a difference and giving them a better life."

The sense of meaning and purpose in teaching provides teachers with internal psychological and emotional support in committing to their profession (Soykan, 2015). Teachers who were more engaged with students and had positive relationships reported having greater job satisfaction and professional commitment (Kern et al., 2014). Consequently, participants' care for their students and passion for teaching helped them find vigour in surmounting challenges. In return, the student's progress and achievements fulfilled teachers' wellbeing and compassion satisfaction.

Furthermore, participants in the present study discussed the significance of celebrating students' success and recognising their improvements. This value not only increased their sense of accomplishment, but also elicited positive emotions, which is vital in reducing compassion stress and promoting compassion satisfaction (Stamm, 2000).

For instance, Ruth said, "Take the children for what they are, celebrate their success and find their passions."

Miriam highlighted, "What has helped is also celebrating successes, you know, I get called over to the class or get a text saying, "Come and see Ben do this, he's doing well!" and it was so exciting to do."

Likewise, Kay said, "It's been two and a half years, she's making huge progress… I'm very proud as punch for her, and she knows how proud I am."

Positive emotions elicited in the relationship with students have the capabilities to mitigate the impact of negative experiences and ultimately contribute to teachers' resilience in the face of adversities (Folkman & Moskowitz, 2000). Fredrickson's (2004) broaden-and-build theory

indicates that positive emotional experiences of teachers can broaden their perspectives and actions and build valuable physical, intellectual, and psychological and social resources to cope with stress.

The presence of many positively viewed experiences is a stronger contributor to teacher commitment and efficacy than negative experiences (Morgan et al., 2010). Teachers might experience and cope with recurring adverse events in the classroom if good events also occur. By celebrating students' success, participants utilise a coping strategy through the reference of available social resources and redirecting their focus from adverse events to positive experiences within their relationship with students (Skinner & Zimmer-Gembeck, 2011). Thus, finding benefits and positives in adversity are paramount factors in teachers' coping and resilience and are often the most critical affective events aligned with their initial motivation to teach.

Positive relationships with students had qualities of respect, warmth, and trust that are all vital for students' positive outcomes. Knowing the students at a personal level fosters positive relationships, and sharing similar personalities helps teachers connect well with them (Knorr & Mcintyre, 2016; Newberry & Davis, 2008; Tharpe et al., 2000). Participants coped with adverse events through positive interactions with students, the intrinsic reward and positive emotions evoked by the student's achievements, and their sense of meaning. By seeing the students' strengths and celebrating their success, it elicits positive emotions in their relationships with students, promoting their wellbeing.

Quality teacher-student relationships contributed to a positive outcome for students and teachers. For those working with students who have FASD, it involved many challenges, mainly around managing students' problem behaviour. These challenges included appraisals of the students' behaviour that influenced teachers' emotional responses, which is indicative of

compassion stress, and relationships with students. Attributions of students' behaviour elicited feelings of concern, sympathy, and a sense of responsibility, without addressing these, it can lead to burnout and compassion fatigue. In saying that, teachers in the present study talked about ways that they have coped and managed the challenges of their relationships with students. Emotion-focused and problem-focused strategies are both crucial for teachers of students with FASD. Thus, teachers must have the personal tools to minimise stress, and knowledge to be able to change and adapt teaching practices according to the needs of those with FASD. The present study also illustrated positive relationships with students and situations that elicited feelings of reward and accomplishment. To effectively work with students who have FASD and maintain teachers' wellbeing through the challenges, it requires adequate support and resources for teachers. The next theme looks at sources of support through collaborative partnerships with parents, colleagues and school management, and external agencies, as well as factors hindering and contributing to teachers' wellbeing.

Chapter Four: Theme Two. Collaborative Partnerships

"The most valuable resource that all teachers have is each other.

Without collaboration, our growth is limited to our own perspectives."

– Robert John Meehan, A teacher's treasures: Beauty for all

Collaborative partnerships was the second strong theme found in this study. Participants spoke about the impact of having multiple sources of help and support from parents, other school staff, school leaders, and the Ministry of Education.

For example, Ruth said, "We've had a lot of agencies wrapped around him as well. So, when a child gets excluded, everybody comes to the party to help."

And Jane said, "The help has been multiple, it has been getting the specialist support in as much as a school can… So, it actually took a combined school, Ministry, and Nana, who was just parent advocacy, it needed something quite unique for this child."

Previous research has highlighted the significance of collaborating across multiple agencies to promote optimal support for students with FASD (Green, 2007; Jirikowic et al., 2008; Millar et al., 2017), This collaboration refers to the notion of Relationship Resourced Resilience which involves individuals joining together to share ideas and resources to cope through adverse situations (Ebersöhn, 2012). This collective approach not only benefits the students from having wrapped around support, but also promotes teacher wellbeing. Each degree of support will be discussed as follows.

Home-School Partnerships

Participants in the study talked about the positive and negative aspects of the relationships with parents and caregivers, and the way it influenced their wellbeing. An effective home-school partnership consists of open and trustworthy communication that occurs in bidirectional efforts (Poth et al., 2014). It means that this partnership entails an intricate process where it requires caregivers' willingness to form a relationship with schools and non-judgemental support of teachers.

Positive home and school partnership are central to setting up success in students' educational experiences, in particular, those with FASD (Poth et al., 2014). Both caregivers and teachers can share an understanding of how to support these students across the home and school settings effectively. Consequently, supportive parents and caregivers aid in the increased workload demands and pressure that teachers experience via shared responsibilities. Participants spoke about positive relationships with their students' parents, how this has helped in understanding more about the student and incremented the practical support in school.

> For example, Ruth said, "He came with lots of support in the family, mum had to come and sit down with us in meetings, and we would talk everything through and plan things through… getting the information from the parents about what they find that works with their child as well, and what their passions are was very helpful."
>
> Jane said, "The home-school partnership was second to none, and it was with Nana, who was his main caregiver because Mum was not on the scene… Our relationship with Nana was really positive. She understood the depth of support, but also the complexities and what the teachers in our school have been faced with his behaviours because she was also seeing them at home."

Similarly, Miriam said, "The caregivers were supportive, which was really good. They were available, most of the time, as somebody will be able to come in and support... they would be there on call for when we needed them. It was great to have that parent support, to feel that we are working together with home and on the system."

As evident in this study and other research on caregivers of children with FASD (Brown, Rodger, George, Arnault, & Sintzel, 2008; Coons, Watson, Yantzi, & Schinke; 2018), most carers who showed a willingness to support these children were adoptive and foster parents. The New Zealand Ministry of Health (2016) estimated that 50% of children in state care are at high risk of having FASD. Biological parents are often unable to care for these children for many reasons, which include parental drug and alcohol problems, mental illness, child abuse and neglect, and young maternal age (Popova et al., 2014). Supportive carers are often those who have more stable circumstances and determined to help these children for positive outcomes.

Blackburn, Carpenter, and Egerton (2012) suggest that involving parents and caregivers of students with FASD in their educational journey is crucial as they may offer valuable information on how the child copes at home. It helps teachers know more about the student at a personal level, fostering a quality relationship with them. Parents that are understanding minimise the pressure placed upon teachers (Le Cornu, 2013). A positive home-school partnership promotes shared responsibilities, reduces stress and demands for teachers. It increases the likeliness of consistencies on managing students' learning and behaviour difficulties across home and school settings, promoting successful outcomes for students (Job et al., 2013; Poth et al., 2014).

Participants further discussed feelings of sympathy and empathy that teachers had towards parents and caregivers.

Jane said, "She [Nana] was just one person, not a village of teachers like the support mechanism here… You see her going through some really different avenues and hard times with the child getting medication, and we went through the whole journey in a very fast forward phase.. Being an educator at school, it actually does get through your impenetrable super cloak, and it actually does. It's hard not to take it home with you."

Likewise, Kay said, "I always feel quite sympathetic to her mother. For instance, she's a solo mother and has got no one to fall back on, you know."

Kay further discussed how she took responsibility in managing the student's challenging behaviour to help the parent. She said, "Her mother's getting very uptight, very stressed about the whole thing. So, I said to her, look, you go away, and have a cigarette, we'll try and calm her down. When you come back, then you can process to take away"

As evident in Jane's experience, her empathy towards the student's grandmother emotionally impacted her, indicating compassion stress and fatigue (Dubois & Mistretta, 2019). This empathy and compassion to help parents and caregivers can lead to an increased sense of responsibility in managing students' challenging behaviour, and this is the case for Kay (Gray et al., 2017). When these feelings are addressed through successfully helping parents and self-care, it can elicit feelings of rewards and accomplishment that are essential in promoting wellbeing and reducing the impact of compassion stress (Dubois & Mistretta, 2019; Hargreaves, 2000).

However, a lack of collaboration between teachers, parents and caregivers of students with FASD can be problematic. Having unsupportive caregivers and those with high expectations is a source of stress for teachers in this study and other research (Dewe, 1986; Le Cornu, 2013). Not only does it engender a negative work environment, but it is likely to increase pressure on teachers

to be solely accountable for students' school experience (Job et al., 2013). Two teachers described complicated relationships with their student's parents, adding a layer of pressure and stress.

> Ruth said, "What has hindered as well is not having a positive parent relationship. I understand where the mother's feelings came from, but it didn't make it easy for me as a teacher… the relationship wasn't there… she was kind of aggressive and attacking... she doesn't see any problems with his behaviour."

> Similarly, Sharon said, "The family is also a problem and they're not very supportive of her. So that makes it hard… Her family, grandmother, in particular, is exceptionally difficult to deal with. Nothing is ever anybody's fault apart from ours…. Everything is to do with our shortfalls."

There are many reasons for parents and caregivers to be uncooperative with teachers, which may include denial and lack of awareness of the impact of students' challenging behaviour (Job et al., 2013; Scheepers, 2009). Parents may feel reluctant to trust teachers and establish open communication. The lack of collaboration and communication is likely related to parents' experiences of vulnerability due to stigma and shame, as evident in women's difficulties in disclosing information regarding prenatal alcohol consumption (Bax, Geurts, & Balachova, 2015). Parents, particularly mothers, can experience guilt and may not accept the prenatal effects of alcohol. Given the shame and stigma that many parents and families experience, it is likely that these parents may continue to feel concerned about being judged or feel that schools cannot understand their life circumstances (Salmon, 2008; Schonfeld et al., 2006).

The present study highlights the intricate manner of home-school partnerships. Positive home-school relationships promote consistencies across settings, which is vital in effectively supporting students, reduces teachers' stress and pressure associated with demands and

responsibilities. Participants spoke about their sympathy towards parents and caregivers, which have a detrimental impact on wellbeing, in terms of increased concern and compassion stress, and positive impact due to feelings of rewards and accomplishments elicited, fostering positive home-school relationships. Conversely, the lack of cooperation with caregivers contributed teachers' increased workload demands and responsibilities. The wellbeing of teachers of students with FASD is not only influenced by direct relationships with students but also with their parents and caregivers. Similarly, teachers' relationships with colleagues, school leaders, and management may additionally have an impact on wellbeing.

Collegial and Leadership Support

Having supportive colleagues and working as a team is essential in effectively working with students who have FASD, buffering teachers' stress through social and practical support (Haydon et al., 2018; Howard & Johnson, 2004; Jarzabkowski, 2014; Ministry of Education, 2019). Participants indicated that additional support in class was a key component in supporting them to manage the daily challenges with students.

> For example, Jane said, "Another teacher and I were able to support one another for the wellbeing aspect while giving the attention that this child needed… So that balance kind of made that situation positive by sharing the load."
>
> Jane said, "I think each other (other teachers) was the biggest one, we meet a lot as a staff… talked a lot around these children, and there was a lot of internal support… we were all there for each other. I suppose, by talking it all through, we all came away each time with common understandings about how we would approach things… I think we all felt that we weren't doing things by ourselves, we had that backing."

Likewise, Kay said, "We have a lot of support from the rest of the staff… If we're really having a bad day or an incident, there's always somebody that can come and sort of have your back or talk to… you can vent and bounce ideas off. So, nothing that happens, you have to really deal alone."

Participants affirmed that collaborative teams provide both social and practical support in minimising work demands and stress (Le Cornu, 2013; Rae, Cowell, & Field, 2017). Frequent interactions, sharing the workload, and sharing an understanding of ways to achieve team goals, indicated that participants had positive and mutually supportive relationships with their colleagues (Baumeister & Leary, 1995; Lewis, 2011). These supports accommodate different functions of instrumental, informational, and emotional support.

Sharing responsibilities in class and behaviour management is a form of instrumental support, as another person provides their services or resources to truncate one's work-related demands (Taylor, 2011). Informational and emotional support additionally exists in collegial relationships. Through talking, connecting, and "bouncing off ideas" with other colleagues, teachers can receive useful information to understand the situation information can avail teachers in re-interpreting and re-appraising stressful situations, and can develop resources and knowledge on how to deal with the situation (Stroebe, 2000). Given the emotional demands involved in dealing with students' challenging behaviour, teachers find that emotional support is of importance. Through sharing experiences and venting with other colleagues, teachers can receive comfort and non-judgemental support, increasing positive emotions and value as a person (Le Cornu, 2013; Fredrickson, 2004; Taylor, 2011). For teachers who felt that "having that backing" fortifies the notion that merely perceiving the existence of support is concretely paramount and comforting in itself (Lyons & Chamberlain, 2006; Taylor, 2011). Social support boosted teachers' morale as they

no longer feel isolated from the stressful situation, developing a sense of belonging, which are both crucial in promoting teacher efficacy and wellbeing (Baumeister & Leary, 1995; Roffey, 2012a; Seligman, 2011). Participants felt more secure with the perception of belonging in a group in which they can turn to in times of need for social and practical support.

Supportive school leaders are also pivotal in supporting the teachers' wellbeing as they can facilitate and foster positive relationships across the school network (Hosford & O'Sullivan, 2016; Lewis, 2011). In illustration, participants reported how effective their school leaders and management had been, which contributed to a positive outcome with students and increased their self-efficacy.

Ruth said, "I've had a success story with Nathan, which I know can be really, really difficult, and the reason that has been successful is because I've had the support that I've had here. I can go to the management and say, "actually, this is not going well for…."

Similarly, Kay said, "The principal is very generous, if you want or need anything, as long as you can justify it, she'll get it for us. So, we're pretty lucky here… They praise you all the time, whereas in the previous school I worked in, the only feedback you ever get is negative. So maybe that contributes to my wellbeing, I have a better mindset now because of the praise I'm getting."

A supportive school atmosphere with adequate resources and collegial relationships are more likely to boost teachers' efficacy in coping with challenging student behaviour, engage in more inclusive and collaborative practices, and thrive from classroom challenges (Gu & Day, 2013; Hosford & O' Sullivan, 2016). The present study illustrates the significance of supportive school leadership and management in terms of meeting teachers' needs as they are the gateway for teachers to gain more resources in the classroom. When school leaders and management meet

teachers' needs, teachers are likely to feel more secure in knowing that they have back up support (Lyons & Chamberlain, 2006; Taylor, 2011), and this promotes a sense of empowerment in their roles (Le Cornu, 2013). Thus, school leaders must have an in-depth understanding of what teachers require in order to be supported in their roles when working with students who have FASD. Supportive school leaders can avail teachers in developing ways of coping with adversities by either gaining resources or reducing workload to meet the demands (Lazarus & Folkman, 1984). In addition, as Kay highlighted, principals and school management who provide esteem and appraisal support, through positive praise and regard, increases one's feelings of self-worth and competence (Stroebe, 2000). Further, teachers are much more likely to stay in their careers longer when they feel supported in the workplace environment (Fiorilli et al., 2017).

In contrast, some participants experienced a lack of support from colleagues and school management. Participants who understood students' behaviour as FASD-related expressed frustrations when colleagues did not share the same view. The stigma that students face stems from the fact that the physical characteristics of FASD are less pronounced in comparison to others, referring to the condition as a "hidden disability" (Salmon, 2012). Therefore, other teachers may have high expectations about students' behaviour and foster a negative attitude towards them.

> For instance, Ruth said, "He came with this reputation, and I don't appreciate labels and reputation, and it didn't help him. I don't want people to talk about him and say, 'there's that boy', like he used to in his last school... that just puts another layer of pressure, I guess, or stress or worries about that…so I stood up in a staff meeting and said, 'actually, this is Nathan, these are the things that he does. And please don't come to me and say, how's that boy going? Because...' so I had to address it in order to get rid of it."

Similarly, Sharon said, "One thing that gets me is when something goes wrong in the school when something goes missing, she's automatically blamed. The blame is put on her, she may not have been anywhere near, but her name is mentioned. So, then I have to, I feel like I have to stand up for her… I have to make a better noise about that to prove that she's innocent because she really hasn't done herself injustice."

Participants' emotional responses and drive to stand up for their students in the face of stigma reflects their empathy and compassion for them. According to Eisenberg (2009), attachment plays a paramount element in empathy and compassion, which entails an individual's experience of profound empathy and compassion derives from close attachment with the other person. This may be the case for Ruth and Sharon, who have likely developed a close attachment with their students and have a deeper understanding of students' behaviour. Participants' emotional responses can additionally be seen in terms of the appraisal model of emotion and empathy (Wondra & Ellsworth, 2015).

Accordingly, if an individual's goal is to care for another person's wellbeing, then they will appraise any factors contributing to that person's wellbeing as goal-congruent whereas factors harming the other person's wellbeing is discerning as goal-obstructive (Lazarus & Folkman, 1984; Wondra & Ellsworth, 2015). It implies that participants may have appraised the stigma that students experience as a significant risk to their goal, that is, to care for them, triggering feelings of frustration and compassion stress. Therefore, to cope with these feelings, participants took actions in addressing the issue and advocated for the students, implementing a problem-focused strategy (Lazarus & Folkman, 1984). By doing so, participants acted as an external brain for students, which is crucial for enhancing positive outcomes through increased consistent strategies across school settings, as well as empowering students with FASD (Chudley, 2008; Green, 2007).

Consequently, colleagues may reframe their mindsets and positively shift their views and attitudes towards students. School leaders should cultivate a shared understanding of these students and enhearten mutual support around them. Without the teachers' advocacy and approach to tackle this stigma at school, it can have detrimental outcomes in terms of less social and structural support given by school colleagues and leaders.

A lack of recognition of the need for behavioural strategies and unsupportive management placed participants in a more stressful position, negatively impacting the efficacy in their teaching role.

> Lara said, "People make comments about how difficult he is to teach and things like that… but there's no other support offered, you know, there's no recognition that this could be a very difficult situation, you know, there's no strategies in place, nothing like that… I can't say I'm very successful with keeping my wellbeing right now. At the moment, I'm not happy in my job. So, this research came at a very good time."

> Similarly, Ruth said, "I asked for support from the school and ended up having to ask for support from the union because I wasn't getting support from the school to deal with the child and their family. The support was not given by my principal, because I think she was also new, and she didn't know what to do. So, in the end, I actually left the school because of my wellbeing, it was exactly about wellbeing, I was too stressed being there every day. I never had to do that before… I was at a point where I could no longer continue every day dealing with that situation without support on a day to day basis... I left teaching for six months after that because I needed a break and to decide whether that's the right thing for me or not."

This study and other research illustrated that lack of collegial and leadership support and unfavourable working conditions as a fundamental source of stress for teachers. This lack of support can have adverse effects on job satisfaction and burnout (Foley & Murphy, 2015; Haydon et al., 2018; Spilt et al., 2011), and turnover (Bonne & Wylie, 2017; NZEI Te Riu Roa, 2019). The relationship between teachers and school leaders reflects the notion of the psychological contract in which occurs when an individual holds credence that the management is obliged to reciprocate their contributions to the organisation by meeting their needs, referring to as an implicit agreement between agencies (Rousseau, 1989). Violating this contract, as is the case in this study, indicated participants' expectations for school leaders to support them, and not meeting this need harms the trust in the relationship potentially leading to job dissatisfaction and resignation (Rousseau, 1989; Weiss & Cropanzano, 1996; Zhao et al., 2007).

The affective events theory (AET) also explains the participants' work attitudes as a result of psychological breach. AET states that a perceived breach of the psychological contract elicits an affective reaction (e.g., anger) which influences work attitudes and behaviour (Weiss & Cropanzano, 1996). In this case, Lara and Ruth's perceptions that their school leaders and management could not meet their needs triggered frustration and dissatisfaction about their jobs, with one leaving the school.

Lack of collegial and leadership support increased the participants' sense of obligation and workload to solely deal with classroom management while being liable for all students' learning programs, exacerbating feelings of isolation.

For instance, Ruth said, "I think if you're in your own little space, trying to deal with it yourself then that's when the stress and the pressure comes."

Miriam said, "I think if you were in a different situation, where you didn't necessarily have aligned views or you felt more isolated in your job, very insecure, you'd be questioning where you would have the backing, especially to make those quick call decisions which involved safety a lot of the time."

Feelings of isolation can lead to depersonalisation and burnout (Pillay et al., 2005). Depersonalisation is related to a sense of incompetence, and therefore, teachers may be likely to distance themselves from their peers and lose the personal connection with the students. Teachers may find themselves in a difficult position when having to deal with challenges alone and experience difficulties in applying effective coping strategies. However, this negative trajectory can be availed by fostering positive relationships with other teachers and school leaders and management.

As well as partnering with parents and caregivers, receiving support from colleagues and management, the support of external agencies was found to be essential for participants in this study.

External Agency Support and Resources

Given the complex needs of students with FASD, researchers stressed the importance for educators to work with allied professionals in terms of accessing funds for support and gaining expertise advice (Job et al., 2013; Millar et al., 2017; Ministry of Education, 2019). Participants mentioned the useful support that they received from the Ministry of Education Psychologists and Resource Teacher for Learning and Behaviour (RTLB).

Jane said, "Drawing in the Ministry of Education, in their Educational Psychologist, and their systems and procedures that allowed us to access the funding to be able to cater to this child's needs at the extreme level."

Miriam said, "The psychologist at the Ministry was amazing, they were really good. We didn't feel that the first layers of support had quite what we needed until we were allocated a psychologist… it felt very reassuring and trusted the person. It gave us a lot of confidence."

Likewise, Ruth said, "A really good thing did happen where an RTLB was given to support me as a teacher… it wasn't provided by the school, it might have come through the union, but she supported me, came in and helped me. A teacher aide was also given to me to help with other things other than with the student. So that was really powerful."

The support from outside agencies, particularly educational psychologists and RTLBs, facilitated teachers in employing strategies specific to the needs and neurological profiles of students with FASD. This finding revealed that given the complexities of FASD and high demands involved in working with these students, teachers find it highly beneficial to receive informational and instrumental support from agencies (Demerouti et al., 2001; Talmor et al., 2007; Taylor, 2011). Not only did this expand teachers' knowledge of effective practices, but it also increased their self-assurance in managing student's behaviours. The information regarding effective practices in conjunction with different insights into the student's behaviour can influence teachers to reappraise the situation, lowering triggered negative emotions, and equipping them with resources to deal with the challenges (Stroebe, 2000).

Although the Ministry of Education (2019) highly advocated for schools to work with RTLBs and other specialists in order to gain more understanding of how to support students with FASD, not all schools have adequate funding for these services. Learning support funding is allocated to schools based on their roll and socioeconomic position (Ministry of Education, 2019c). Additionally, students assessed with higher IQ levels through standardised measurements cannot

meet the requirements for extra funding support (Catherall, 2019). This is the case for one participant who voiced their frustrations at the lack of support from the Ministry.

> Sharon said, "Communication from agencies that could be helping her is a big problem. Nobody wants to take responsibility for her, and nobody wants to put their hand up and say I will try this… It would be nice to have a bit of back-up from special education or agencies that would come in and give you a bit of a heads up on how to best manage and then it would take away some stress."

These feelings of frustration are likely due to *psychological contract breach* as the participants' assumptions of being provided with adequate resources and support by the Ministry to uphold the Inclusive Education policies of including every student with different needs are not met (Rousseau, 1989; Weiss & Cropanzano, 1996).

This psychological contract breach is implied by Jane, who discussed the impracticality of the current resources.

> She said, "The Ministry is assuming that the teachers will access their website of resources, and unfortunately, that is not what's on the ground for teachers who have just finished doing their term reports. There are teachers who have a classroom with five to six learning or behaviour needs, teachers then get sick, and so on, all of those hidden things that are not really thought about or understood until they actually play out."

> Sharon said, "It certainly does suck to assume that now you're a teacher and so you should know it all. I did a paper in university that was a six months paper on inclusive education. But you know, we skimmed over the topics on fetal alcohol… I think people understand more of it now, but it's still a very big topic that people have got still limited information."

Teachers further voiced out concerns regarding the Inclusive Education policies that have imposed pressure on them.

Jane said, "The rose-tinted glasses of a terminology inclusive practice fascinate me because everybody's interpretation of that is different. While this is a mainstream primary school, the level and the depth of need and provision for this particular child was above and beyond what a mainstream school could offer. That's the truth. That's the reality. When the Government talks about its politics of success for all, those are lovely slogans, but then you have an out of box kid who does not fit the necessary boxes, those challenges will always grow bigger until they are addressed by the services and specialist that you need."

Similarly, Miriam said, "There is a big trust in education to be inclusive… We went through a lot of different ways of trying to integrate them into the mainstream school... we've been hesitant, to begin with, because we weren't a special school as such. So, it wasn't about withdrawing, but we were very much about being inclusive. So, it had taken a lot for us to get to that stage… You couldn't apply your usual strategies for safety and situation, and we didn't want the children not to attend school."

The present findings are consistent with other research in Australia and the United Kingdom, where government initiatives placed teachers in a stressful position (Gu & Day, 2013; Price & McCallum, 2015). Teachers noted that the concept of inclusiveness is not a significant source of stress, but rather the pressure imposed on meeting the Government's expectations along with the lack of resources and support. Similar to a previous study (Forlin, 2001), teachers experience challenges and stress from the incremented demands of including students with FASD while being accountable for achieving curriculum standards. Jane's report reflects the conservation of resources (COR) theory and support-constraint model, stating that the disproportion between

demands and resources increases teachers' stress (Hobfoll, 2011; Payne & Fletcher, 1983). Given the value of social support in highly demanding jobs, it is likely that participants strive to sustain adequate resources to cope with stress (Hobfoll, 2011). On the other hand, Miriam's compassion to include the students lead to the restructuring of their school and adapting teaching approaches, which is vital in promoting inclusive education (Basaraba, 2016). This action consists of maintaining current resources and accessing additional resources to meet demands

The current study calls attention to the need for more available FASD resources and training.

Ruth said, "A lot of teachers are getting these children, they've got some training, and I didn't have training as such it's just a matter of I've worked with a few of these children before, being a mum and passionate about special needs helps… but there's a lot of people that don't have this background and training, and then suddenly they have these kids in class."

Sharon said, "What would be really nice is to be able to have a set professional development that is for educators to give the best suggestions of how to best deal with different FASD students. I mean because they're all quite different… they're all very different in their own unique ways."

This current study and previous studies revealed that current professional development on FASD and during teacher's college was not adequate for teachers, as it did not include practical strategies and ideas for educational settings (Basaraba, 2016; Dybdahl & Ryan, 2009).

Miriam voiced out her opinion regarding the need for improved support based on her experience before receiving support from a psychologist. She said, "I think having the psychologist on board quicker would have definitely helped… I suppose that higher level

of expertise about those children… rather than us feeling like we were wading our way through and just constantly just responding."

Jane pointed out the barrier to accessing the Ministry's support. She said, "Every single service that we have access to is under a huge stress, there is a six to 12-month waitlist if it's not private, so the stress that goes with not only us professional teachers to want to help families, it's bigger than that, because it's actually we are limited and restricted by what the school can access."

Participants found that without support from psychologists and RTLBs, they were left with inadequate knowledge and resources, engendering feelings of incompetence in managing students' challenging behaviour. This lack of resources and support to meet the demands entailed in working with the students increases participants' stress (Demerouti et al., 2001; Lazarus & Folkman, 1984; Payne & Fletcher, 1983). Thus, as Jane highlighted, the stress that participants experience is multi-faceted as the enormous caseloads experienced by the Ministry of Education staff exacerbates the limited resources and support schools already have.

These themes revealed the challenges and positives that participants experienced in working with students, parents and caregivers, colleagues and school management, and external agencies. The shame and stigma of parents' experiences may play a critical role in having ineffective and intricate home-school partnerships. Students experienced stigma from other school members, which exacerbated stress for some participants, especially those who had formed close attachments with students. A lack of a school support network for participants accentuated stress due to an increased sense of responsibility and workload demands, which can result in isolation and burnout. Building a network of support at school and external agencies was vital for participants' wellbeing in terms of receiving different functions of support that met their needs.

Chapter Five: Conclusion

The present study revealed the experiences of teachers working with students who have FASD. It also showed the multi-faceted nature of teacher wellbeing, influenced by different elements of working with students, caregivers, colleagues, school leaders, and the Ministry of Education. Challenges arose around the appraisals of students' problematic behaviours, eliciting emotional responses, and stress. Participants attributed the students' behavior to FASD, which evoked feelings of concern, sympathy, responsibility, and an increased risk of developing burnout and compassion fatigue. Teachers in the present study engaged in various coping strategies suited to them, which included occupying themselves in activities that minimise emotional stress, learning about FASD, and altering teaching practices according to individual students. Participants highlighted the need for additional assistance in supporting students' mental and emotional wellbeing and teaching specific subjects. The inability to meet students' needs led to some participants' experiencing a sense of failure and grief.

Participants highlighted the importance of sustaining positive teacher-student relationships to support students effectively. Participants further discussed the impact of having positive relationships and rewarding experiences with students, which promoted teacher wellbeing through an increased sense of efficacy and accomplishment.

Participants also required adequate support from a network consisting of students' parents and caregivers, school colleagues, and management, as well as external agencies. A collective support network not only sets students up for success through collaborative work, but also promotes teacher wellbeing through different functions of support that meets teachers' needs, whether this is social or practical support. A supportive working environment encouraged teachers' commitment and efficacy in their profession, reducing the risks of developing burnout and

compassion fatigue. Receiving support from the Ministry of Education was purposeful for the participants, as it enabled them to maintain resources on FASD, develop and implement effective teaching practices, and reduce workload demands through additional support in class. Participants indicated that a lack of support from parents, school leaders, and management, in addition to external agencies exacerbated stress due to a negative working environment, increased sense of responsibility and workload demands, often resulting in feelings of isolation and burnout.

Furthermore, a lack of support and communication from the Ministry of Education, coupled with the inclusive education policies, resulted in participants having limited available resources, leading to stress and frustration. Participants perceived a lack of resources to contribute towards ineffective teaching and inadequate coping skills when dealing with unmanageable situations with students. Participants generally felt pressured by the Ministry to remain inclusive and considered these expectations to outweigh their current resources.

Accordingly, participants called for the need for more accessible FASD resources and training tailored to the teaching context. Teachers require continuous assistance, upskilling, and supervision of educational psychologists and RTLBs to work effectively with students while sustaining teacher wellbeing. Perhaps the recently released Learning Support Action Plan that aims for improved communication between schools and agencies through the close support of Learning Support Coordinators will benefit teachers of FASD students. Participants indicated that the Ministry of Education should provide accessible, comprehensive guidance and training on FASD for teachers and school management, in partnership with FASD experts. This action should include a collaboration between multiple service providers to develop and implement evidence-based strategies in schools. It is vital to provide psycho-educational assessment training for teachers and school administrations and allocate funds to hire more educational assistants and restructure the

school environment. It may also be beneficial for the Ministry of Education and the Government to refer to an established education system as a guide to effectively supporting the education for those with FASD, derived from evidence-based policies and practices.

In summary, this study highlights that when addressing support for teachers working with students who have FASD, it is critical to consider the challenging and beneficial factors at multiple ecological levels; working with the student, parents, schools, and other agencies. It is critical to set teachers up for success by equipping them with practical knowledge about FASD and building coping skills to maintain teacher wellbeing through professional development and consistent supervision. In addition, working together around the student is significant and valuable. Thus, school leaders and management, as well as the Ministry of Education, must learn about FASD through professional development and have an understanding of what is required to support students with FASD and their teachers.

Limitations and Future directions

The present study sample size was small and homogenous. When approaching a larger and broader sample size, it may be useful to systematically measure teachers' wellbeing, coping, social, and emotional competence using reliable scales.

All participants were female teachers, most had extensive teaching experiences, and all but one was from a major city. Therefore, greater diversity in participant experiences, genders, and locations would be beneficial.

In this study, the focus was on children with a formal diagnosis of FASD. However, as the researcher encountered through the recruitment and research process, the issues around limited diagnostic services result in a small number of children identified with FASD in primary school classrooms. Future research should investigate teachers' experiences teaching children with

suspected FASD (e.g., those who have behaviour and characteristics akin to FASD), as there may be additional demands and stresses related to uncertainties surrounding diagnoses.

The present findings were based on the subjective perspectives, and beliefs of teachers. Given that relationships entail mutual exchanges and perceptions of two interacting individuals, it may be advantageous to investigate further the perspectives of students, caregivers, and allied professionals.

To conclude, despite some limitations, the present study captured teachers' experiences adding value to educational and psychological research regarding teachers' experiences working with children who have FASD. It has also laid the groundwork for future research to develop a deeper understanding of such experiences, and potentially assist in the development of New Zealand support services to foster effective educational support for teachers and their students with FASD.

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Appendices

Appendix A: Information Sheet

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Exploring the wellbeing experiences of teachers working with children who have FASD

INFORMATION SHEET

Researcher Introduction

My name is Ayra Baes, a Master's student at Massey University. This research is being conducted for fulfilment of the requirements for the degree of Master of Science in Psychology. The academic supervisor involved is Dr. Veronica Hopner.

Project Description and Invitation

This project contributes to the small body on Fetal Alcohol Spectrum Disorder (FASD) research, by exploring the wellbeing of teachers working with children who have FASD. Investigating this area provides teachers with a voice regarding this topic and addresses the school support that is needed to adequately support children with FASD.

We would like to invite teachers who are currently working or have worked with a student with FASD to participate in this study. This study involves a semi-structured interview on your wellbeing experiences working with children with FASD either through face-to-face or video-conference. If you would like to participate, please contact me as below.

Participant Identification and Recruitment

Participants in this project will be recruited through methods of snowballing which involves participants referring other potential participants. Snowballing will also be used through networks of schools and the FASD-CAN community.

You may be eligible to participate if you are:
- A teacher from a mainstream/general primary school or special needs school
- Currently working or have worked with at least 1 primary-school age child with FASD
- Available for a 60-90 minutes face-to-face interview or have access for a video-conference

6-8 teachers will be recruited in New Zealand to achieve sufficient sample for this study.

Project Procedures

Should you choose to participate, an interview will be scheduled according to yours and the researcher's availability. The location depends on your choice and access for the researcher, which may include your classroom, other facilities at your school or at Massey University (Albany Campus). If agreed upon a video-conference, this can be done through Skype at a private meeting room to maintain the confidentiality of the interview.

At the beginning of the interview, you will be asked to complete a consent form as well as broad demographic information. The content of the interview and the participant information sheet will be outlined to you, including resources and contacts if support is required.

The interview will be recorded through an audio-recording app in a secured mobile phone. This procedure should take around 60 minutes, up to a maximum of 90 minutes. As a thank you for your time participating, you will be compensated with a $20 voucher from The Warehouse.

Te Kunenga
ki Pūrehuroa

School of Psychology – Te Kura Hinengaro Tangata
Private Bag 102904, North Shore Mail Centre, Auckland 0745, New Zealand   T +64 9 414 0800 extn 41244   F +64 9 414 0821
www.massey.ac.nz

Data Management

All electronic data will be password protected and held for five years. Printed copies of the transcripts will be anonymized and kept in a locked storage cupboard owned by the researcher. All identifying information will not be reported in the research findings. Participant's detail information will be kept anonymous.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:
* decline to answer any particular question;
* withdraw from the study three weeks after the interview;
* ask any questions about the study at any time during participation;
* ask for the recorder to be turned off at any time during the interview.
* be given access to a summary of the project findings when it is concluded.
* Completion and return of the required forms implied consent.

Project Contacts

Please feel free to contact us if you have any questions.

Researcher

Ayra Baes: Ayra.Baes.1@uni.massey.ac.nz

Supervisor

Dr. Veronica Hopner: V.Hopner@massey.ac.nz

Additional Support

If reading or discussing this information has brought up any concerns and/or distress, and therefore need support, you may like to contact:
* Need to talk? – free call or text 1737
* Anxiety phone line – 0800 269 4389
* Depression Helpline – 0800 111 757

Recommended Resources

For resources on FASD including a range of strategies that teachers can use to help support students with FASD, visit the recently updated on the Inclusive Education - TKI website:
https://www.inclusive.tki.org.nz/guides/fetal-alcohol-spectrum-disorder-and-learning/

These are useful resources on wellbeing:
* https://psychcentral.com/blog/20-ways-to-relax-unwind/
  https://worksafe.govt.nz/topic-and-industry/work-related-health/fatigue/pamphlets/
* https://www.mentalhealth.org.nz/home/our-work/category/42/five-ways-to-wellbeing-at-work-toolkit

Ethics Committee Approval Statement

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

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

Appendix B: Participant Consent Form

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TE KURA PŪKENGA TANGATA

Exploring the wellbeing experiences of teachers working with children who have FASD

PARTICIPANT CONSENT FORM

I have read and I understand the Information Sheet attached. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ hereby consent to take part in this study.

Signature: _____   Date: _____

Appendix C: Interview Schedule

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TE KURA PŪKENGA TANGATA

Interview Schedule

Introduction*:*

- Revisit information contained within the Participant Information Sheet

- Give the participant time to ask any questions and sign the consent form

- Gather information: age, gender, years of teaching experience, how long they've been working with their FASD student.

- Discuss contextual information

The aim of this interview is to gain an in-depth understanding of your wellbeing experiences working with children who have FASD. I am interested in exploring your thoughts, feelings, perceptions and reflections. There are no right or wrong answers and I would like you to be as open and honest as possible. I may say very little because I am interested in listening to you view. Some questions may seem obvious, but this is because I am interested in hearing your personal thoughts and feelings. Please take your time in thinking and talking.

Questions:

1. Can you describe to me what teacher well-being means to you?

2. Can you tell me about your experiences working with your student with FASD?

    a. Probe questions:

      i.   Can you describe how you feel about yourself in relation this experience and how did this impact on your well-being?

     ii.   Are there any aspects of your work with the student that you enjoy or don't enjoy? Can you tell me more about these?

    iii.   Are there any aspects of your work with the student that you feel proud of or disappointed about? Can you tell me more about these?

3. Based on your experiences with your student with FASD, what experiences have been most meaningful to you?

    a.   How do you understand the meaning of working with a child with FASD?

    b.   Can you describe your sense of engagement and motivation in working with him/her?

4. Can you tell me about any challenges you have faced working with your student with FASD?

    a.   Probe questions:

      i.   Can you describe how you feel about yourself in relation to this experience and how did this impact on your well-being?

5. Tell me about what has helped and have been a barrier for you in the process of effectively working with you student, what has helped improve your wellbeing?

    a.   Tell me about what or who has helped or supported you?

    b.   How have you coped working with them?

    c.   What additional support would be beneficial?

6. Can you tell me about your relationship with your student?

7. What additional support do you think would benefit?

8. Is there anything that we haven't talked about that you think is an important part of your wellbeing experiences?

General Probes:

Why?

How?

Can you tell me more about that?

Tell me what you were thinking?

How did you feel?

What do you mean by…?

Can you give me an example of…?

Specific Probes:

What do you think about that in relation to your role as a teacher?

What does that mean for you/your work when working with your student with FASD?

How does that relate to/impact on/effect on your wellbeing?

Debrief:

- Thank the participant for taking their time to talk. Give voucher and resource book as a thank-you.

- Highlight again the information in the Participant Information Sheet about what will happen to the results and who to contact for further information.

- Emphasise to contact the researcher if they want to discuss anything further.

- If the participant appears distressed, ensure there is support they can talk to if they need to, refer to the contacts on the information sheet.

- Give time to process and reflect on the interview. How did they find it? Do they have any additional questions?

- Ask about whether they would like to receive information about the findings.