School life following acquired brain injury: An interpretative phenomenological analysis of the experiences of adolescents, their parents and teachers within the Irish context

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Abstract

Aims: Research on acquired brain injury (ABI) has acknowledged the importance of environmental factors in the rehabilitation process. Given that adolescents spend a large proportion of their time in the school setting, schools are considered to play a vital role. Currently, there is a paucity of research in Ireland about the experience of school following ABI and this study aimed to fill this gap in knowledge. This study aimed to explore adolescents' lived experience of school following ABI and the experiences of their parents and teachers in supporting them.

Method: The study was situated within the interpretivist paradigm and used a multi-perspectival qualitative design. Interpretative phenomenological analysis (IPA) was chosen as the methodological framework. Three adolescents and their mothers were recruited through a gatekeeper, a tertiary neurorehabilitation service. Two teachers were recruited by contacting the adolescents' schools. Semi-structured interviews were conducted and the data were analysed according to guidelines from Smith et al. (2022).

Results: Four themes were identified: The new normal: things have changed; Challenging the new normal: I am still capable; Negotiation of the new normal with others: a multi-directional process; and Punctuating the new normal: COVID-19. A central element of the lived experience was the advent of the new normal. The adolescents acknowledged that things had changed in school and also, retained a positive sense of self. Friendship loss and the reconstruction of self with others were significant facets of their new normal. The parents' experience of supporting their child in school was characterised by managing, challenging and negotiating the new normal. They described how they took on many different roles when supporting their child: cheerleader, advocate, instigator, architect of the positive, fighter, protector and collaborator. The teachers' experience of supporting an adolescent with ABI centred around the negotiation of the new normal. The culture of the school, input from rehabilitation services and supportive relationships with colleagues were all highlighted as being essential to the process. COVID-19 had the capacity to either positively or negatively affect the new normal, dependent on time since injury.

Conclusion: It is anticipated that the findings will contribute to practice in both educational psychology and education in how support is provided to this cohort of young people in the school setting. Identity and friendship loss featured hugely in the adolescents' narratives and this has implications for the practice of educational psychologists. The findings emphasised the importance of involving adolescents with ABI in the negotiation of school supports and also, highlighted the complexity of adolescent friendships after ABI.

Declaration

I hereby declare that this thesis is the result of my own original research and does not contain the work of any other individual, save those identified and acknowledged in the usual way.

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Dedication

Dedicated to the three adolescents in this study, whose strength and perseverance I greatly admire.

Dedicated, also, to my late father who inspired a love of learning in me and to my mother for teaching me how to “crack on” (i.e. get things done), both essential components in completing a PhD!

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List of Abbreviations

ABI: acquired brain injury

EP: Educational Psychologist

GCS: Glasgow Coma Scale

IEP: Individual Education Plan

NCSE: National Council for Special Education

PTA: post-traumatic amnesia

SEN: Special Educational Needs

SENCO: Special Educational Needs Co-ordinator

SET: Special Education Teaching

SNA: Special Needs Assistant (also known as aide, integration aide, teaching assistant, assistant)

TBI: traumatic brain injury

1. Introduction

This section provides an introduction to the research area, the experience of school following brain injury. Definitions of the key terms in the study are presented, followed by a discussion about its relevance to educational psychology. The positionality of the researcher is offered in order to situate the research. The section concludes with an overview of the thesis structure.

1.1 Research Area

Acquired brain injury (ABI) is considered to be the leading cause of death and disability in children and adolescents (Forsyth & Kirkham, 2012; Ylvisaker et al., 2005). There are two types: traumatic brain injury and non-traumatic brain injury. Despite differences in the causes and types of the brain injury, children and adolescents with traumatic and non-traumatic brain injury have similar needs (Forsyth & Kirkham, 2012). Thus, this study focuses on both types and the umbrella term ABI is used throughout the thesis.

The World Health Organisation (WHO) has named childhood brain injury as a major public health issue worldwide (WHO, 2008). Brain injury has been referred to as a “silent epidemic” (Goldstein, 1990, p. 1) or an “invisible epidemic” (Carter & Spencer, 2007, p. 34) in recognition of the common misunderstanding that it is a low incidence occurrence. Currently, there is no data on the incidence and prevalence of ABI in Ireland (Corrigan et al., 2021). In addition to physical difficulties, children and adolescents with ABI may present with academic, social, behavioural or emotional difficulties (Babikian & Asarnow, 2009; Barlow et al., 2010; Catroppa & Anderson, 2004; Halstead et al., 2013; Li & Liu, 2013; Ryan et al., 2016; Yeates, 2010). The risk of academic underachievement and social isolation can be high (Arroyos-Jurado et al., 2000; Hawley et al., 2004; Hoofien et al., 2001; Prigatano & Gupta, 2006). Schools have an important role in helping children and adolescents in their rehabilitation (Ciccia & Threats, 2015).

Currently, there is a paucity of both international and national research about the experience of school from the perspectives of adolescents with ABI, their parents and teachers. This study aims to address this research gap by exploring the experiences of adolescents with ABI in the school setting. The perspectives of their parents and teachers will also be sought.

1.2 Key Terms

The key terms of the thesis are defined below.

Acquired brain injury (ABI) can be defined as "an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma" (Brain Injury Association of America, 2021).

A traumatic brain injury (TBI) can be described an injury to the brain caused by a traumatic event, such as a blow, jolt or bump to the head or body (Menon et al., 2010).

A non-traumatic brain injury (nTBI) refers to an injury to the brain that occurs as a result of an illness or condition within the body (Marino et al., 2018).

Adolescence is defined as the time period between 10 and 19 years of age (Sawyer et al., 2018; WHO, 2020).

An educational psychologist (EP) is a term used in Ireland and the United Kingdom to refer to psychologists primarily working in schools (Swan, 2014).

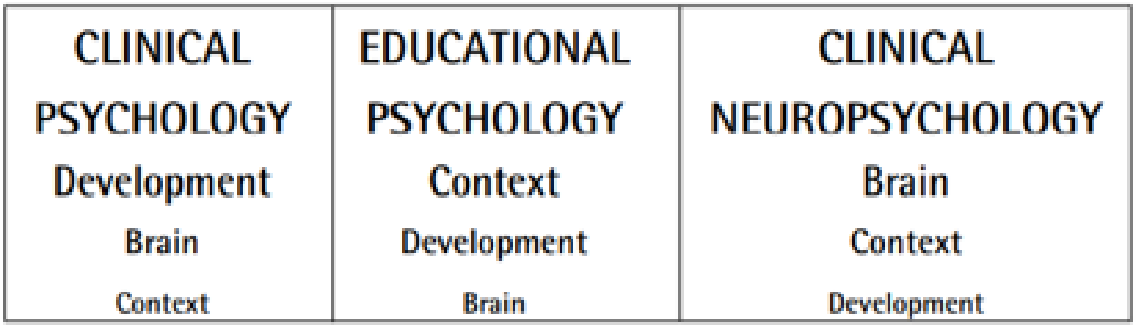
1.3 Relevance to Educational Psychology Practice

Neuropsychologists have a distinct role in supporting adolescents with ABI (Ashton, 2015; Koterba et al., 2020). Their role can involve administering specialised neuropsychological assessments in order to identify specific areas of deficit, carrying out neuropsychological interventions or providing therapeutic support (Ashton, 2015; Fletcher-

Janzen, 2005). There is a considerable overlap between the work of neuropsychologists and educational psychologists (EPs). In order to explain the overlap between the three main roles within child psychology, MacKay (2005) adapted a theoretical matrix from Bernstein (2000) . It is displayed in Figure 1.1.

Figure 1. 1

Matrix illustrating the Main Emphases and Interrelationships in Child Psychology (Adapted from MacKay, 2005)



CLINICAL PSYCHOLOGY	EDUCATIONAL PSYCHOLOGY	CLINICAL NEUROPSYCHOLOGY
Development	Context	Brain
Brain	Development	Context
Context	Brain	Development

In this model, “brain” signifies the influence of the brain on human behaviour, whilst “context” acknowledges the important role of context. The term “development” in this model signifies the ongoing development of the child. MacKay (2005) argues that psychologists consider all three aspects in their work, but just differ in their points of emphasis. Whilst the neuropsychologist places more emphasis on the “brain”, “development” is the primary focus in the work of the clinical psychologist. In contrast, the EP’s work focuses on the “context” (or contexts) in which an adolescent is situated. It is this propensity to explore the impact of context that makes the work of the EP so valuable when working with adolescents with ABI. Bozic and Morris (2005) expand on this by proposing that the ability of EPs to work within an ecological-transactional framework is beneficial when supporting with this cohort of young people. This framework acknowledges the impact of various risk and protective factors across different contexts on an individual’s development.

Havey (2002) has proposed a specific model for EPs working with this cohort of young people within the education system. According to the model, the following duties could fall under the remit of an EP: assessment of individual students with ABI; consultation and training for teachers on ABI; therapeutic intervention with students with ABI; and support for parents, siblings and peers (Havey, 2002). Further recommendations were made by Ball and Howe (2013) including: raising awareness about the needs of students with ABI within schools; developing return to school protocols; delivering training to school staff; supporting school staff to interpret psychological and medical reports; and monitoring the progress of students with ABI.

Thus, EPs are well placed within the education system to support adolescents with ABI, their parents and teachers (Ball & Howe, 2013; Bozic & Morris, 2005; Davies, 2020; Farmer & Peterson, 1995; Hooper, 2006). In addition, EPs have been recommended to make closer links to clinical neuropsychology (Cameron, 2006). When collaboration between neuropsychologists and EPs occurs, more enhanced assessments and interventions result (Ernst et al., 2008; MacKay, 2007). Thus, this research study is highly relevant to educational psychology practice.

1.4 Researcher Positionality

My interest in this area began whilst supporting children with ABI in my previous role as a primary school teacher. My interest was again piqued during my professional training on the Doctorate in Educational and Child Psychology. On my first placement, I supported a child with ABI and his family, prompting me to read the current literature in relation to ABI and educational psychology. On subsequent placements, I continued to work with children and adolescents with ABI, their parents and teachers. Throughout these experiences, I was always in awe of their strength and resilience, but I was also astonished by the paucity of available services to support these young people and their families within the

Irish context. These experiences, coupled with an interest in ABI literature, led to my decision to undertake research in this area, with a focus on the experience of school.

1.5 Overview of Thesis Structure

This thesis is structured according to guidelines from Mary Immaculate College. It comprises four sections: Introduction, Literature Review, Empirical Paper and Critical Review. The first section introduces the area of study and its relevance to educational psychology. The Review Paper presents a broad overview of ABI and the implications for education, followed by a systematic review of literature related to the experience of school following ABI. It concludes with a strong rationale for the current study. The Empirical Paper follows the typical structure of a research article with the following sections: introduction, methodology, results and discussion. The final section of the thesis includes a reflection on the overall research process and an impact statement regarding the benefits of the findings both inside and outside of academia. Reflective boxes, extracts from the researcher's research diary, are interspersed throughout the thesis in order to provide a running reflective commentary (Wagstaff et al., 2014).

2. Literature Review

This section is comprised of three distinct parts. The first part provides an overview of ABI and its sequelae. The second part explains some important psychological theories and constructs in relation to ABI and education. It also details the role of the school in the rehabilitation process, along with a description of the international and national context in terms of ABI policy and legislation. The third part of the literature review contains a systematic review of the literature regarding the school experiences of adolescents, parents and teachers. The paper concludes with a clear rationale for the current study.

2.1 Part One: Overview of ABI

2.1.1 What is Acquired Brain Injury?

Acquired brain injury (ABI) can be defined as “an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma” (Brain Injury Association of America, 2021). There are two subtypes: traumatic and non-traumatic.

2.1.1.1 Traumatic Brain Injury. A traumatic brain injury (TBI) refers to an injury to the brain that happens as a result of a bump, blow or jolt to the head (or body) or a penetrating head injury (Menon et al., 2010). Falls, road traffic accidents and sports-related injuries are the most common causes of TBI in children and adolescents (Ciccia & Threats, 2015). Cycling accidents were found to be the most common cause of paediatric TBI admissions in an Irish hospital over a two year period (O'Halloran et al., 2020). Non-accidental head injury, also referred to as shaken baby syndrome, is also included in this category (David, 1999).

2.1.1.2 Non-traumatic Brain Injury. A non-traumatic brain injury occurs as a result of an illness or condition within the body, such as stroke, meningitis, encephalitis, brain tumour or non-traumatic brain haemorrhages (Marino et al., 2018). This category also includes brain injuries caused by hypoxia (partial supply of oxygen for a period of time) and anoxia (no supply of oxygen for a period of time) (Headway UK, 2021). Events such as near-drowning, choking, heart attack, carbon monoxide inhalation or poisoning can lead to hypoxia or anoxia.

2.1.1.3 Levels of Severity. The severity of ABI can be classified as mild, moderate or severe. Various tools can be used to gauge the level of severity in TBI, such as the Glasgow Coma Scale (GCS) by measuring the level of consciousness at the time of assessment (Teasdale & Jennett, 1974) or the Children's Orientation and Amnesia Test (COAT) by evaluating post-traumatic amnesia (PTA) (Ewing-Cobbs et al., 1990). The majority of TBIs are classified as mild (Centers for Disease Control and Prevention (CDC), 2003) and the term concussion is used interchangeably with mild TBI. The Modified Rankin Scale (mRS) has been used to assess the severity of non-traumatic brain injuries (Bonita & Beaglehole, 1988).

2.1.2 Incidence and Prevalence of ABI

Prevalence refers to the total number of cases in the population whereas incidence is the number of new cases in the population within a specific period of time, such as a year (Hoek & van Hoeken, 2003). Most of the extant research on the prevalence and incidence of brain injury focuses on TBI, rather than on rates of ABI (Finnerty et al., 2009).

2.1.2.1 Incidence. Incidence rates of TBI are largely determined by records of admissions to acute and post-acute settings. A ratio of 280 in every 100,000 children were admitted with TBI to a hospital in the United Kingdom over a six year period (Hawley et al., 2003). In America, it was estimated that 1,541 children (aged between 0 to 4 years) per 100,000 presented to an emergency department with TBI in 2013 (Taylor et al., 2017). For the 5 to 14 years category, the incidence was 815 in every 100,000. Ireland's only post-acute rehabilitation centre, the National Rehabilitation Hospital, received between 32 and 43 paediatric ABI referrals each year in the 2011 to 2014 time period (Health Service Executive, 2016).

2.1.2.2 Prevalence. In general, prevalence rates are not frequently calculated in TBI research. Tagliaferrri et al. (2006) estimated that nearly 8 million people were living with a TBI in Europe, based on an incident rate of 235 per 100,000 population. Currently, there is very little epidemiological data as to how many individuals in total have ABI in Ireland (Burke et al., 2020; Corrigan et al., 2021; Finnerty et al., 2009; McDermott & McDonnell, 2014). Inconsistencies in how ABIs are recorded may partly explain why there is a lack of accurate data on the prevalence rates of childhood ABI (Jordan & Linden, 2013).

Researchers argue that looking at the prevalence rates rather than incidence rates gives a more accurate representation of the scale of the issue (Walker & Wicks, 2018). In the words of Walker and Wicks (2018), “the enormity of the problem is a cumulative one” (p. 3). Due to the lack of reliable data on prevalence, rates of ABI are underestimated and for this reason, ABI has been referred to as a “silent epidemic” (Goldstein, 1990, p. 1).

2.1.3 Outcomes

Outcomes can vary within the ABI paediatric population (Risen et al., 2019) and recovery can depend on many different and interacting factors (Anderson et al., 2011; Haarbauer-Krupa et al., 2017; Vu et al., 2011; Wood et al., 2009). Anderson et al. (2011) distinguish between injury factors (severity and nature of injury, age at injury), and environmental factors (family circumstances, socio-economic status and access to interventions).

2.1.3.1 Severity and Nature of Injury. It is generally accepted that the more severe the level of injury, the poorer the outcomes (Anderson & Yeates, 2014; Babikian & Asarnow, 2009). A diffuse brain injury (i.e. spread across different areas of the brain) is associated with poorer outcomes, as it involves a larger amount of damaged brain tissue (Anderson et al., 2011; Power et al., 2007). Some links have been made between the location of the injury in the brain and specific outcomes (Anderson et al., 2011). For example, injury to the pre-frontal brain region has been associated with difficulties in executive functioning (Anderson et al., 2002).

2.1.3.2 Age at Injury. Previously, researchers had pointed to the plasticity of the brain as being a protective factor for younger children with ABI (Risen et al., 2019), giving rise to the belief that sustaining a brain injury at a younger age leads to better outcomes. This has been referred to as the Kennard Principle (Kennard, 1936; Teuber, 1974).

However, further research indicated that the picture is much more complicated (Anderson et al., 2011). Some researchers postulated that sustaining a brain injury during a “critical periods” of cognitive development can lead to poorer cognitive outcomes (Luciana, 2003). For example, research has shown that children injured in middle childhood, a critical period of brain and cognitive development, demonstrated the poorest outcomes at two years post-injury when compared with those injured as infants, at preschool age and in late childhood (Crowe et al., 2012). Another explanation of the relationship between age at injury and outcomes is referred to as “growing into the deficit” (Middleton, 2001). Diffuse injury can interfere with the development of neural networks that are essential for cognitive development in young children (Prins et al., 2010), leading to a flatter developmental trajectory. As a result, cognitive deficits may only become fully apparent as the school curriculum or environment becomes more complex (Morrison, 2009). Other researchers have refined this concept by introducing the “double-hazard” model. The combination of sustaining a severe brain injury in early childhood is associated with poorer cognitive outcomes (Anderson et al., 2005).

However, longitudinal studies have challenged these theories. After a period of disrupted development, young children can begin to make relatively age-appropriate gains, contradicting the “growing into the deficit” hypothesis (Anderson et al., 2012b). Thus, evidence is mixed and the relationship between age at injury and outcomes is unclear.

2.1.3.3 Environmental Factors. Environmental factors, such as access to interventions, socioeconomic status of the family, parental stress and family coping skills can have a moderating effect on outcomes after ABI (Anderson et al., 2011; Keenan et al., 2020; Stancin et al., 2002; Taylor et al., 1999; Taylor et al., 2002; Yeates et al., 2004; Yeates et al., 2010). Considering the evidence base related to environmental factors, it is advised that rehabilitation takes place within the child or adolescent’s everyday environment (Anderson et al., 2011; Yeates et al., 2010).

2.1.4 Sequelae of ABI

As each injury can differ greatly, children and adolescents with ABI do not present as a homogenous group in terms of difficulties (Deidrick & Farmer, 2005). The sequelae following ABI can lead to a wide array of difficulties in various domains, such as cognitive, academic performance, language, communication, social, emotional and physical.

2.1.4.1 Cognitive Effects. Children and adolescents with ABI may have significant and persistent impairments to their cognitive abilities (Babikian & Asarnow, 2009). Longitudinal findings have demonstrated that improvements in cognitive functioning occur in the first year post-injury but may subsequently plateau (Chadwick et al., 1981; Taylor et al., 2002). Uneven cognitive performance may be observed (Deidrick & Farmer, 2005).

Attention. The domains of processing speed and attention appear to be more affected than other domains (Babikian & Asarnow, 2009). Attention can be conceptualised as being comprised of the following components: focus/divided attention, sustained attention, shifting attention and encode/attention span (Mirsky et al., 1991). Research has demonstrated that ABI has the biggest impact on divided and sustained attention, whereas attention span is the least affected area of attention (Ginstfeldt & Emanuelson, 2010).

Memory. It is reported that paediatric ABI results in difficulties with memory and new learning (Yeates et al., 1995). However, no consensus has been reached regarding the long-term impact of ABI on memory functioning (Wilde et al., 2015). Findings suggest that memory deficits are dependent on factors such as the severity, location of and time since the injury, sex and socioeconomic status (Lajiness-O'Neill et al., 2011; Levin et al., 2004; Roman et al., 1998).

Executive Functioning. Executive functioning refers to the set of cognitive skills required for goal-oriented behaviour, such as task initiation, planning, organisation, self-monitoring and problem solving skills (Lezak et al., 2012). Difficulties with executive functioning have been reported after ABI, but the evidence is mixed (Anderson et al., 2012a). Difficulties with executive functioning can emerge as the child matures (Catroppa & Anderson, 2009; Kok et al., 2014). The location of the brain injury appears to be a factor in executive functioning difficulties, with the frontal lobe area being more susceptible to this type of impairment (Longaud-Valès et al., 2016). Age at injury also seems to play a role, with younger children at higher risk of executive functioning difficulties (Wilde et al., 2015).

2.1.4.2 Academic Performance. Longitudinal studies have demonstrated that academic attainments can be affected by ABI (Catroppa & Anderson, 2007; Catroppa et al., 2009; Ewing-Cobbs et al., 2004b). A clear dose-response relationship between severity of injury and attainment in maths has been reported (Catroppa & Anderson, 2007). In contrast, the word reading skills of older children appear to be resilient after ABI (Catroppa & Anderson, 2007). Children, who were injured at a young age and had not learnt the mechanics of reading prior to their injury, are reported to have more difficulty with word reading (Barnes et al., 1999; Ewing-Cobbs et al., 2004b). This lends support to the hypothesis that skills learnt prior to injury are not as vulnerable to ABI. Therefore, factors such as severity of the injury and pre-injury skills can have an impact on post-ABI academic performance (Catroppa & Anderson, 2007; Catroppa et al., 2009; Ewing-Cobbs et al., 2004a; Vu et al., 2011; Yorkston et al., 1997). Interestingly, research has shown that children with severe ABI make more significant improvements in recovery in the first two years post-injury in comparison to children with moderate ABI (Vu et al., 2011).

2.1.4.3 Language and Communication Effects. In a small proportion of cases, ABI can result in language disorders such as aphasia or dysarthria (Ewing-Cobbs & Barnes, 2002). Difficulties with the higher-order language and communication skills are reported more frequently (Anderson & Yeates, 2014). These difficulties have been grouped together under the term cognitive-communication disorder (Turkstra et al., 2015). In contrast to a primary language impairment, the underlying reason for cognitive-communication disorder is a cognitive impairment, such as difficulties with processing speed, memory, attention or executive functioning (MacDonald, 2017; Togher et al., 2014). Difficulties with the pragmatic aspects of language, such as understanding irony and humour, interpretation of literal truth and topic management, have been observed (Dennis et al., 2001). Word fluency has been found to be poorer in children with ABI than in controls (Levin et al., 2001).

2.1.4.4 Social Effects. It is frequently reported that children and adolescents with ABI have fewer friends, less opportunities to socialise and experience more loneliness (Anderson et al., 2017; Prigatano & Gupta, 2006; Yeates et al., 2007; Yeates et al., 2013). They tend to have smaller social networks (Glang et al., 1997). Children with ABI tend to be less skilled in reading emotions in comparison to their peers (Tonks et al., 2007) and report more issues with conflict management in their peer relationships (Deidrick & Farmer, 2005). Due to specific difficulties in executive functioning, children with ABI may not change their behaviour according to feedback in a social situation (Deidrick & Farmer, 2005; Ganesalingam et al., 2011). Individuals who sustained brain injuries in early childhood can continue to have social difficulties into their adult life (Slifer & Amari, 2009). Family circumstances appear to have a moderating effect on social outcomes (Yeates et al., 2004). Similar to the other domains of functioning, age of injury and level of severity are both mediating factors in social competence (Anderson et al., 2013).

2.1.4.5 Emotional and Behavioural Effects. Up to 50% of children and adolescents with ABI may present with behavioural problems and disorders shortly after or years after their injury (Li & Liu, 2013). Irritability, aggression, disinhibition and impulsiveness have been reported (Cole et al., 2008; Gerring et al., 2009; Vasa et al., 2002; Vasa et al., 2015). Children with ABI may have a poor frustration tolerance (Morrison, 2009). Rates of depressive symptoms tend to be higher for children and adolescents with ABI, especially for those from low socio-economic backgrounds (Kirkwood et al., 2000). Anxiety can be a common post-injury occurrence (Max et al., 2011; Vasa et al., 2002).

2.1.4.5 Physical Effects. Generally, motor weaknesses tend to improve at a faster rate than cognitive, language or social difficulties (Forsyth & Kirkham, 2012; Jang, 2009). The following physical difficulties may occur: hemiparesis (one sided weakness), seizures, or ataxia, difficulties with coordination, balance or mobility (walking) (Peri et al., 2019; Teasell et al., 2007). Fatigue is often reported (Crichton et al., 2018; Kay & Lezak, 1990; Morrison, 2009; Norup et al., 2019).

2.1.5 Adolescence and ABI

Adolescents, as a group, have one of the highest rates of ABI (McKinlay et al., 2008). Sustaining a brain injury during this time period can bring about its own unique set of challenges due to developmental changes that occur during this time period (Gagnon et al., 2008). Adolescence is considered to be a critical developmental period, characterised by significant cognitive, physical, social and emotional changes (Feldman & Elliott, 1990; Gething et al., 1995). The brain is still developing through adolescence and into early adulthood (Blakemore & Choudhury, 2006) and a brain injury at this point can have a significant impact. Two key areas have been identified as being particularly relevant to adolescents: friendships and identity.

2.1.5.1 Friendships after ABI. During adolescence, belonging to a group becomes very important. Peer relationships become paramount to the young person and less time is spent with the family (Casey et al., 2008; Steinberg, 2008). Social Identity theory proposes that group membership is intertwined with a person’s self of sense and can have a positive effect on their self-esteem (Tajfel, 1982). On the other hand, negative reactions from peers can negatively affect a person’s sense of identity (Shrauger & Schoeneman, 1979).

Adolescents with ABI can experience more difficulties in friendships when compared to typical adolescents (Tonks et al., 2010). Research has pinpointed difficulties in interpreting both social and emotional cues; essential skills for making and maintaining friendships (Turkstra et al., 2008). In a time period when independence from the family unit is sought, the adolescent with ABI may become more dependent on family members (McCabe & Green, 1987). However, whilst friendship loss occurred for some adolescents with ABI, others reported that their friends were supportive (Gauvin-Lepage & Lefebvre, 2010).

.1.5.2 Identity after ABI. Adolescence is considered to be a crucial period for identity formation (Erikson, 1968; Rutter & Rutter, 1993). According to Erikson’s (1968) stages of psychosocial development, the adolescent’s main task is to explore various identities and to establish their own identity. He referred to this stage of development as identity versus role confusion (Erikson, 1968). ABI can result in changes to an individual's identity (Ownsworth, 2014) and it has been highlighted as a central issue in qualitative accounts of life after ABI (Levack et al., 2010). As Moldover et al. (2004) stated ABI is "not only a neuropathological event but also a unique psychological process with profound implications for identity formation" (Moldover et al., 2004, p. 151).

Despite the importance of identity formation in adolescence, very little research has been carried out in the area of ABI and adolescent identity (Buckeridge et al., 2019; Ownsworth, 2014). A study by Mealings et al. (2020) examined the process of adjustment and identity formation for secondary school and college students with ABI. Their findings indicated that a continuation of the pre-injury self, along with a dynamic process of reflection and adjustment of aspects of self, occurs following ABI (Mealings et al., 2020). More research has been completed around adult identity after ABI and some theories are presented below. Different terms, such as self, self-identity and personhood, are used interchangeably in ABI literature when discussing the concept of identity (Thomas et al., 2014).

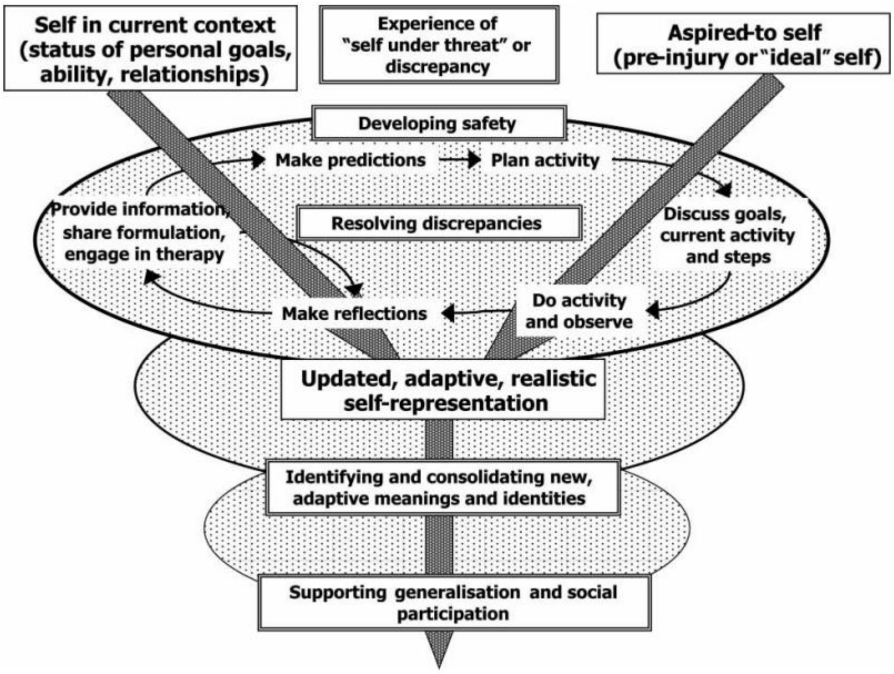
"Loss of Self". Narratives of "loss of self" abound in studies of adult ABI (Gelech & Desjardins, 2011). Nochi (1998) identified three types of loss of self in people's narratives: loss of clear self-knowledge, loss of self by comparison and loss of self in the eyes of others. Loss of clear self-knowledge refers to how one's sense of self can be affected by memory loss or trauma following ABI, whereas loss of self by comparison occurs when comparisons are made to pre-injury self, current self and planned ideal self. A discrepancy between how others see a person with ABI and their own sense of self can result in a loss of self in the eyes of others (Nochi, 1998).

Self-discrepancy Theory. Self-discrepancy theory has been used to explain adult identity construction after ABI (Cantor et al., 2005). According to self-discrepancy theory, a negatively perceived discrepancy between a person’s sense of self and their ideal self can lead to negative emotions (Higgins, 1987). Cantor et al. (2005) adapted this theory specifically for people with ABI by focusing on discrepancies between pre-injury self and post-injury self. Their study found a correlation between affective distress and self-discrepancies based on their pre and post-injury selves.

“Y-Shaped” Process Model of Rehabilitation. The “Y-shaped” model draws on the self-discrepancy model, along with the Interacting Cognitive Subsystems model (Teasdale & Barnard, 1993), self-memory system model (Conway, 2005) and goal process accounts (Carver & Scheier, 1998). The model was developed specifically for individuals with ABI to explain the process of adaption post-injury. It proposed the following stages: experience of self-discrepancies, resolving the discrepancies and adoption of a new identity or rejection of new identity and continued psychological turmoil (Gracey et al., 2009). A visual representation of the model is presented in Figure 2.1.

Figure 2. 1

Y-shaped Model of Rehabilitation (Gracey et al., 2009)



Public and Private Sense of Self. A study by Gelech and Desjardins (2011) rejected the ubiquitous narrative of the lost self. Instead, a distinction was made between private and public aspects of self. The "private aspects of self" encompassed a sense of continuity of the pre-injury self, along with an appreciation of being their own unique person, as opposed to being grouped in with other ABI survivors. In contrast, the "public aspects of self" acknowledged changes in social roles in relationships, workplaces and with friends. These changes to public self were instigated by both the injury and reactions from people around them. These findings are a departure from the theories in the previous section which focus on the "lost self" narrative.

2.1.5.2 Social Identity after ABI. During adolescence, belonging to a group becomes very important. Peer relationships become paramount to the young person and less time is spent with the family (Casey et al., 2008; Steinberg, 2008). Social Identity theory proposes that group membership is intertwined with a person's self of sense and can have a positive effect on their self-esteem (Tajfel, 1982). Some adolescents with ABI can experience friendship loss (Gauvin-Lepage & Lefebvre, 2010). Negative reactions from their peers can affect their sense of identity (Shrauger & Schoeneman, 1979). In a time period when independence from the family unit is sought, the adolescent with ABI may become more dependent on family members (McCabe & Green, 1987).

2.2 Part Two: Education and ABI

The importance of the school setting in the rehabilitation process following ABI is discussed in this section.

2.2.1 ABI from a Disability Paradigm

Having ABI is sometimes considered to be a hidden disability because many of its associated sequelae do not have visible markers (Swift & Wilson, 2001). ABI is conceptualised differently by the various models of disability. An explanation of each model of disability is provided in Table 2.1, along with a synopsis of how it views ABI.

Table 2. 1

Summary of Models of Disability

Model of Disability	Description	How it conceptualises ABI	Criticisms
Medical Model	The medical model of disability, also known as the biomedical or the clinical model, views sickness, disability and illness solely from a biological perspective. Its main focus is on the diagnosis and treatment of a "problem", situated within the adolescent (Haegele & Hodge, 2016). This model regards disability as an "individual defect lodged in the person, a defect that must be cured or eliminated if the person is to achieve full capacity as human being" (Siebers, 2008, p. 3).	According to this model, ABI is a disability that lies within the person.	The model has been critiqued as failing to consider the impact of context, social interactions and individual differences (Haegele & Hodge, 2016; Wade & Halligan, 2017).
Social Model	The social model of disability originated in the 1970s as a reaction to the prevailing medical model (Oliver, 2013). This model views disability as a "social construct" (Mitra, 2006, p. 237). It differentiates between impairment and disability, by proposing that an individual's impairment does not disable them (Shakespeare, 2006). Instead, it argues that it is the systemic barriers in society that cause disability (Garner, 2009).	This model proposes that ABI only becomes a disability as a result of barriers created by society.	One criticism of the model is that it does not fully consider the experience of the individual with a disability (Swart & Greyling, 2011). These criticisms led to the development of a third model, the bio-psychosocial model which encompasses the strengths of the medical and social models.
Bio-psychosocial Model.	The biopsychological model postulates that it is the interaction of biological, psychological and social factors that determines an individual's level of functioning within society (Engel, 1977). This model rejects the notion that disability is located solely within the person or solely within society. It is considered a systems theory due to its focus on the different systems around the individual (Wade & Halligan, 2017).	Under this model, both the individual's experience of ABI and the context in which they are situated would contribute to their disability.	The World Health Organisation's (WHO) International Classification of Functioning (ICF) advocates that health conditions, including ABI, should be understood within the bio-psychosocial framework (WHO, 2001).

2.2.2 ABI from a Systemic Perspective

Previously, ABI was understood solely within a medical model of disability. Systemic models are now considered more useful to conceptualise ABI as they consider the interplay of both intrapersonal factors (cognitive and emotional) and interpersonal factors (family and school) on outcomes (Byard, 2015; McCusker, 2005). Some systemic theories relevant to ABI are discussed in more detail below.

2.2.2.1 Bio-ecological Systems Theory. Bronfenbrenner's (2005) bio-ecological systems theory provides a useful framework to conceptualise the complex nature of human development. The theory recognises the impact of complex and bi-directional interactions between the individual and the different layers of their ever-changing environment on their development over time (Bronfenbrenner, 2005). This theory is a culmination of decades of work by Bronfenbrenner that began with the ecological systems theory (Bronfenbrenner, 1979). The theory is comprised of four distinct elements: process, person, context and time. An explanation of each is presented in Table 2.2. and a visual representation of the model is displayed in Figure 2.2.

Table 2. 2

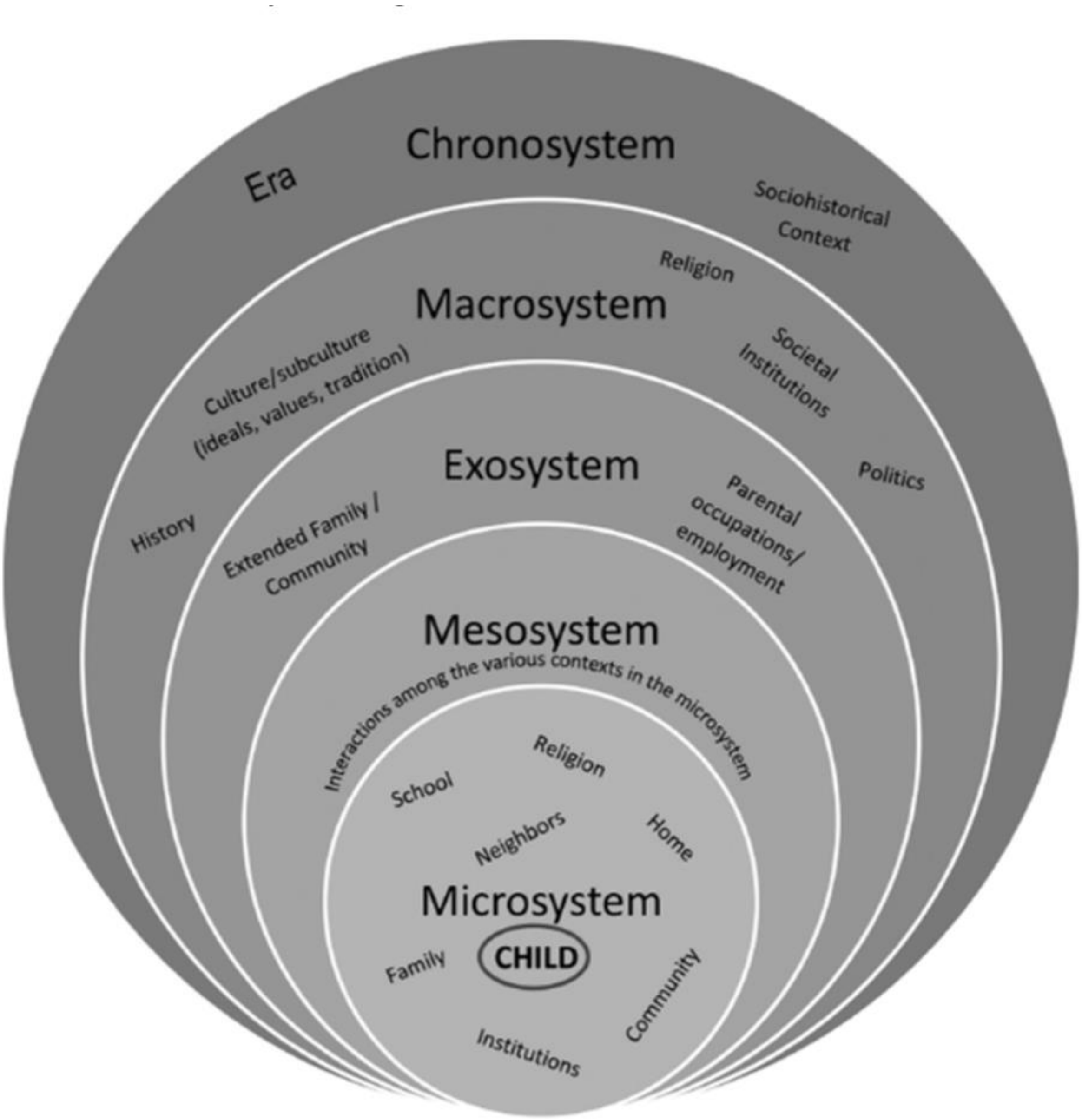
Process, Person, Context and Time Concepts of Bronfenbrenner's (2005) theory

Concept	Explanation
Process	*Process* (proximal processes) is considered the most important element of the model (Tudge et al., 2009). It refers to the interactions between the adolescent and their environment.
Person	*Person* denotes the importance of the biological and genetic traits of the individual adolescent.
Context	C*ontext* signifies the environments in which the adolescent is nested. It consists of the following concentric layers: microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner, 1979, p. 22). The adolescent's immediate environment, such as their home and school, is called the microsystem. Mesosystem refers to the interaction between two or more microsystems (e.g. school and home). It has been referred to as a "system of microsystems" (Bronfenbrenner, 2005, p. 80). The term, exosystem, is used to describe the

Concept	Explanation
	contexts which the adolescent may not be directly exposed to, but may still affect them indirectly (e.g.. their parent's workplace). The cultural context (i.e. societal norms, belief systems or government policies) is referred to as the macrosystem.
Time	The last element, *Time* (chronosystem), represents the influence of time on a person's development (Tudge et al., 2009). The influence of time could refer to the passage of time or historical events or life milestones.

Figure 2. 2

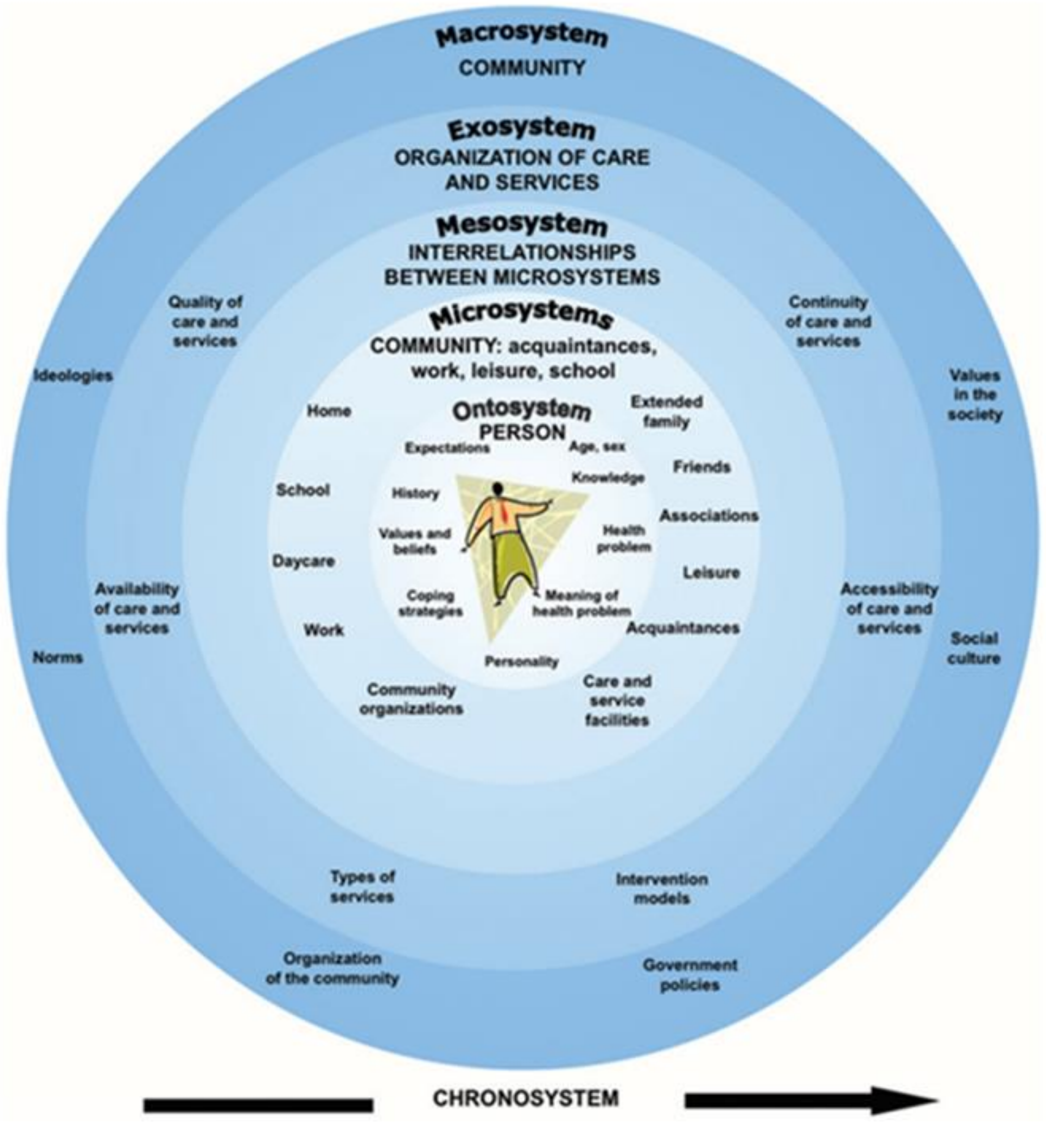
Bronfenbrenner's (2005) Bio-ecological Systems Theory (Adapted from Ebary, 2022)



Bronfenbrenner’s (1979) model has been adapted specifically for individuals with ABI by Lefebvre et al. (2007). The model recognises that recovery after ABI is not solely dependent on within-person factors. Progress is determined by the interplay of the different systems over time in a person’s environment (Lefebvre et al., 2007). It diverts from the original model by including factors that are particularly relevant to an individual with ABI, such as care and service facilities and managing of the health problem. A visual representation of the model is presented in Figure 2.3.

Figure 2. 3

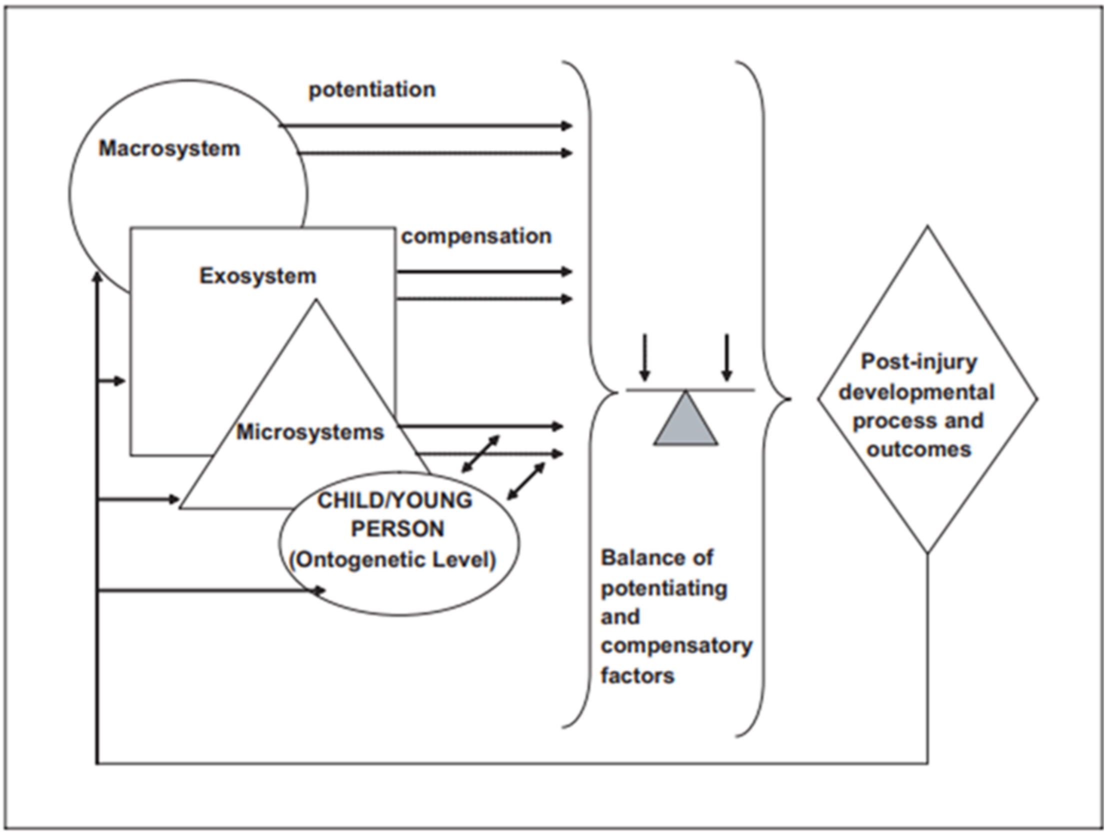
Lefebvre et al.’s (2007) Framework



2.2.2.2 Ecological-transactional Model. The ecological-transactional model is another model that veers away from the medical model. Bronfenbrenner's (1977) earlier work was adapted by Cicchetti et al. (2000) to produce an ecological-transactional model . This model has been used to frame the work of educational psychologists (EP) when undertaking therapeutic work in schools (Dunsmuir & Hardy, 2016; Edmondson & Howe, 2019). Further refinement has been made to the model in order to explain the mediating influences on recovery following ABI in children and adolescents (Bozic & Morris, 2005). According to the model, an adolescent's development is considered the product of the complex interactions of compensatory (protective) factors and potentiating (risk) factors at the different levels of the adolescent's environment. The model is shown below in Figure 2.4.

Figure 2. 4

An Ecological-transactional Model (Bozic & Morris, 2005; Cicchetti et al., 2000)



This model maps slightly differently than Bronfenbrenner’s (1977) model (Cicchetti & Lynch, 1993). Ontogenic factors relate to the adolescent’s individual characteristics, whilst microsystemic factors refer to the individual’s immediate environments, such as family or classroom. In a divergence from Bronfenbrenner’s (1977, 2005) model, exosystemic factors comprise of both direct and indirect influences in the local community such as hospitals, schools and services and also, take into account their interconnection. The macrosystemic factors are concerned with the prevailing cultural beliefs and values. For example, a lack of pre-injury learning difficulties, a supportive family environment and a coordinated approach between health and education professionals may all be considered to be compensatory (protective) factors and lead to a favourable outcome. On the other hand, potentiating (risk) factors such as a severe ABI, earlier age of injury and a lack of community awareness about ABI may work together to slow progress (Bozic & Morris, 2005).

In contrast to the medical model, all three systemic theories argue that the ongoing interactions between the adolescent and their multiple environments play a crucial role in their development. A systemic approach recognises the heterogeneous nature of brain injury, in terms of site, severity of and age at injury and also, the role of family and rehabilitation services. Choosing a systemic perspective over a “within-child” lens of ABI is important as it influences how adolescents with ABI are supported following their injury. EP practice has long discarded the view of disability as being solely located within the child (Cameron, 2006). Viewing ABI through a systemic lens is congruent with the work of the EP.

2.2.3 School as Rehabilitation

The rehabilitation process is different for adults and adolescents with ABI. For adults with ABI, rehabilitation aims to recover lost skills (Chua et al., 2007). The brains of children and adolescents are still developing until early adulthood (Anderson & Catroppa, 2006;

Marino et al., 2018) and as a result, their rehabilitation also involves monitoring the acquisition of new skills and developmental milestones (Gosling, 2015).

The importance of contextual factors in the rehabilitation process has been stressed by systemic approaches and ABI literature (Ciccia & Threats, 2015; Gosling, 2015). A model of context-specific rehabilitation has been proposed in which rehabilitation is embedded within the adolescent’s everyday life (Ylvisaker, 2003). The process is supported by the everyday people in the home and school settings, with consultative support from specialists (Braga et al., 2005; Ylvisaker et al., 2005). Ylvisaker et al. (2005) stated that:

> the goal is to organize the routines of life at school and home to facilitate the child’s successful participation in school and other culturally valued activities, and within that participation, improvement of cognitive processes and compensatory strategic behaviour. (Ylvisaker et al., 2005, p. 99)

Several studies have demonstrated that family involvement in the rehabilitation programme led to better results in terms of behavioural and cognitive outcomes, in comparison to just clinic-based interventions (Slomine & Locascio, 2009; Wade et al., 2006), providing evidence that intervention based in the adolescent’s every-day life is more effective (Forsyth & Kirkham, 2012).

Along with the family, the school is another key setting that plays an important role in the rehabilitation process (Ball & Howe, 2013; DePompei & Tyler, 2017; McCusker, 2005; McDougall et al., 2006; Slomine & Locascio, 2009; Ylvisaker et al., 2005). Schools can offer structure and support to a young person with ABI (Hawley, 2005; Linden et al., 2013). Teachers meet their students on a daily basis and as a result, are in a good position to provide targeted interventions and to regularly monitor progress (Buckeridge et al., 2020; Limond & Leeke, 2005; Vu et al., 2011). Given that the children and adolescents with ABI spend more time in the school setting than in acute rehabilitation, the school becomes the “rehabilitative home” following ABI (Ciccia & Threats, 2015, p. 446).

2.2.4 Inclusion and Participation of Adolescents with ABI in Education

Since schools play a crucial role in the rehabilitation process, it is necessary to examine how schools support adolescents with ABI. Two constructs that are relevant to adolescents with ABI in the school setting are explored here: inclusion and participation. Whilst the term, inclusion, is used to describe the process of including or enabling adolescents with ABI to partake in mainstream education, participation refers to actually taking part (Davies & Hill, 2006).

2.2.4.1 Inclusion. Even though inclusion is now a central component of education systems around the world, there is no general consensus as to what exactly inclusion means (Norwich, 2014). At its basic level, inclusion advocates that students with disabilities “have access to the general education curriculum, participate in school activities alongside students without disabilities, and attend their neighborhood school” (Bryant et al., 2019, p. 810). Successful inclusion involves not just the presence of students with disabilities in the mainstream classroom, but also their acceptance, participation and achievement (Ainscow et al., 2006). The underlying core belief of inclusion is equal rights to education, as advocated by the United Nations Educational, Scientific and Cultural Organization’s (UNESCO) (2005) Guidelines for Inclusion (Rouse & Florian, 1996; UNESCO, 2005). Similar to the plethora of definitions available, various models of inclusion also exist (see Lipsky & Gartner, 1996; Loreman, 2007). Within the Irish context, Kinsella (2020) put forward a conceptual model of inclusion with roots in organisational psychology and systems thinking. It identifies five core processes required for inclusion within a school: communication, consultation, collaboration, coordination, and collaborative enquiry (Kinsella, 2020). All of the models highlight how the process of inclusion necessitates “processes of social learning within particular organisational contexts” (Ainscow & Sandill, 2010, p. 404). Teacher attitudes are very important in the process of inclusion (Lindsay, 2007), along with commitment and strong leadership from school principals and management (Woodcock & Woolfson, 2019). Inclusive practices in schools are required to support the return to school following ABI.

2.2.4.2 Participation. Participation has been defined by the WHO as “involvement in a life situation” (WHO, 2001, p. 9). This situation could refer to the home, school or community setting. It is a construct in the International Classification of Functioning, Disability and Health – Children and Youth (ICF-CY) framework (WHO, 2007). This framework considers the interrelationship between environmental and personal factors, body functions and structures, activities and participation. Within the constructs of activity and participation, nine domains have been identified: learning and applying knowledge; general tasks and demands; communication; mobility; self-care; domestic life; interpersonal interactions and relationships; major life areas; and community, social and civic life (WHO, 2007). The goal of inclusion is to enable the participation of adolescents with ABI in the school setting.

2.2.5 Educational Policy and Provision for the Inclusion of Adolescents with ABI

School systems around the world respond differently in their efforts to include adolescents with ABI in the school setting. The educational policy and provision within Ireland and two other countries is presented in Table 2.3. The rationale for choosing the USA and the UK as the international contexts was due to the large proportion of ABI literature that is generated in those two countries.

Table 2. 3

Overview of Educational Policy and Provision for Students with ABI in Different Contexts

	Ireland	UK	USA
Educational policy and provision	ABI is not a distinct disability category within the Irish educational system (National Council for Special Education, 2021). Between 2005 and 2016, the National Council for Special Education (NCSE) published the numbers of students according to their disability who accessed special education teaching on an annual basis (National Council for Special Education, 2022b). No information was listed regarding students with ABI. Under circulars 0014/2017 and 0013/2017, schools were given the autonomy to allocate special education teaching resources based on needs rather than on a disability categories (Department of Education and Skills, 2017a, 2017b).	ABI is not considered a disability category in the United Kingdom. A report completed by the All-party Parliamentary Group on ABI has recommended that ABI should be included as a category in the statutory Special Educational Needs and Disabilities (SEND) Code of Practice (All-Party Parliamentary Group on Acquired Brain Injury, 2018).	In 1990, TBI was added as a distinct category of disability under the Individuals with Disabilities Education Act (Government of United States of America, 1990). Under this Act, all public schools in America are obligated by law to provide special education services, including an Individual Education Plan (IEP), to students with TBI. Students with TBI working at or near grade level may qualify for a 504 plan instead of an IEP, which entitles them to supports, such as assistive technology, environmental modifications or a modified timetable. Students with non-traumatic ABI may qualify for support under the Other Health Impaired category (Risen et al., 2019).
National policy on ABI	In 2019, an implementation framework for the national strategy and policy for the provision of neuro-rehabilitation services for adults with ABI was published. It noted that current adult services in the community are fragmented and recommended the development of community neuro-rehabilitation teams within the 2019 to 2021	The development of a national cross-departmental strategy to meet the needs of adults and children with ABI has been initiated. It is currently at the "Call for Evidence" stage (Department of Health and Social Care UK, 2022) (The United Kingdom Acquired Brain	Since 2014, legislation has been enacted in every state in regard to youth sports concussion. These Return to Play laws vary from state to state but all involve concussion awareness for parents and student athletes, removal from play after a suspected concussion and some kind of medical clearance before returning to play (Lowrey, 2015). A small percentage of states have added on Return

	Ireland	UK	USA
	timeframe (Health Service Executive, 2019).	Injury Forum, 2021a).	to School protocols to their concussion legislation (Potteiger et al., 2018).
Specialist provision and training	Currently, adolescents with ABI can access community disability teams, dependent on their needs. The creation of paediatric community rehabilitation teams was recommended the National Model of Care for Paediatric Healthcare Services in Ireland (Health Service Executive, 2016). The paediatric team in the National Rehabilitation Hospital liaises with schools around the needs of children and adolescents attending their service (National Rehabilitation Hospital, 2020) The NCSE currently offers one-day training to teachers who have a student in their class with ABI and in-school support from an ABI specialist teacher on request (National Council for Special Education, 2022a, 2022c)	An outcome of the All-party Parliamentary Group on ABI report was the establishment of the National ABI Learning and Education Syndicate (NABLES). The aim of this group is to increase awareness of the impact of ABI within the education system amongst educators and policymakers (The United Kingdom Acquired Brain Injury Forum, 2021b). Across the UK, a charity called Child Brain Injury Trust provides support to schools around individual children and young people with ABI a referral based system (Child Brain Injury Trust, 2021). This charity provides online training to teachers and SNAs.	Certain states have specialist support teams that work in schools. Three examples are presented below. The Central Oregon TBI team (Oregon Department of Education) has provided specialist provision to schools in Oregon since 1994 (Anderson et al., 2021). Elements of their model include acting as a link between the acute setting and the school, tracking the student’s progress, teacher training and sharing evidence-based practices. The Nebraska Department of Education has developed Brain Injury Regional School Support Teams across the state based on work in Colorado and Oregon (Nebraska Department of Education, 2021). In Pennsylvania, a service called BrainSTEPS (Strategies Teaching Educators, Parents, and Students) was developed by Brain Injury Association of Pennsylvania in conjunction with the state’s Department of Education in 2007 (BrainSTEPS, 2021). Its goal is to support schools and parents in the education of a student with ABI until they graduate.

When comparing the three contexts, it seems that there is some variance in terms of policy and provision for children and adolescents with ABI in the different education systems.

2.2.6 Barriers to Inclusion

Various recommendations on how to include adolescents with ABI have been developed. Three sets of recommendations are displayed in Table 2.4.

Table 2. 4

A Summary of Recommendations for the Inclusion of Students with ABI

Study	Type of recommendations	Recommendations
Deidrick & Farmer (2005)	Successful school re-entry programme	• assessment • multidisciplinary teaming • facilitation of peer interactions • planning for provision and withdrawal of support
Dettmer et al. (2014)	White paper on state-wide educational infrastructure to support students with ABI	• identification, screening, and assessment practices • systematic communication between medical and educational systems • tracking of child's progress over time • professional development for school personnel
Anderson et al. (2021)	Central Oregon TBI team model	• systematic communication between medical and educational systems • tracking of child's progress • professional development for school personnel • evidence-informed practices

Even though good practice guidelines have been developed, the literature has identified that the school return and fitting back into school can be problematic (McKinlay et al., 2016). A summary of possible barriers is presented in the table below, grouped according to the recommendations.

Table 2. 5

A Summary of Possible Barriers to Inclusion

Recommendations grouped together	Barriers
1. Assessment (Deidrick & Farmer, 2005) Identification, screening, and assessment practices (Dettmer et al., 2014) Tracking of child's progress over time (Anderson et al., 2021; Dettmer et al., 2014)	Teachers may not be aware that a student in their class has ABI (Hawley et al., 2004). Students with ABI may be misidentified as having learning disabilities or behavioural or emotional difficulties (Glang et al., 2015).
2. Multidisciplinary teaming (Deidrick & Farmer, 2005)	At hospital discharge, adolescents may not be referred on to potentially beneficial services (Discala et al., 1997).
3. Facilitation of peer interactions (Deidrick & Farmer, 2005)	Parents may not be aware of the need for accommodations or special education support following ABI (Gfroerer et al., 2008).
4. Planning for provision and withdrawal of support (Deidrick & Farmer, 2005)	
5. Systematic communication between medical and educational systems (Anderson et al., 2021; Deidrick & Farmer, 2005)	Hospital-school links can be poor, resulting in information not being transferred between settings (Dodd et al., 2019; Glang et al., 2004; Glang et al., 2018). Parents may not always seek medical advice if their child sustains a head injury (Lumba-Brown et al., 2018).
6. Professional development for school personnel (Anderson et al., 2021; Dettmer et al., 2014)	Studies from USA, New Zealand, Australia and Northern Ireland demonstrated that teachers' knowledge of ABI is limited (Case et al., 2017; Ettel et al., 2016; Kahn et al., 2018; Linden et al., 2013). Studies involving speech and language therapists (Evans et al., 2009) and school psychologists (Bozic & Morris, 2005; Hooper, 2006) also suggest a lack of awareness amongst other professionals.
7. Evidence-informed practices (Anderson et al., 2021)	

2.2.7 Perspectives on the Experience of School following ABI

Much of the research about adolescent's experience of school after ABI has not included their voice (Boylan et al., 2009). In order to fully support adolescents with ABI in school, we need to learn more about their experiences of school from their perspective. The experiences of parents and teachers are also valuable as they are critical stakeholders in the inclusion process (Gfrorer et al., 2008). Synthesising and understanding the experiences of these three key stakeholders can help us to understand the experience of school and to identify any gaps in knowledge in this area. Qualitative evidence can offer an in-depth understanding of an experience (Spencer et al., 2003). Thus, a systematic review of qualitative evidence regarding the experience of school following ABI was undertaken.

2.3. Part Three: Systematic Review

2.3.1 Introduction

Systematic reviews are deemed to be the gold standard in systematically collecting, evaluating and synthesising a body of literature in order to answer a specific question (Munn et al., 2018). The goal is to view evidence from the mindset of a judge and jury, in contrast to a lawyer focusing on one side of the argument (Baumeister, 2013). A qualitative systematic review was chosen as the most effective method to attain a better understanding of the experience of school following ABI. The review question was developed using the PICo (population, the phenomena of interest and the context) format for qualitative systematic reviews, as proposed by Lockwood et al. (2015) . The review question is as follows:

> *What do we know about the experience of school following ABI from the perspective of adolescents with ABI, their parents and teachers?*

2.3.2 Methodology

The Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) statement was used as a guide to frame this systematic review (Tong et al., 2012) (Appendix A). This statement offers guidelines to the researcher on how to report the synthesis of qualitative research in systematic reviews.

2.3.2.1 Search Strategy. A comprehensive literature search was undertaken on the 15th of July 2021, using the following electronic databases: PsychINFO, PsychARTICLES, ERIC EBSCO, MEDLINE and CINAHL. A second search was completed on the 28th of December 2021 and it yielded similar results. The search terms are presented in Table 2.6.

Table 2. 6

Search Terms

Search terms						
paediatric brain injury OR acquired brain injury OR brain injury OR head injury OR traumatic brain injury OR TBI OR ABI	AND	experiences OR perceptions OR perspectives	AND	adolescents OR teenagers OR parents OR mother OR father OR caregivers OR teachers OR educators OR school staff	AND	school

2.3.2.2 Study Selection Results. Following a literature search using the search items, 1,655 studies were generated. Duplicates were removed (n=31). The inclusion and exclusion criteria (Table 2.7) were applied using filters (i.e. language, peer-reviewed, year of publication, study design) on the search engine and 103 studies remained. After title screening using the criteria outlined in Table 2.2, 62 articles were removed. Another 26 were excluded following abstract screening. In total, 11 studies were subject to a full-text screening and four of these studies met the inclusion criteria. Three further studies were identified following reference chaining (Bate et al., 2021; Mealings et al., 2017; Rødset, 2008). The process is presented visually in a Preferred Reporting Items for Systematic reviews and Meta-Analyse (PRISMA) flowchart (Moher et al., 2009) (Figure 2.5). In total, seven studies were identified for inclusion in the review (Table 2.8). A list of the excluded studies, along with a rationale for their exclusion, is provided in Appendix B.

Table 2. 7

Inclusion and Exclusion Criteria

	Criteria	Inclusion criteria	Exclusion criteria	Rationale
1.	Type of publication	The study was published in a peer-reviewed journal.	The study not published in a peer-reviewed article.	Peer-reviewed studies are evaluated by independent assessors as having achieved a high level of quality.
2.	Year of study	The study took place between 2002 and 2022 inclusive.	The study took place before 2002.	The most up-to date research will be included to account for developments in the field and ensure relevance to psychologists' current practice.
3.	Language	The study was written in English.	The study was not written in English.	The author can only review studies written in the English language and the use of a translation service was not feasible within the study timeline.
4.	Study design	Qualitative or Mixed Design with a strong qualitative component	Quantitative	Qualitative studies are best placed to answer questions about experiences.
5.	Focus of study: experience of school	At least half of the results section of the study relates to the experience of school following ABI.	Less than half of the results section of the study is related to the experience of school following ABI.	The review question asks about the experience of school.
6.	Focus of the study: person with ABI	Half or more of the persons with ABI are aged between 10 and 19 years inclusive at the time of interview. Half or more are assessed as having moderate or severe ABI.	Half or more of the persons with ABI are aged outside of the 10 to 19 age bracket. Half or more are assessed as having mild ABI or concussion.	The review question focuses on adolescents with ABI. An adolescent is defined by the WHO as being aged between 10-19 years (WHO, 2020)
7.	Participants in the study	The study includes the voice of any of the following groups: adolescents with ABI or the parents or caregivers of an adolescent with ABI or teachers of adolescents with ABI	The study does not include the voice of any of the following groups: adolescents with ABI or the parents or caregivers of an adolescent with ABI or teachers of adolescents with ABI	The review question asks about the experience of adolescents with ABI, parents or teachers.

Figure 2. 5

PRISMA Flowchart of the Literature Search (adapted from Moher et al., 2009)

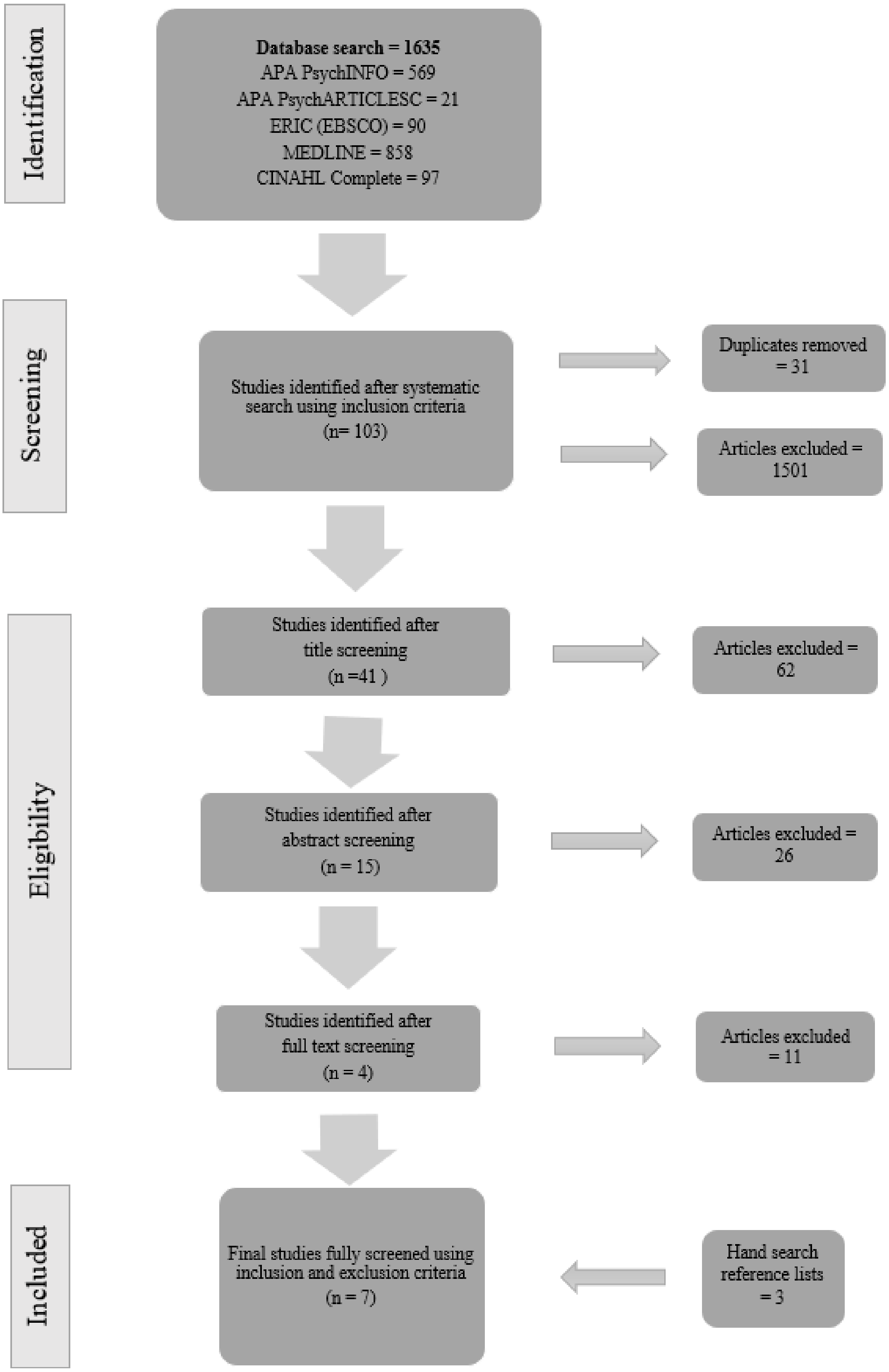


Table 2. 8

List of Studies Included in this Review

	Full reference of study
1.	Bate, C., Turner, K., & Fricke, S. (2021). Return to school after acquired brain injury in the UK–the educators' perspectives. *Journal of Research in Special Educational Needs*.
2.	Jacobs- Nzuzi Khuabi, L. A., Swart, E., & Soeker, M. S. (2019). A service user perspective informing the role of occupational therapy in school transition practice for high school learners with TBI: An African perspective. *Occupational Therapy International, 2019*.
3.	Mealings, M., & Douglas, J. (2010). “School's a big part of your life…”: Adolescent perspectives of their school participation following traumatic brain injury. *Brain Impairment*, *11*(1), 1-16.
4.	Mealings, M., Douglas, J., & Olver, J. (2017). Beyond academic performance: Practice implications for working with students following traumatic brain injury. *International Journal of Speech-Language Pathology*, *19*(5), 441-453.
5.	Rødset, M. (2008). Adolescents with traumatic brain injury and their school situation: A qualitative study. *Scandinavian Journal of Disability Research*, 10(2), 90-103.
6.	Roscigno, C. I., Fleig, D. K., & Knafl, K. A. (2015). Parent management of the school reintegration needs of children and youth following moderate or severe traumatic brain injury. *Disability and Rehabilitation*, *37*(6), 523-533.
7.	Sharp, N. L., Bye, R. A., Llewellyn, G. M., & Cusick, A. (2006). Fitting back in: Adolescents returning to school after severe acquired brain injury. *Disability and Rehabilitation*, *28*(12), 767-778.

2.3.2.3 Study Characteristics. The key features of each study are presented in Appendix C. The studies originated from Australia (n=3), USA (n=1), UK (n=1), Norway (n=1) and South Africa (n=1). All of the studies were qualitative in design and used semi-structured interviews to collect their data. One study also carried out observations and reviewed school documents (Jacobs-Nzuzi Khuabi et al., 2019). Two studies involved the secondary analysis of data from a primary study (Mealings et al., 2017; Roscigno et al., 2015). Grounded theory was the most popular method of data analysis (Mealings & Douglas, 2010; Mealings et al., 2017; Sharp et al., 2006), with thematic analysis (Bate et al., 2021), text analysis (Rødset, 2008), content analysis (Roscigno et al., 2015) and the analytic method (Jacobs-Nzuzi Khuabi et al., 2019) also being used. The total sample size across the studies was 106 (excluding the secondary analysis studies). The following perspectives were gained: adolescents with ABI (n=24), a young adult with ABI (n=1), parents, siblings, post-primary school teachers, primary school teachers, principals, a head of year (n=1), Special Educational Needs Coordinators (SENCOs) (n=5) and Special Needs Assistants (SNAs) (n=2). It was difficult to ascertain the size of every subgroup as many of the studies did not specify how many were in each (Jacobs-Nzuzi Khuabi et al., 2019; Roscigno et al., 2015; Sharp et al., 2006).

2.3.2.4 Critical Appraisal of Studies for Quality and Relevance. The included studies were evaluated using Gough’s (2007) weight of evidence framework. Each study was assessed and given a weighting in the following areas: methodological quality (WoE A), methodological relevance to the review question (WoE B) and relevance to the review question (WoE C) (Appendices D, E and F). The average of the three scores was calculated to provide an overall weighting (WoE D) for each study. The scores for each study are displayed in Table 2.9.

Table 2. 9

Weight of Evidence Ratings Studies

Studies	WoE A Methodological quality	WoE B Methodological relevance	WoE C Relevance of evidence to review question	WoE D Overall weighting
Bate et al. (2021)	2 (Medium)	2.5 (High)	2 (Medium)	2.1 (Medium)
Jacobs-Nzuzi Khuabi et al. (2019)	3 (High)	2.5 (High)	2.5 (High)	2.6 (High)
Mealings and Douglas (2010)	2 (Medium)	2.5 (High)	3 (High)	2.5 (High)
Mealings et al. (2017)	1 (Low)	1.5 (Low)	3 (High)	1.8 (Medium)
Rødset (2008)	1 (Low)	2.5 (High)	2.5 (High)	2 (Medium)
Roscigno et al. (2015)	2 (Medium)	1.5 (Low)	3 (High)	2.1 (Medium)
Sharp et al. (2006)	2 (Medium)	2.5 (High)	2.5 (High)	2.3 (High)

Low = ≤ 1.69, Medium = 1.70 – 2.29, High ≥ 2.3

Choosing a tool to assess the methodological quality (WoE A) of qualitative studies can be a “bewildering task” for a researcher (Soilemezi & Linceviciute, 2018, p. 8) due to the copious number of available tools (Centre for Reviews and Dissemination, 2008) and to the ongoing debate about whether one single tool can assess all types of qualitative studies (Atkins et al., 2008; Tong et al., 2012). Various tools were considered, such as the Critical Appraisal Skills Programme (CASP) (Critical Appraisal Skills Programme, 2018). This tool is widely used in systematic reviews (Hannes & Macaitis, 2012) and examines the underlying principles and assumptions of research studies (Tong et al., 2012). However, it has been evaluated as not being as sensitive to validity in comparison to other tools (Hannes et al., 2010). The Quality Framework (Spencer et al., 2003) has been criticised as being overly complex and lengthy for reviewers (Dixon-Woods et al., 2007b). After deliberation, an adapted version of the McMasters Critical Review form: Qualitative Studies (Letts et al.,

2007) was utilised for assessing the methodological quality of the studies (Appendix D). It is used extensively (Ducat & Kumar, 2015) and contains specific questions on methodology. No studies were excluded due to a low rating in methodological quality. As Pawson (2006) stated " there are often nuggets of wisdom in methodologically weak studies and systematic review disregards at their peril" (Pawson, 2006, p. 127).

WoE B evaluates the effectiveness of the study design in answering the review question (Gough, 2007). Researchers are advised against using one standard hierarchy of evidence to answer every type of review question (Noyes, 2010; Petticrew & Roberts, 2003), such as one that places randomised control trials above all other types of evidence (Guyatt et al., 1995). For this study, different hierarchies of evidence for review questions about views and experiences were considered (Daly et al., 2007; Noyes, 2010). A levels of evidence hierarchy by French et al. (2008), as cited in Keetley et al. (2019), was chosen and adapted for this study (Appendix E).

WoE C focuses on the relevance of the study to the review question. Review specific criteria were developed by the researcher for evaluating WoE C. Two specific areas were targeted: how much focus was given to the experience of school in the study and how many participants in the study were adolescents with ABI, parents of adolescents with ABI or teachers of students with ABI. Further details on the criteria are provided in Appendix F.

Methodological Quality (WoE A). Overall, only one study achieved a high rating for their methodological quality (Jacobs-Nzuzi Khuabi et al., 2019). Two received a low rating (Mealings et al., 2017; Rødset, 2008) whilst four were awarded a medium rating (Bate et al., 2021; Mealings & Douglas, 2010; Roscigno et al., 2015; Sharp et al., 2006). The methodological strengths and weaknesses of the studies will now be presented.*Sampling*. Only one study explained the process of purposeful selection clearly and completely (Jacobs-

Nzuzi Khuabi et al., 2019). One study did not specify the inclusion criteria for the person with ABI (Mealings & Douglas, 2010). Others provided only a one sentence description of the process or no description at all (Rødset, 2008; Roscigno et al., 2015). Informed consent was addressed by all of the studies. However, it was not explicitly stated in the secondary analysis studies (Mealings et al., 2017; Roscigno et al., 2015) whether informed consent was just gained in the original project or if it was also sought for the secondary analysis . Only some of the studies noted that data saturation had been achieved (Jacobs-Nzuzi Khuabi et al., 2019; Roscigno et al., 2015).

Overall rigour. In order to assess the rigour of the studies, Lincoln and Guba's (1985) criteria of trustworthiness for qualitative research were applied. The majority of the studies ensured the credibility of their research by employing techniques, such as member checks, peer debriefing and using multiple coders. Member checks, considered to be the "heart of credibility" (Anney, 2014), was used in five of the studies. Transferability was achieved in about half of the studies. All of the studies supplied a thick description of the participants, with the exception of Jacobs-Nzuzi Khuabi et al. (2019) and Rødset (2008). Some did not state the number of participants in a subgroup. Two studies did not provide an adequate description of the context (Mealings et al., 2017; Roscigno et al., 2015). Interestingly, both of these studies entailed the secondary analysis of data. Dependability can be enhanced by the use of an audit trail (Lincoln & Guba, 1985), but only two studies utilised one (Jacobs-Nzuzi Khuabi et al., 2019; Roscigno et al., 2015). To establish confirmability, one study triangulated their data by including field notes, memos or logbooks (Mealings et al., 2017). One study not only triangulated their data but also, practised source triangulation (Patton, 1999) whereby different perspectives were incorporated into the study (Jacobs-Nzuzi Khuabi et al., 2019). One study did not specify any techniques to demonstrate trustworthiness and was marked negatively as a result (Rødset, 2008).

Reflexivity. Reflexivity can be referred to as the “process of a continual internal dialogue and critical self-evaluation of researcher’s positionality as well as the active acknowledgement and explicit recognition that this position may affect the process and outcome” (Berger, 2015, p. 220). A lack of reflexivity was evident across all studies, which was surprising considering the central role reflexivity plays in qualitative research (Finlay, 1998). A major weakness across all of the studies was a limited description of the researcher’s assumptions and biases. Out of the seven studies, only one researcher used a reflective journal (Sharp et al., 2006).

Methodological Relevance (WoE B). Five of the included studies obtained a high rating for methodological relevance, indicating their methodologies are appropriate for answering the review question. Two studies received a low rating (Mealings et al., 2017; Roscigno et al., 2015). Every study received a medium score for the first criterion regarding their choice of study design. Under French et al.’s (2008) levels of evidence, only systematic reviews are awarded the highest rating. Three systematic reviews on the return to school (Andersson et al., 2016; Hartman et al., 2015a; Hartman et al., 2015b) were excluded from this review as some of their included studies were published prior to 2002 (Exclusion Criteria 2). The second criterion was concerned with the analysis of data. Mealings et al. (2017) carried out a secondary analysis on data that was seven years old and this impacted negatively on their rating. Their findings will be less useful as the educational landscape will have changed in that time period. Likewise, Roscigno et al. (2015) was given a low rating for this criterion as their analysis took place four years after the data collection.

Relevance of Evidence to Review Question (WoE C).Under the criteria for topic relevance, six studies were considered to be very relevant to the review question (Jacobs-Nzuzi Khuabi et al., 2019; Mealings & Douglas, 2010; Mealings et al., 2017; Rødset, 2008; Roscigno et al., 2015; Sharp et al., 2006). These studies scored highly on the two WoE C criteria; they focused solely on the experience of school and their samples consisted of only adolescents with ABI, parents or teachers. One study received a medium WoE C rating (Bate et al., 2021). This study achieved a high rating for the WoE C criteria concerning the study focus. However, its scored lower on the second WoE C criteria in relation to its sample; only one of the ten educators interviewed was a secondary school teacher. Two other studies did not fulfil the criteria regarding the composition of the sample and this impacted negatively on their WoE C score (Jacobs-Nzuzi Khuabi et al., 2019; Sharp et al., 2006). The studies did not specify how many participants were in the subgroups in their sample. For example, it was not clear how many siblings took part in the Sharp et al. (2006) study.

From the information given in the studies, it appears that the experiences of 26 adolescents, 50 parents and nine teachers were represented overall. It is encouraging that about a third of the sample were adolescents, given that the literature advocates for the inclusion of the voice of children and adolescents in ABI research (Gfrorer et al., 2008; Vanclooster et al., 2018).

Overall Weighting (WoE D).The Gough (2007) framework can help us to identify which studies can answer the review question most effectively. From analysing the results, it is clear that three studies (Jacobs-Nzuzi Khuabi et al., 2019; Mealings & Douglas, 2010; Sharp et al., 2006) are in an excellent position to effectively answer the review question. Additionally, the four other studies received an overall medium rating, indicating their findings would answer the review question effectively. As all of the studies were judged to be of high or medium quality, it was appropriate to synthesise their findings using thematic synthesis.

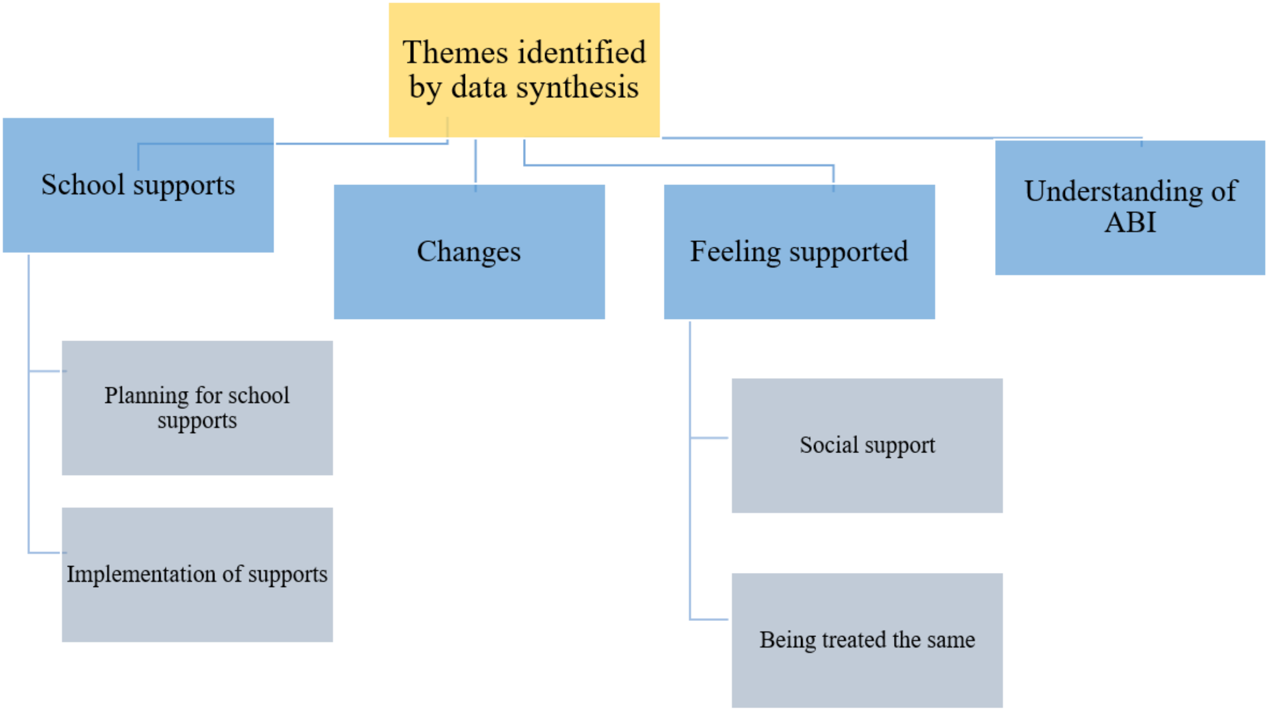
2.3.2.5. Data Synthesis. The synthesis of qualitative findings is sometimes referred to as a “black box” (Dixon-Woods et al., 2007a). Many reviewers do not state which method of synthesis they employ and when it is specified, the researchers may not adhere to the methodology (Hannes & Macaitis, 2012). A growing number of methods of synthesis have emerged (Barnett-Page & Thomas, 2009). Choosing the most appropriate method depends on different factors (Booth et al., 2016a). Thematic synthesis (Thomas & Harden, 2008) was chosen as the method of synthesis for this study as it has been used previously in systematic reviews that focus on people's experiences (Booth et al., 2016b). It was decided that the results sections of each study would be included in the synthesis, similar to Thomas and Harden (2008). Three stages were involved in the data synthesis (see Appendix G for a worked sample). First, all of the data from the results sections was coded line by line. The second stage involved the development of descriptive themes. Lastly, analytical themes were generated.

2.3.3 Results

In order to answer the review question "What do we know about the experience of school following ABI from the perspective of adolescents with ABI, their parents and teachers?", a synthesis of findings from the included studies was carried out. At the end of the process, four main themes were identified as being important to adolescents with ABI, parents and teachers: school supports; changes; feeling supported; and understanding of ABI, as illustrated in Figure 2.6.

Figure 2. 6

Themes from Data Synthesis



2.3.3.1 School Supports. One of the main themes centred on school supports. Two subthemes were identified in the data: planning for the school supports and implementation of supports.

Planning for Supports. The adolescents, parents and teachers reported both positive and negative experiences of planning supports in the school setting. Some participants experienced planning meetings prior to the return to school (Mealings & Douglas, 2010; Mealings et al., 2017) or planning meetings with rehabilitation team or ABI specialists (Roscigno et al., 2015). One adolescent was involved in the planning:

> “I met with the principal and you [researcher/speech pathologist] and that was really helpful as well, just sort of organising what was going to happen, sort of had a bit of structure to go back and have a try of certain things” (Mealings & Douglas, 2010).

However, for other participants, planning for supports was minimal or non-existent (Bate et al., 2021; Jacobs-Nzuzi Khuabi et al., 2019). Some adolescents just went back to school (Jacobs-Nzuzi Khuabi et al., 2019). Parents in Sharp et al. (2006) reported that the classroom teachers did not attend the planning meetings and felt that the supports did not transpire in the classroom setting as a result. Some teachers confirmed that they did not attend such meetings and in some cases, were not briefed about the adolescent's needs until weeks after the adolescent had returned to school (Bate et al., 2021). Some parents felt that they needed to lobby for supports and even had to remind schools of their moral obligation to cater for their children (Roscigno et al., 2015).

Implementation of Supports. Accommodations, strategies and supports across the studies included the following: a graded return to school; individualised timetables; preferential seating; support with social interactions; organisational support; teacher aide; reduction in subject load; modified curriculum; peer support; extra classes; reduction in learner-teacher ratio; extra time for tests; use of scribes; special arranges for examinations; use of open book in exams; and IEPs (Bate et al., 2021; Jacobs-Nzuzi Khuabi et al., 2019; Mealings & Douglas, 2010; Rødset, 2008; Roscigno et al., 2015; Sharp et al., 2006). It was clear that parents experienced varying levels of school support. Some parents felt this support was contingent on the school's understanding of brain injury or on the circumstances of the injury (Jacobs-Nzuzi Khuabi et al., 2019). Sometimes, there was a delay in the supports being implemented (Rødset, 2008). Alarmingly, some participants revealed that the teacher was not aware that there was a student in their class with ABI. In Bate et al.'s (2021) study, two class teachers reported that they were not informed for weeks about a student with ABI in their class. An adolescent in the Mealings et al. (2017) study noted: "I notice the teachers haven't been told, you can tell the difference the way they treat me" (p.444). Another parent commented that she felt a teacher did not know who her child was (Sharp et al., 2006).

Teachers in the Bate et al. (2021) study commented on the need to continually change and review the accommodations and teaching strategies that were in place in order to best support the student. One teacher was quoted as saying that it was a case of “learn as you go along, really” (p.6). Other teachers spoke about the effectiveness of teaching strategies that were already in place for other students with additional needs.

> at the beginning I thought it was a completely unique experience and that was very scary; of course .... it is unique in terms of what happened, but the similarities for teaching and planning around a special needs child... have now made us feel more comfortable. (Bate et al., 2021, p. 7)

Having specific input from their SENCO and ABI specialist about particular students with ABI was considered to be very helpful by the teachers.

Parents in the Roscigno et al. (2015) study reported that family stress lessened when school supports were put in place. One parent added that the school principal was instrumental in the implementation of supports (Roscigno et al., 2015).

2.3.3.2 Changes. The theme of changes is common across the studies (Bate et al., 2021; Jacobs-Nzuzi Khuabi et al., 2019; Mealings & Douglas, 2010; Mealings et al., 2017; Rødset, 2008). Changes to academic ability, behaviour, social skills, cognitive functioning, energy levels, mobility and psychological well-being were all reported. Many adolescents lamented that they could no longer do what was once easy for them, with one saying “knowing I could do something beforehand, before me accident and then knowing I couldn’t do it now … just messed with my head” (Mealings & Douglas, 2010, p. 7). Some adolescents spoke about being forced to change their educational or vocational goals (Mealings et al., 2017). Having to adjust to the changes was referenced in three studies (Mealings et al., 2017; Rødset, 2008; Sharp et al., 2006) and some adolescents made references to a loss of self or identity (Mealings & Douglas, 2010; Mealings et al., 2017; Sharp et al., 2006). Teachers made reference to the emotional changes that had occurred: “He [adolescent] was sad, he was cross with the world” (Jacobs-Nzuzi Khuabi et al., 2019).

A distinction was made between “noticeable” and “hidden” problems (Sharp et al., 2006). The invisible nature of some difficulties often leads to the misconception on the part of teachers and peers that the adolescent was fully “healed” (Mealings et al., 2017; Roscigno et al., 2015; Sharp et al., 2006). An adolescent from Mealings’ et al. (2017) study described it as “I might not be impaired with my legs or arms or something, I’m just impaired in my head...they can’t see it” (p. 444). One mother commented that a visible scar would have made things easier (Roscigno et al., 2015).

2.3.3.3 Feeling Supported. Feeling supported was a key theme across all the studies (Bate et al., 2021; Jacobs-Nzuzi Khuabi et al., 2019; Mealings & Douglas, 2010; Mealings et al., 2017; Sharp et al., 2006). Two subthemes were identified: social support and being treated the same.

Social Support. Adolescents greatly valued their friendships with their peers. For many adolescents, their primary reason for returning to school was to meet their friends (Mealings & Douglas, 2010; Mealings et al., 2017; Rødset, 2008). However, some experienced friendship loss and social isolation after their return (Jacobs-Nzuzi Khuabi et al., 2019; Rødset, 2008; Sharp et al., 2006). Prolonged absences due to rehabilitation, negative peer attitudes to ABI and changes to the adolescent’s impulse control and to their ability to understand social cues were all considered barriers to maintaining friendships (Jacobs-Nzuzi Khuabi et al., 2019; Rødset, 2008). The lack of social interaction led to feelings of loss and grief for some adolescents (Mealings et al., 2017). Some adolescents also reported that they were teased or bullied (Jacobs-Nzuzi Khuabi et al., 2019; Mealings et al., 2017; Sharp et al., 2006). One adolescent described an incident of teasing:

> I was teased a lot… once I walked passed a girl in my grade and she said that I ran into a car – like she told her friends and they laughed at me while I was standing there with an eye patch. But I did not run into a car. (Jacobs-Nzuzi Khuabi et al., 2019, p. 8)

Adolescents also spoke about how crucial family support was to them (Mealings & Douglas, 2010; Rødset, 2008). One adolescent said that his "family played the supporting role. It's a role that they like never gave up on me" (Jacobs-Nzuzi Khuabi et al., 2019, p. 10). Other adolescents stressed the importance of having a positive relationship with school staff, especially with the SNAs (Mealings & Douglas, 2010). Teachers reported both positive and negative teacher-parent interactions, with some experiencing "emotionally demanding interactions" with parents (Bate et al., 2021, p. 7).

Being Treated the Same. Even though social support was important, adolescents across the studies expressed that they did not want to be treated differently to their peers (Mealings et al., 2017; Sharp et al., 2006). Many reported not wanting to have a SNA in the classroom (Roscigno et al., 2015; Sharp et al., 2006). Some adolescents appreciated though when help was given in a constructive and collaborative way (Mealings & Douglas, 2010). Adolescents did not want special treatment or to be singled out in the classroom by their teacher (Mealings & Douglas, 2010; Mealings et al., 2017). One adolescent recounted one negative experience of being singled out: "while the others made lots of noise in the class, she (teacher) says: 'You have to be quiet, because (name of the informant) does not understand that much, and now he is not able to work at all'" (Rødset, 2008, p. 96).

In addition, adolescents did not like when their teachers had low expectations of them (Sharp et al., 2006). One adolescent in the study commented: "I am supposed to be some sort of vegetable. If I just open my eyes [teachers think] I am doing something amazing" (p.773). Likewise, some adolescents described how they were treated differently by their peers (Mealings et al., 2017; Sharp et al., 2006). This could take the form of their friends being overly protective towards them and this made them feel "like a cripple" (Sharp et al., 2006).

2.3.3.4 Understanding of ABI. Many parents and adolescents across all of the studies felt that their teachers did not have an adequate understanding of ABI and its sequelae (Jacobs-Nzuzi Khuabi et al., 2019; Mealings et al., 2017; Roscigno et al., 2015; Sharp et al., 2006). This lack of understanding led to incorrect attributions for student behaviour. In Roscigno et al. (2015), parents were told by education staff that their child was "just not trying", "using their brain injury as an excuse" or "being difficult" (p. 527). Other teachers were reported to be focused solely on the curriculum and passing exams without taking into account the adolescent's changing needs (Jacobs-Nzuzi Khuabi et al., 2019). Parents felt frustrated and depressed by the lack of understanding (Sharp et al., 2006). A lack of teacher training was frequently noted across the studies (Jacobs-Nzuzi Khuabi et al., 2019; Rødset, 2008; Roscigno et al., 2015). One adolescent noted: "actually, I think the teachers did as much as they could. Really, they need more knowledge about what a head injury is like. For in some ways my situation was pretty unique" (Rødset, 2008, p. 96). One teacher acknowledged their lack of knowledge: "at the beginning, I thought it was a completely unique experience and that was very scary" (Bate et al., 2021)

Many times, it was up to parents to educate teachers, with one parent commenting: "I'm basically having to teach everybody at school how to deal with, you know, this kind of situation" (Roscigno et al., 2015, p. 528). This task became difficult for some parents as their child's teachers changed annually. A minority of adolescents in Sharp et al.'s (2006) study said that their teachers had a good understanding of ABI which was attributed to the teacher's own personal experience of ABI. A peer information session by a rehabilitation team took place before the return-to-school of one adolescent in Sharp et al.'s (2006) study. In another study, one adolescent felt aggrieved after being asked to speak to his peers about his injury without any notice or preparation (Rødset, 2008).

Reflective Box 1

It was difficult to read about the adolescent and parent experiences about the lack of teacher understanding. I reflected upon my own training as a teacher and I could not recall any pre-service lectures or in-service professional development about brain injury. In general, it seems that awareness about brain injury and concussion is increasing in society in general, especially in terms of team sports such as rugby and Gaelic football. This is welcome news and I hope that this study will bring about some additional awareness.

2.3.4 Discussion

The aim of this review was to answer the following question: "What do we know about the experience of school following ABI from the perspectives of adolescents with ABI, their parents and teachers?". The findings of the synthesis are discussed below in relation to the current literature.

2.3.4.1 School Supports. The findings from this systematic review illustrated the importance of planning for and implementation of school supports. Inconsistent implementation of supports was noted. Similar findings were found in a report published by the National Rehabilitation Hospital (NRH) and the Children's Research Centre about the general life experiences following ABI (Heary et al., 2003). The report was not included in this review as it was not peer-reviewed (Exclusion Criteria 1). Quantitative studies have also found that around a third of the children and adolescents do not receive any special educational services or informal accommodations after returning to school (Glang et al., 2008; Keenan et al., 2020). One of the included studies produced a conceptual model that demonstrated the importance of the fit between the student and the school supports. Sharp et al. (2006) proposed a conceptual model in which the central goal for the adolescent was to "fit back" into school life and was characterised by two critical stages: "organising the school return" and "being back at school" (Sharp et al., 2006, p. 767). Some students "fitted back in", whilst others revisited the organising phase or left the school due to a mis-match between the student and the school supports. Teachers confirmed that this was an iterative process (Bate et al., 2021). This model could be understood within the framework of Bronfenbrenner's (2005) bio-ecological systems theory, in that it recognises the interplay of ontogenic (i.e. individual factors) and microsystems (i.e. the school environment) on participation in school.

2.3.4.2 Changes. The findings highlighted the changes that adolescents experience following ABI. A distinction between "noticeable" and "hidden" changes was identified in this review. Having just "hidden" changes often led to misconceptions by others. Interestingly, changes to self-identity were noted in some of the included studies and it was firmly framed in the "loss of self" narrative (Nochi, 1998). A study by Mealings et al. (2020) about post-ABI identity was not included in this review as more than half of the participants with ABI were outside the age range at the time of data collection (Exclusion criteria 6). The study is worth noting here as its findings suggest that identity reconstruction in a school or college setting is not a linear process as suggested by this review, but requires continual reflection and adjustment (Mealings et al., 2020).

2.3.4.3 Feeling Supported. The findings of the review emphasised the importance of feeling supported in school following ABI. Adolescents recognised the value of positive peer and family support. The positive influence of peer social support on the psychological adaption of individuals with ABI has been highlighted in the literature (Douglas, 2012; Haslam et al., 2008). Similarly, in a study involving children with cancer, perceived peer support in the school setting was linked to a positive sense of well-being (Varni et al., 1994).

Negative experiences of social interactions, including friendship loss and bullying, following ABI were also described by the adolescents. Again, this is prevalent in ABI literature (Gauvin-Lepage & Lefebvre, 2010; Heary et al., 2003; Prigatano & Gupta, 2006). Another important finding in relation to the adolescent's experience was the importance of being not being singled out by their teachers or friends.

2.3.4.4 Understanding of ABI. The lack of knowledge within schools about ABI was a strong theme across all of the included studies. Some parents spoke about how teachers misattributed their child's behaviour to other reasons instead of ABI. Other research also suggests that students with ABI can be misidentified as having learning disabilities or behavioural or emotional difficulties (Glang et al., 2015). Teachers' knowledge about brain injury is considered to be crucial to the inclusion process (Ball & Howe, 2013). The call to train teachers about ABI has been repeated in ABI literature in the last twenty years (Hartman et al., 2015a; McKinlay et al., 2016; Ylvisaker et al., 2001). Teachers and parents in the Heary et al.'s (2003) study also raised concerns about the need for teacher training.

In summary, this review has highlighted how the experience of school following ABI can be positive or negative. Different types of supports are needed in schools and planning for these supports is crucial. Feeling supported by friends and teachers was important to adolescents. Both parents and adolescents emphasised the need for teacher awareness about ABI. Teachers spoke about the need to adapt teaching strategies and the value of being supported by ABI specialists and the school's SENCO.

2.3.5 Strengths and Limitations of this Review

There is an obligation on all researchers to critically reflect on their research (Davies & Dodd, 2002). Some strengths and weaknesses of the systematic review were identified. The use of the ENTREQ statement (Tong et al., 2012), Gough's (2007) weight of evidence framework and Thomas and Harden's (2008) method of synthesis brought rigour to the review. The study is limited by what is considered the "Achilles' heel of systematic reviews": publication bias (Torgerson, 2006, p. 89). This review succumbs to two types of publication bias: language and publication type. By restricting the studies to only those written in English, only the contexts of certain countries are represented in the review. Likewise, the absence of non-peer reviewed research, such as grey literature or reports (i.e. Heary et al., 2003), can result in a narrower picture of all the available evidence on a topic (Blackhall, 2007; Mahood et al., 2014).

2.3.6 Implications for the Current Study

After reviewing the included studies, specific gaps in knowledge regarding the experience of school following ABI were identified.

2.3.6.1 Lack of International Research. Firstly, this review demonstrated the paucity of international research over the last twenty years regarding the experience of school for adolescents with ABI. After reviewing twenty years of ABI literature, only seven studies fulfilled the basic inclusion criteria and out of those, only three were rated (WoE D) as answering the review question effectively.

2.3.6.2 Lack of Irish Research. Secondly, this review highlighted that there are no peer-reviewed studies about the experience of school after ABI published in Ireland within the last twenty years. As previously stated, the report by Heary et al. (2003) was excluded as it was not peer-reviewed. It explored the general life experiences of living with ABI from the perspectives of different stakeholders (i.e. children, parents, siblings, teachers and health professionals), with the experience of school being just one aspect. Since its publication, the Irish educational landscape has also changed dramatically with the introduction of legislation, namely the EPSEN Act (2004) and the Disability Act (2018) (Government of Ireland, 2004, 2018b). Undertaking research in this area within the Irish context would provide an up-to-date account of the experience of school following ABI.

2.3.6.3 Limited Representation from Adolescents and Post-primary Teachers. This review has demonstrated that over a twenty-year period, only twenty-four adolescents with ABI took part in research about their experiences of school. In addition, there was a distinct lack of the teacher perspective in the included studies. Only eight post-primary school teachers were represented in the seven studies. In the Irish education system, subject teachers have the overall responsibility for the education and progress of the students in their class and consequently, it is essential that their experiences are valued and listened to.

2.3.6.4 Variable Methodological Quality. Only one out of the seven studies was assessed as having a high methodological standard (WoE A). Methodological rigour varied due to the inconsistent use of trustworthiness techniques. For example, many studies did not utilise member checks or supply thick descriptions of the context. In addition, the majority of the studies did not address researcher reflexivity or were transparent about the researchers' backgrounds or biases.

2.3.6.5 Absence of the Educational Psychology Perspective. Some of the studies made recommendations specifically for certain professionals (occupational therapists; speech and language pathologists) (Jacobs-Nzuzi Khuabi et al., 2019; Mealings et al., 2017). None of the studies explicitly related their findings to the work of EPs.

2.3.6.6 Lack of Phenomenological Studies. Only one study (Rødset, 2008) approached their study using a phenomenological lens. Due to the diverse nature of ABI, each person may experience a different set of challenges, facilitators or barriers. As a result, the experience of school following ABI is individual and subjective. A phenomenological approach would be well suited to capturing the idiography of each experience.

Taken altogether, further research is needed to address the gaps identified in the literature. The most pressing gap is the paucity of research within the Irish context regarding the experience of school following ABI.

2.4 Aims and Research Questions

As a result of identified gaps in the literature, the aim of this study was to explore the experiences of adolescents with ABI in the school setting. The study also explored the experiences of their parents and teachers in supporting them in the school setting. The research questions were as follows:

- How do adolescents experience school following acquired brain injury (ABI) in an Irish mainstream post-primary school?
- How do parents and teachers experience supporting an adolescent with ABI in an Irish mainstream post-primary school?

3. Empirical Paper

This paper adheres to the traditional format of a research article, including sections for introduction, methodology, results and discussion. The strengths and weaknesses of the discussion are briefly discussed, along with implications for practice, policy and future research.

3.1 Introduction

3.1.1 Acquired Brain Injury

Acquired brain injury (ABI) is considered the most common cause of death and disability in children and adolescents (Forsyth & Kirkham, 2012). There is currently no data on the incidence or prevalence of ABI within Ireland (Corrigan et al., 2021). The prevalence rates are considered to be higher than expected and brain injury has been referred to as a “silent epidemic” (Goldstein, 1990, p. 1). A range of academic, social, behavioural, physical or emotional difficulties may occur after ABI (Babikian & Asarnow, 2009; Barlow et al., 2010; Catroppa & Anderson, 2004; Halstead et al., 2013; Li & Liu, 2013; Ryan et al., 2016; Yeates, 2010). Adolescents as a group are considered to have one of the highest rates of ABI (McKinlay et al., 2008). This time period is critical in terms of development, and sustaining ABI at this time can have a significant impact. Identity formation is considered to be a major feature of adolescence (Erikson, 1968), but this process may be interrupted by ABI (Mealings et al., 2020). During adolescence, friends become more important than family as a source of emotional support (Mayeux & Cillessen, 2008). However, friendship loss had been reported by adolescents with ABI (Rødset, 2008)

3.1.2 ABI within a Bio-ecological Systems Framework

ABI can be understood within Bronfenbrenner’s (2005) bio-ecological systems theory. This theory acknowledges the influence of interactions over time between the adolescent’s individual characteristics and the multiple environments in which they are nested on their development (Bronfenbrenner, 2005). This type of systemic thinking is very useful when conceptualising ABI, due to the inherently heterogeneous nature of ABI. Furthermore, research has demonstrated how systems around the adolescent (i.e. family support and access to rehabilitation services) can have a positive effect on their recovery (Slomine & Locascio, 2009; Wade et al., 2006).

3.1.3 School as Rehabilitation

Rehabilitation is now considered best placed in the adolescent’s everyday life settings and as a consequence, schools play a central role in supporting adolescents in the rehabilitation process (Ciccia & Threats, 2015). Due to their ability to work systemically, educational psychologists (EPs) are well-placed to support this cohort of young people in the school setting (Ball & Howe, 2013; Bozic & Morris, 2005; Farmer & Peterson, 1995; Hooper, 2006). Schools are complex environments, with many cognitive, social and behavioural demands being placed on the student throughout the school day. Even with supports, the school environment may be overwhelming for an adolescent with ABI (Anderson et al., 2021). Despite the development of best practice guidelines for the return to school after ABI (Deidrick & Farmer, 2005; Dettmer et al., 2014), participation outcomes in school can be low (Van Tol et al., 2011) and academic performance can be poor (Catroppa et al., 2009).

3.1.4 The Experience of School following ABI

Burden (1994) recommended that both “process–product” (quantitative) and “interpretative meaning” (qualitative) studies should be undertaken in educational psychology research (p. 297). Historically, research about ABI has been predominantly quantitative (Boylan et al., 2009) and not much is known about the experience of school (Crothers et al., 2007). In order to ascertain what is known, a systematic review of qualitative research from the last twenty years was undertaken. Seven studies met the inclusion criteria and their findings were synthesised. One prominent theme revolved around changes that had occurred. The findings indicated that timely and appropriate school supports, supportive peer and teacher relationships and a solid understanding of ABI in schools were all instrumental in a positive experience of school.

3.1.5 Rationale for the Current Study

The rationale for the current study was based on numerous gaps in knowledge pinpointed by the systematic review. The review identified a lack of research on this topic within the international and Irish context. Over a twenty-year span, only seven studies explored school re-entry or re-integration following ABI from the perspectives of adolescents, parents and teachers. Within the Irish context, only one study was undertaken in the past twenty years (Heary et al., 2003). More importantly, this study was carried out before the introduction of Education for Persons with Special Educational Needs (EPSEN) Act (2004) and the Disability Act (2018) (Government of Ireland, 2004, 2018b), both of which had a profound impact on the educational landscape of Ireland. Due to the dearth of research in this area, the systematic review concluded that a more up-to-date account of the experience of school was required.

The review also identified several other reasons to undertake new research in this area. The educational psychology perspective was absent from all of the included studies. Given the important role an EP can play in supporting adolescents with ABI in the school setting, an educational psychology lens is paramount in ABI literature. The methodological quality of the included studies varied, with only one being assessed as having a high methodological standard (Weight of Evidence A) and this needs to be addressed with methodologically robust studies. Finally, a phenomenological approach is largely absent from the literature. As adolescents with ABI present as a heterogeneous group, an epistemology that values each individual’s unique and idiographic experience would be advantageous when undertaking research about their experience of school. Thus, a phenomenological epistemological position was adopted in this study.

Thus, gaps in knowledge were identified following a systematic review of previous literature. The aim of this study was to address these gaps by providing a rich and up-to-date account of the experience of school. The rationale for including the voice of adolescents was also based on recommendations from previous ABI studies to incorporate the adolescent voice in research about them (Gfrorer et al., 2008; Mealings et al., 2012; Sharp et al., 2006; Vanclooster et al., 2018). The experiences of their parents and teachers were also sought as the perspectives of young people with ABI may differ from those of their parents or teachers (Boylan et al., 2009; Gagnon et al., 2008; Ocampo et al., 1997; Sommer et al., 2009; Souza et al., 2007). By incorporating all three perspectives, the study aimed to capture a multi-perspectival account of the experience of school.

The research questions reflect the aim of the study and are as follows:

- How do adolescents experience school following ABI in an Irish mainstream post-primary school?
- How do parents and teachers experience supporting an adolescent with ABI who is attending an Irish mainstream post-primary school?

3.2 Methodology

3.2.1 Research Paradigm

A paradigm can be described as “a way of looking at the world” (Mertens, 2020, p. 8). It is essential that researchers are consciously aware of which paradigm guides their thinking about the world and the nature of knowledge (Denscombe, 2017). This study is firmly situated in the interpretivist paradigm. Paradigms are underpinned by four belief systems: axiology, ontology, epistemology and methodological (Lincoln & Guba, 2005). Mertens

(2020) developed questions to explain what each system seeks to understand (p. 10). The interpretivist paradigm is discussed below in relation to each belief system, using Mertens' (2020) questions as a guide.

3.2.1.1 Axiology. The corresponding question for axiology is as follows: "what is the nature of value and ethics?". Within the interpretivist paradigm, research is both value-laden and balanced (Kivunja & Kuyini, 2017; Okesina, 2020). The researcher acknowledges the influence of their own values and biases on the research, whilst also striving to offer a balanced account of the findings.

3.2.1.2 Ontology. Ontology refers to the nature of reality: "what is the nature of reality?". The interpretivist paradigm adopts a relativist ontology (Scotland, 2012). Relativism proposes that a studied phenomenon (i.e. the experience of school) can have multiple realities, instead of one single truth (Guba, 1990).

3.2.1.3 Epistemology. Epistemology is concerned with the nature of knowledge: "what is the nature of knowledge and the relationship between the knower and the would-be known?". The epistemological position of interpretivism is intertwined with two philosophical approaches: hermeneutics and phenomenology (Kivunja & Kuyini, 2017). Phenomenology focuses on the lived experiences of humans, whilst hermeneutics is the study of interpretation (Smith et al., 2022). The researcher's role in interpreting the participant's experience is fully acknowledged. From this epistemological position, both the participant and the researcher play an active role in the creation of knowledge.

3.2.1.4 Methodology. The methodological question asks, "what is the nature of systematic inquiry?". The choice of methodology is informed by the researcher's epistemological position. Interpretative phenomenological analysis (IPA) was chosen as the methodology for this study as it is underpinned by a hermeneutic phenomenological epistemological position.

3.2.2 Research Design

3.2.2.1 Qualitative Design. The aim of the study was to explore the experiences of adolescents with ABI, their parents and teachers. Due to the focus on participants' experiences, an inductive (bottom-up) approach was considered more suitable than a hypothesis driven one. Thus, a qualitative design was chosen to answer the research questions. Qualitative research can give "people who are often studied but seldom heard" an opportunity to have their voice heard (Taylor et al., 1992, p. 14). This is particularly relevant to individuals with ABI as their participation in research has been limited until recently (Theadom et al., 2014)

3.2.2.2 Interpretative Phenomenological Analysis. IPA was chosen as the methodological framework because of its emphasis on the lived experience of participants. IPA is informed by three key theoretical areas: phenomenology, hermeneutics and idiography (Smith, 2011).

Phenomenology. As stated previously, phenomenology is the study of personal experience (Eatough & Smith, 2017). IPA aligns with this philosophy as it places the utmost importance on the lived experience of the participant. According to IPA, the participant is an expert in their lifeworld (Larkin & Thompson, 2012).

Hermeneutics. Hermeneutics is the theory of interpretation, based on the work of Heidegger, Gadamer and Schleiermacher (Smith et al., 2022). IPA is not a descriptive methodology: it is firmly interpretative. The IPA researcher is considered to engage in a two-stage interpretation, referred to as the "double hermeneutic" (Smith & Osborn, 2003, p. 53).

The role of the IPA researcher is to make sense of the participant's experience, who in turn is making sense of their own experience (Smith et al., 2009; Smith & Nizza, 2022).

Idiographic. IPA values the particular as opposed to the nomothetic (Smith et al., 2022). IPA does not seek generalisations, unlike other research methodologies. However, "theoretical transferability" is possible whereby the researcher can make links with existing psychological theory and literature (Smith et al., 2009, p. 4). The idiographic character of IPA is also apparent in data analysis, whereby each case is analysed individually before comparisons are made across cases.

Overall, IPA strives to find a balance between "giving voice" to the participants and "making sense" of what they have said (Larkin & Thompson, 2012, p. 101).

3.2.2.3 Multiperspectival Design. In order to explore multiple perspectives, a multiperspectival research design was adopted (Larkin et al., 2019). This type of design is new to phenomenology but is being utilised in more and more phenomenological studies (Dancyger et al., 2010; Larkin et al., 2009; Rostill-Brookes et al., 2011). It recognises that a phenomenon can be explored not just with the individual who is experiencing it, but also, with the people in the individual's lived world (Larkin et al., 2019). The phenomenon of interest in this study is the experience of school following ABI. A multiperspectival design can provide a rich multi-faceted account of a phenomenon by incorporating different perspectives. A potential loss of nuance in individual accounts must be considered when utilising this type of design.

In order to answer the research questions, a directly related group design type was employed (Larkin et al., 2019) in which participants are grouped according to their roles (Borg Xuereb et al., 2016; Rostill-Brookes et al., 2011). Accordingly, the three adolescents were grouped together for data analysis, with the three parents in another subsample and the teachers in the third subsample. Not only did this design type answer the research questions effectively, but it also led to greater anonymity in comparison to a case study design (i.e. an adolescent, a parent and a teacher in one subsample).

3.2.3 Ethical Approval

Ethical approval was obtained from the Mary Immaculate Research Ethics Committee (MIREC) in March 2021 and from the National Rehabilitation Hospital (NRH) Ethics Committee in May 2021 (Appendices H and I).

3.2.4 Sample

3.2.4.1 Sample Size. IPA studies generally have small homogenous samples, usually between one and ten participants (Starks & Trinidad, 2007). For professional doctoral IPA studies, a sample size of four to ten participants is recommended (Smith et al., 2009). In this study, three adolescents with ABI were recruited. For each adolescent, one of their parents or guardians and one of their teachers were invited to partake. Only two teachers volunteered to participate, leading to an overall sample size of eight.

3.2.4.2 Recruitment. Purposive sampling, a non-probability form of sampling, was utilised. The NRH, a post-acute rehabilitation centre, acted as the gatekeeper. The inclusion criteria for the participants are outlined in Table 3.1.

Table 3. 1

Inclusion Criteria for Adolescent, Parent and Teacher Participants

	Inclusion criteria
Adolescent	• Identified as having a moderate or severe ABI as identified by the NRH paediatric team. • Currently aged between 14 and 19. • No more than 5 years post-injury. • Returned to a mainstream school setting between September 2016 and September 2019 (to counteract COVID-19 school closures).
Parent	• Parent of an adolescent that fulfils the above criteria.
Teacher	• Knows the adolescent well. • Taught the adolescent post-injury for at least six months between September 2016 and March 2020.

The inclusion criteria were developed in consultation with the NRH paediatric team and following a review of previous ABI studies (Gagnon et al., 2008; Gfroerer et al., 2008; Mealings & Douglas, 2010; Roscigno et al., 2015; Roscigno & Swanson, 2011; Sharp et al., 2006). The teachers were recruited through the principal of the adolescents' school. The criterion "knows the adolescent well" was determined by each individual principal.

Recruitment of Adolescents and Parents. The researcher prepared an information sheet that explained the aims, methods, anticipated benefits and potential risks of participation (Appendix J). Once ethical approval was secured, the NRH paediatric team accessed healthcare records for pre-screening purposes, whilst consulting with the inclusion criteria of the study. Under the Guidance on Pre-screening Amendment to the Health Research Regulations (2021) and Health Care Regulations (2018), pre-screening does not require the explicit consent of patients (Department of Health et al., 2021; Government of Ireland, 2018a). The researcher was not involved in this stage of the recruitment and did not view any health care records. As a result, the researcher was not cognisant of the type, level and location of the injury or its neurological impact. During the parent interviews, only information about the type and level of injury was sought. Thus, information about which regions of the brain were affected and the associated impact on cognitive, social, physical and emotional development was not known to the researcher.

The NRH paediatric team identified prospective parent participants, using the inclusion criteria and posted the participant information sheets to them (Appendix J). Any parents interested in partaking in the study were advised to contact the researcher directly by email. A phone call or online meeting was arranged to talk about their participation. Parents were offered another meeting to further discuss the study or to answer any questions. Therefore, prospective participants had the opportunity to have the study's purpose, process and outcomes explained formally to them twice, similar to the procedure in Gauvin-Lepage and Lefebvre's (2010) study.

Recruitment of Teachers. During the assent and consent stages, written permission from parents and the adolescents was sought to contact the adolescent's school in order to recruit a teacher participant. Three post-primary schools were contacted by email and phone. The principal of each school was asked to distribute the teacher information sheet (Appendix J) to the adolescent's teachers. Prospective teacher participants contacted the researcher directly by email and a phone call was arranged to explain the study in more detail and to answer any queries.

3.2.4.3 Consent and Assent. Informed consent was obtained from all parents and teacher participants. In the initial contact, the aims, methods, anticipated benefits and potential risks were explained to the parents and teachers. Their right to refuse to participate and their right to withdraw at any stage of the study was emphasised. Parents were offered a second meeting to talk about the study. As this is a low-risk study for teachers, prospective teacher participants were not offered a further meeting after the initial phone call. The consent forms were signed electronically or on paper depending on the format of the interview (Appendix K).

In regards to the adolescent participants, both parental permission and child assent were obtained (Kodish, 2005). First, parental permission was sought to invite the adolescent to partake in the study. Guidelines from Lambert and Glacken (2011) on securing parental permission were followed (Appendix L). Following this, the researcher sought agreement from the adolescent to participate in the study. Assent refers to an "agreement obtained from those who are not able to enter into a legal contract" (Ford et al., 2007, p. 20). Special consideration must be given to seeking assent from an adolescent with ABI, due to the possibility of cognitive, emotional or language difficulties (Middleton, 2001). Numerous steps were taken after consultation with guidelines from Lambert and Glacken (2011) (Appendix M) and the literature on obtaining assent from children with ABI (Boylan et al., 2009). Particular attention was given to the clarity of the information sheets given to parents and the adolescents (Boylan et al., 2009). In order to allow the adolescents time to consider their participation, there was a time interval of at least two weeks between the initial meeting and the interviews. Assent was checked again at the start of each interview and the adolescent's responses were monitored for subtle signs of refusal throughout the interview (Cocks, 2006; Lambert & Glacken, 2011). The adolescent's parent was present at all stages of the assent process.

Efforts were made to ascertain the insight of the adolescents during meetings with the families. A technique proposed by Hensel et al. (2002) was used in which the researcher asks some questions to check the adolescent's understanding of the study. Answering three out of five correctly is considered sufficient to demonstrate insight (Hensel et al., 2002).

3.2.4.4 Participant Details. Due to the threat to internal confidentiality inherent in multiperspectival designs (Larkin et al., 2019), participants are described in this section in aggregate form, instead of linking an individual pseudonym to a participant's background details. In addition, even though one male and two female adolescents took part in the study, they are referred to as three female adolescents. By making these adjustments, members of a triad (adolescent, parent and teacher) and members of the public are less able to identify participants in the study.

The ages of the adolescent participants at the time of interview were 15, 17 and 18. The time between the brain injury and the interview varied for all participants: two years; two and a half years; and four years. All participants sustained a severe brain injury. One participant was involved in a road traffic accident (Glasgow Coma Scale (GCS) = four). Another participant incurred a loss of oxygen during a water-based activity (GCS = three). The third participant was diagnosed with a benign brain tumour. All of the participants attend their local mainstream school, both prior to and following their ABI. One participant is now attending school on a full-time basis, whilst the other two are currently attending on a part-time basis. Two participants are in sixth year and the other is in third year. The mothers of all three adolescents took part in the study. The details are displayed in Table 3.2.

Table 3. 2

Adolescent Participant Details

Type of injury	Severity of injury	Age at ABI	Current age	Time since injury
Road traffic accident (TBI) Loss of oxygen (ABI) Stroke (ABI)	Severe Severe Severe	14, 12, 15 years	18, 17, 15 years	2.5, 4, 2 years

Two teachers partook in the study. One teacher had taught the adolescent for five and a half years. The second teacher was in her second year of teaching the adolescent and had previously been her form teacher (i.e. teacher with a responsibility for a particular class). The teachers taught the adolescent the following subjects: English, agricultural science and chemistry. The teachers had 10 and 17 years of teaching experience, respectively. The pseudonyms for the participants are presented below in Table 3.3.

Table 3. 3

Pseudonym Names

Adolescents	Parents	Teachers
3 (2 females and 1 male)	3 mothers	2
Brenda, Mary and Vicki	Paula, Denise and Tina	Nora and Monica

Even though participant recruitment was open to both fathers and male teachers, all of the participant parents and teachers were female. In terms of terminology, it was decided to proceed with the term “parents”, instead of changing to “mothers”.

3.2.5 Measure

3.2.5.1 Pilot Study. The feasibility of a full-scale study was assessed by conducting a pilot study (Gudmundsdottir, 2010a). Pilot testing enables the researcher to test the usability of the research instruments and to ascertain whether the research protocol is practical (Van Teijlingen & Hundley, 2002). In order to improve the clarity, usability and validity of the information given to prospective participants, the research supervisor and a practising neuropsychologist reviewed the invitation letters, information sheets and consent forms before they were submitted for ethical approval. Clarity of content is particularly important for the ABI population (Boylan et al., 2009).

Interviewing is a critical part of the research process (Smith, 2011) and piloting the interview is highly recommended, especially in studies involving participants with ABI (Paterson & Scott-Findlay, 2002). A pilot interview can be useful to ascertain whether the interview schedule is feasible, to test the interview procedures and to reflect on the researcher's interviewing technique (Paterson & Scott-Findlay, 2002; Strydom & Delport, 2005). A pilot interview was carried out with a parent of an adolescent with ABI, who was recruited through the gatekeeper, NRH. The participant suggested including a question on the availability of supports for families in the interview schedule. . A post-primary teacher was recruited through the sampling method of snowballing. This pilot interview focused on the general experiences of working with students with additional needs. Feedback included asking questions about accommodations in the state exams and support from the Special Educational Needs Coordinator (SENCO). Efforts to recruit an adolescent with ABI through the gatekeeper were not successful.

3.2.5.2 Semi-structured Interview. Semi-structured interviews (SSIs) were chosen as the method for data collection (Smith & Osborn, 2003). SSIs were selected because of their ability to elicit rich, detailed and reflective data from the participants (Smith et al., 2022). It is recommended that adolescents with ABI are given a choice about the interview location (Boylan et al., 2009). The home setting was chosen by all three adolescents. In accordance with Mary Immaculate College's (MIC) Safeguarding Children Policy and Procedures and Safeguarding Statement (2019), the researcher conducted all adolescent interviews with their parent present in the same room or in an adjacent room (Mary Immaculate College, 2019). All teacher interviews took place on an online platform.

The interview schedules were developed in accordance with IPA methodological principles (Smith et al., 2009) (Appendix N). This entailed incorporating questions with a focus on the participant's experience, having a flexible interview schedule and including open-ended questions (Smith & Nizza, 2022). Interview schedules employed in other ABI studies were also reviewed when developing the schedule (Gagnon et al., 2008; Vanclooster et al., 2019). In order to enhance the dependability of the measure, all interviews began with a standard script. During the parent and teacher interviews, open-ended neutral questions were used primarily, with prompts and probes only employed when necessary. Time was allocated at the end of every interview for a full debrief.

Special consideration was given to interviewing the adolescents. The following suggestions from Boylan et al. (2009) on interviewing adolescents with ABI were implemented as needed: the use of scaffolded questioning and carrier phrases, offering multiple breaks and scheduling the interview at a time when the adolescent was least likely to be fatigued .

Reflective Box 2

Before the interviews, I was somewhat apprehensive about interviewing the adolescents. Due to the nature of the recruitment strategy, I did not know any details about their ABI or its impact. I had met one participant in an online meeting with her mother beforehand and I had brief phone calls with the mothers of the other two participants. During this contact, I was able to ascertain that communication aids were not required. In the end, I really enjoyed the adolescent interviews. All three engaged fully with the interview and it was a privilege to gain an insight into their worlds.

3.2.6 Data Collection

Audio recordings of each interview were made using a Dictaphone. Immediately after each interview, audio recordings were transferred onto the researcher's encrypted laptop and stored in a password-protected folder. Recordings were then deleted from the Dictaphone. Transcription was conducted by the researcher and audio recordings were deleted from the laptop after the data analysis was completed. Each participant was assigned a pseudonym and all recordings and transcriptions were stored under the participants' pseudonyms. Only the researcher had "the key" to match the participant to their data (i.e. the list of participants' names and their corresponding pseudonyms). This information was stored in a password-protected word document on an encrypted laptop. Extra consideration was also taken to ensure any identifying information was altered or removed from the transcripts. The MIC Records Retention Schedule (2022) states that postgraduate students are responsible for the storage and retention of their own research data (Mary Immaculate College, 2022). Accordingly, the anonymised data (interview transcripts) from this study will be retained for one year after the completion of the study.

Prior to recruitment, a Data Protection Impact Assessment (DPIA) was carried out by the researcher in conjunction with the Data Protection Officer in Mary Immaculate College of Education after a risk assessment indicated that it was warranted (Appendix O). As a result of the DPIA, a planned online demographic survey was removed from the study as it was decided that the resultant data were too sensitive to be stored in Qualtrics. Instead, the researcher asked the parent participants some background questions at the start of their interview.

3.2.7 Data Analysis

Data analysis has been described as an iterative and inductive process (Smith, 2007). The data were analysed using the IPA seven stage process, as outlined by Smith et al. (2022). A detailed outline of how the steps were completed is provided in Table 3.4.

Table 3. 4

Data Analysis Process (Smith et al., 2022)

		Data analysis process
1.	Starting with the first case: reading and re-reading	In keeping with the idiographic nature of IPA, analysis began with each individual transcript. The first transcript was read and reread.
2.	Exploratory noting	This step involved making descriptive, linguistic and conceptual notes on the right hand side of the transcript. Descriptive notes are a basic summary of what the participant has said, whereas linguistic notes describe any interesting language use, such as false starts, repetitions, hesitations, pauses or metaphors. Conceptual comments involve analysing and reflecting on what the participant has said and looking beyond its literal meaning.
3.	Constructing experiential statements	Experiential statements are a short summary of what is meaningful for the participant. They should be grounded in the data but also, be interpretative (Smith & Nizza, 2022). They were typed on the left hand side of the transcript.
4.	Searching for connections across experiential statements	The experiential statements were printed out and cut into pieces of paper. They were scattered on a table and similar experiential statements were clustered together into groups. This process was iterative.
5.	Naming the personal experiential themes and consolidating and organising them in a table	Each group of experiential statements were given a title, called a Personal Experiential Theme (PET). Generally, each participant had three to five PETs (see Appendices P, Q and R).
6.	Continuing the individual analysis of other cases	The next step was repeating these steps with the next transcript. In this study, the analysis began with the transcripts from the adolescent subsample.
7.	Working with personal experiential themes to develop group experiential themes across cases	Once a set of transcripts was completed for a subsample, the PETs for all the participants in that group were compared for convergences (cross-case analysis). Similar PETs were grouped together and a set of group experiential statements (GETs) was developed for the group. Thus, all seven steps were completed with the transcripts in the adolescent subsample, resulting in a set of GETs for that group. Next, the seven steps were carried out on the teacher subsample and, finally, the process was repeated with the parent subsample (see Appendices P Q and R).
8.	Across-group analysis	As this is a multiperspectival study, an eight step (across-group analysis) was added to the analysis, in which patterns of convergence and divergence were identified across the three sets of GETs (Larkin et al., 2019; Rostill-Brookes et al., 2011). At the end of the process, an overall set of GETs for the entire sample was produced (Appendix S).

A worked-out example for one participant is provided in Appendix T. In order to ensure the analysis was rigorous, special attention was given to the prevalence of supporting evidence for each theme across the overall sample. Criteria from Smith (2011) suggests that extracts from at least three participants should be provided for each theme in a study of eight participants. This criteria was used as the rationale for including and excluding themes, and a prevalence table was completed in order to ensure compliance (Appendix U). All themes and subthemes fulfilled this condition, with the exception of one subtheme “Fighting the system: parents and the system”. However, as this theme featured strongly in the two parent narratives, it was decided to retain this theme in the study. The entire process is illustrated in Figure 3.1.

Figure 3. 1

Entire Data Analysis Process

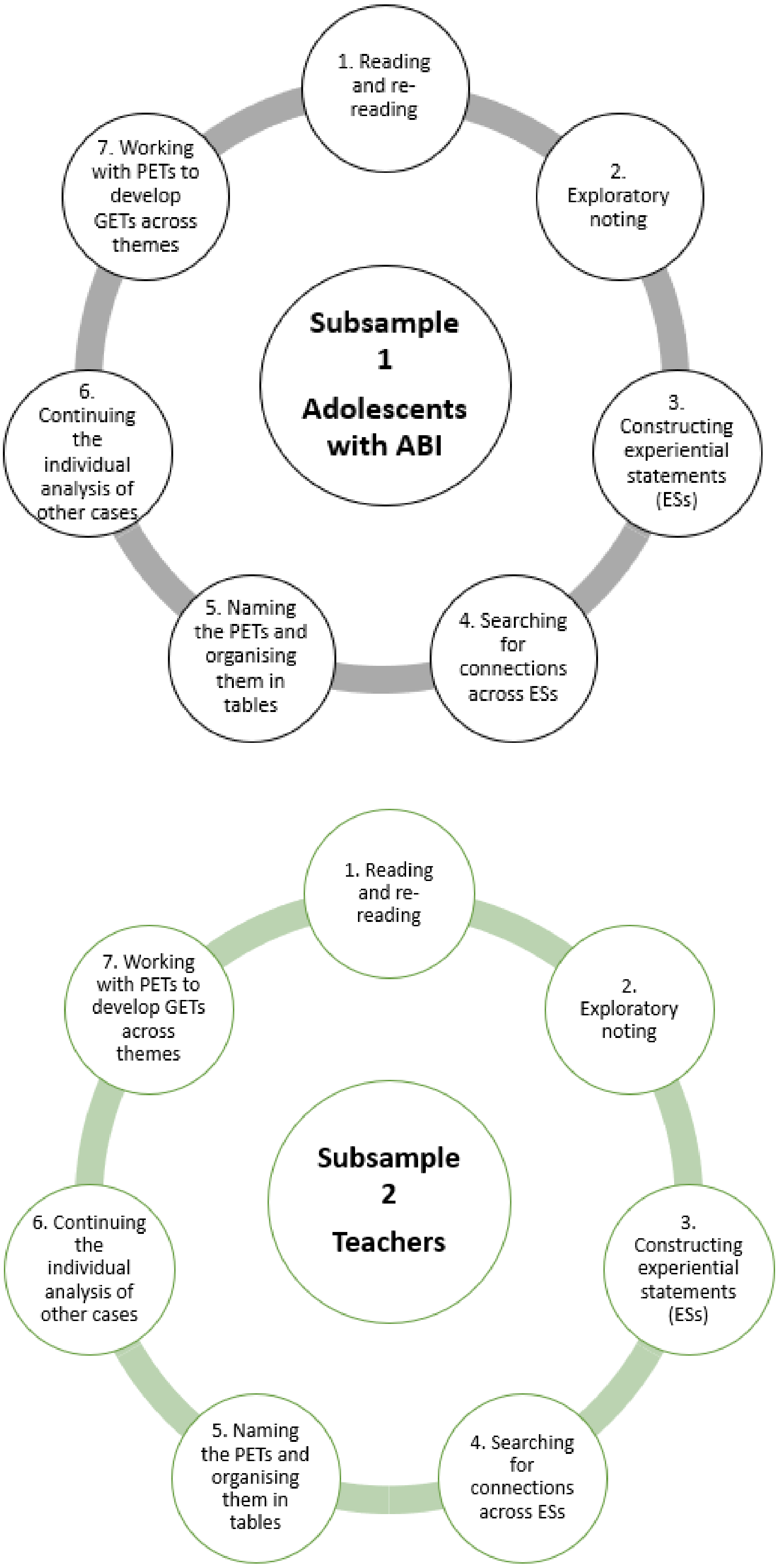
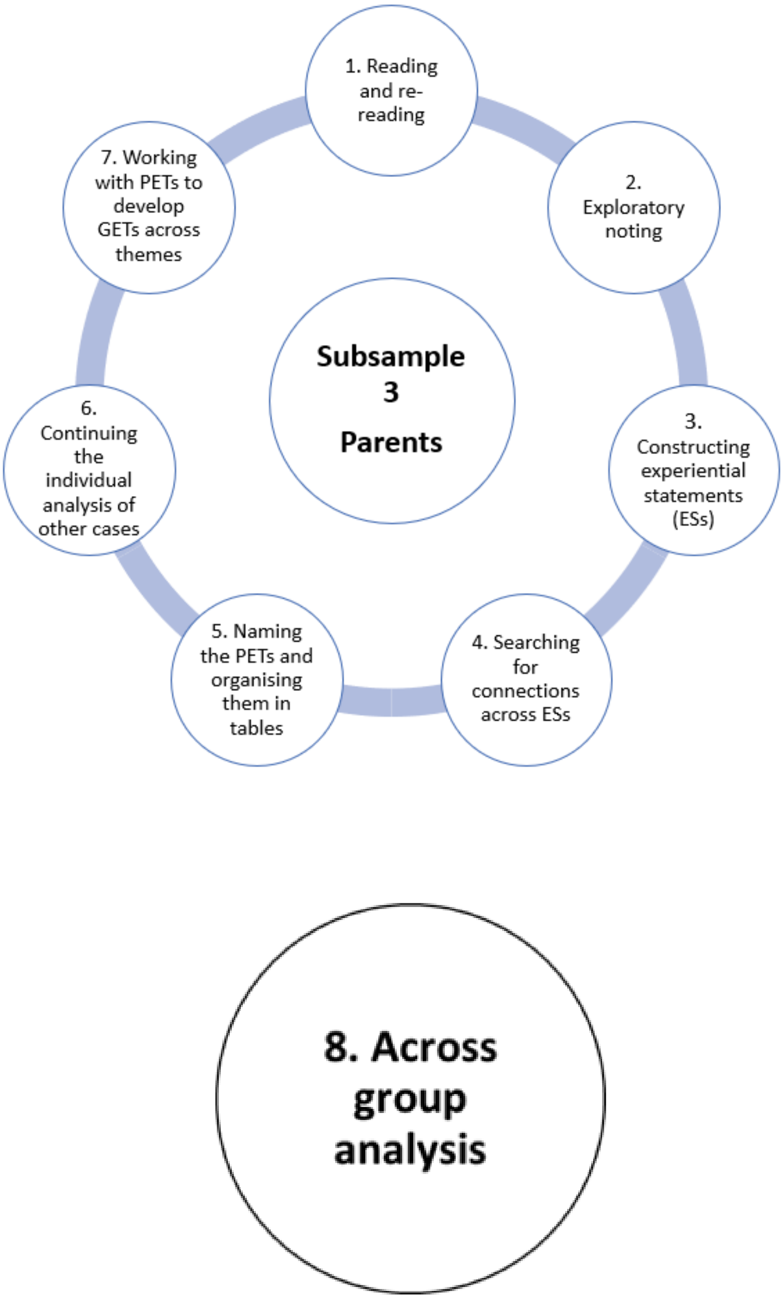


Figure 3.1 (contd.)

Entire Data Analysis Process



Reflective Box 3

I found the data analysis stage to be one of the hardest stages of the entire study. Nothing could prepare me for how time-consuming and all-encompassing the data analysis process was going to be. Becoming immersed in the data was a joy in many ways, but the sheer volume of data combined with the task of condensing it all to just four overall GETs was challenging at times. I found that I needed regular breaks to reflect on my analysis. I realised the importance of coming back to a transcript with "fresh eyes". Scheduling time in between transcripts was also valuable in order to counteract fatigue and to prevent feeling overwhelmed by the data. I came to a new understanding of the word "iterative" during the cross-case analysis and the write up of the results section. It was almost a relief to realise that it would take a few drafts and reworkings to arrive at a final set of themes. Overall, the experience was rewarding and enlightening, and I am looking forward to my next IPA adventure!

3.2.8 Ethical Considerations

The study was carried out in adherence with the Psychological Society of Ireland's Code of Professional Ethics (The Psychological Society of Ireland, 2019). In addition, guidelines for conducting research with young people with ABI were also followed (Paterson & Scott-Findlay, 2002; Theadom et al., 2014).

3.2.8.1 Potential for Participant Distress. Potential distress is a risk for all participants. The literature has identified that the return to school can be a particularly negative experience for both adolescents with ABI and parents (Sharp et al., 2006). Thus, it was possible that the participants may experience distress during the interview. At the start of every interview, participants were reminded that they were not obliged to answer every question asked and that they could take a break from the interview at any point. It was also reiterated that they could withdraw from the study at any time. At the end of every interview, time was set aside for a full debrief to give the participants an opportunity to voice their feelings and thoughts about the interview process (Paterson & Scott-Findlay, 2002). In addition, the questions on both the teacher and adolescent interview schedules were only related to the experience of school following ABI. No reference was made to the circumstances of the injury. At the start of the parent interviews, open-ended questions about the circumstances of the injury were asked in order to ensure the inclusion criteria were met.

3.2.8.2 Confidentiality. In multi-perspectival studies, a distinction must be made between external and internal confidentiality (Tolich, 2004; Ummel & Achille, 2016). External confidentiality refers to the possibility that research participants could be identified by members of the public when the findings are published or disseminated (Tolich, 2004). For example, in this study, a member of the public could identify an adolescent participant if their background details (i.e. age, cause of injury, time since injury) were linked to a particular pseudonym. Internal confidentiality refers to the possibility that participants within the study could identify each other after reviewing each other's details and quotes in the published findings (Larkin et al., 2019; Ummel & Achille, 2016). For example, a teacher participant could recognise the specific circumstances of an adolescent participant within the study. In order to protect both external and internal confidentiality, a number of steps were taken. Firstly, the participants were grouped according to their role rather than parent-adolescent-teacher triads. Pseudonyms were assigned to each participant. Any identifying information in the transcript was deleted or amended. Information about the circumstances of the ABI was presented at a group level rather than individually.. Throughout the study, the adolescents were presented as three females, as opposed to two females and a male in order to protect anonymity. Lastly, the generic word "therapist" was used in the results section in reference to members of rehabilitation or community teams, instead of psychologist, occupational therapist, physiotherapist or speech and language therapist.

The limits of confidentiality were explained to each participant at the start of every interview. The researcher was cognisant of the guidelines outlined in the Children's First Act (2015) and Mary Immaculate College (MIC) Safeguarding Child Policy and Procedures

(2019) in the event of a disclosure in the course of an interview (Government of Ireland, 2015; Mary Immaculate College, 2019).

3.2.9 Ensuring Quality

Due to fundamental differences in the ontological and epistemological positions of quantitative and qualitative research, the same criteria cannot be used for evaluating both types of research (Smith et al., 2022). In order to reflect on the quality of this qualitative study, Yardley's (2000) four principles for assessing quality were considered: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance. More detail is provided in the Critical Review paper.

3.2.10 Reflexivity

All researchers must be cognisant of how they can inadvertently impact the research process (Thyer, 2009). Researcher reflexivity involves the self-monitoring of one's feelings and opinions during the research process (Rodham et al., 2015; Smith & Nizza, 2022). It plays a vital role in qualitative research (Finlay & Gough, 2008; Langdridge, 2007). In IPA research, the researcher is engaged in a two-tier process of mean-making, referred to as the "double hermeneutic" (Smith & Osborn, 2003). As a result, it is essential that the IPA researcher reflects on their own preconceptions and how they may impact on their interpretations during the analytic process (Rodham et al., 2015). To maintain reflexivity, the researcher kept a reflective journal to record her thoughts, feelings and perspectives throughout the different stages of the research study (Morrow, 2005; Vicary et al., 2017). Some extracts from the diary are presented throughout this thesis. In order to facilitate her reflections, she regularly revisited the 10 questions offered by Langdridge (2007) to encourage reflexivity (Appendix V).

3.3 Results

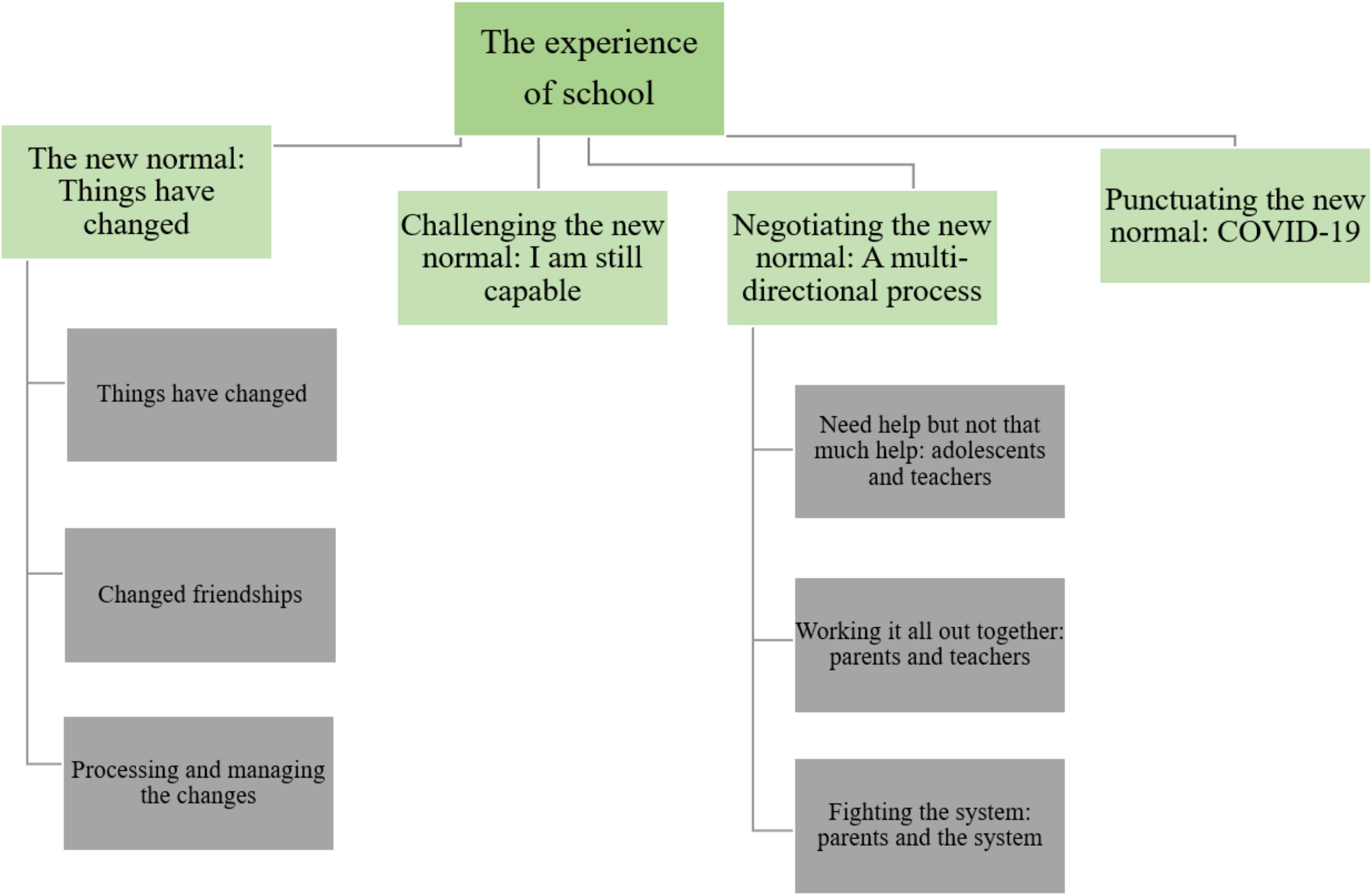
The aim of this research study was to answer the following research questions:

- How do adolescents experience school following ABI in an Irish mainstream post-primary school?
- How do parents and teachers experience supporting an adolescent with ABI who is attending an Irish mainstream post-primary school?

In order to answer the research questions, the data were analysed according to guidance from Smith et al. (2022) and Rostill-Brookes' et al. (2011) multiperspectival study. Each subsample produced a set of GETs and all three sets were synthesised together to produce an overall set of GETS. The meshing of the three sets of GETs produced a rich multiperspectival account of the experience of school following ABI. In keeping with the idiographic nature of IPA, efforts were made to retain the nuance and variation of each participants' experiences within those themes. The overall GETs for this multiperspectival study are as follows: The new normal: Things have changed; Challenging the new normal: I am still capable; Negotiation of the new normal with others: A multi-directional process; and Punctuating the new normal: COVID-19. The overall GETs and sub themes are presented in Figure 3.2.

Figure 3. 2

Overall Group Experiential Themes



3.3.1 The New Normal: Things have Changed

The “new normal” refers to the altered experience of school following ABI. The adolescents spoke about how things had changed for them to varying degrees in the school setting. Parents discussed how they coped to adjust to the new normal.

Things have Changed: Adolescents. The new normal in the school setting was different for each adolescent. Vicki’s narrative contained many references to her fatigue and how it affects her at school.

> It's very tiring. So, when I'm tired, I just can't listen and I can't keep the information in. So, I will say, or say you told me something and then I kept it in my brain for a little while for like 10 minutes and then it would go out and then I wonder what I have just been taught, so. (lines 70-74)

Both Mary and Vicki discussed the pressures of catching up with missed school work and completing ongoing school work, all on a reduced timetable.

> I’m finding, what I found extremely difficult was the catching up on stuff, just because I've missed so much and then [pause] I mean, even those classes that I miss on certain, on the Monday, and then I'm not sure what they're talking about on the Tuesday. (Vicki, lines 93-96)

> I was always catching up on things in [year] and [year] and before I used to go to therapies, I never really had a minute to think you know. (Mary, lines 229-232)

Mary made repeated references in her account to feeling under “pressure”. This pressure lessened during school lockdown when she didn’t “really have a care in the world” (line 159) and she was able to go at her own pace. School lockdown almost represented a pressure release for her.

Besides fatigue, none of the adolescents went into any great detail about any physical or cognitive changes that had occurred. One participant made one reference to a physical change in her eye (line 392), whilst another participant mentioned twice about being “in the chair” (lines 4 and 78). The third participant mainly focused on the process of accepting the changes. For them, it seemed that changes to their social and academic worlds were more significant than any internal changes.

Changed friendships: Adolescents. Changed friendships was a very strong theme across all three adolescent narratives. They all spoke about how their friendships had changed since their injury, although it presented in different forms. For Brenda, friendship loss occurred immediately after her injury.

> Like, my really good friends in [year] cos I was in [year] when it happened. They were like once my [injury] happened, they're like, okay, Brenda is gone. She had, like. Some of them haven't even spoke to me. So, yeah. (lines 288-291)

She spoke in quite a jokey manner for most of the interview. However, her tone changed when she spoke about the loss of contact with her friends and it was clear that this was something that affected her deeply. It was evident that relationships are very important to her. She shared how she loves Thursdays in school because she has lessons with her favourite teachers on that day (lines 217-219). Vicki shared how she now has fewer friends than before her injury. This was reframed as a positive thing by Vicki; she now felt that she had a closer group of friends.

> I left school in fourth year with a few close friends and moving back in sixth year. It was kind of weird because I didn't have as many friends but I mean, I didn’t really stay in contact with anyone. I stayed in contact with maybe two or three people. And

> to be honest, I’m happy with the friends that I have now rather than the friends that I had before because it kind of feels like a better group, yeah. (lines 187-193)

For Mary, it was a different experience. She recalled how she retreated from her group of friends: “I kinda, kinda kept myself away from everyone, you know” (line 205). It’s almost as if she was afraid that they would not accept her. However, after some time, she realised the value of friends as a support network and rekindled her friendships.

There appeared to be a different emphasis in each of the adolescent narratives. Much of Mary’s narrative centred on accepting and reflecting on the changes that had happened since her injury. For the other two participants, the focus was placed more on the immediate. Key relationships in the school setting were important for Brenda, whilst Vicki emphasised the management of the practical aspects of her daily school life (i.e. fatigue, missed work). These differences in focus may be explained by the length of time since injury. For example, Mary had the longest time interval since her injury and perhaps, this may explain her focus on acceptance. This suggests that the experience of school may be modulated by time.

Things have Changed: Parents. All parents spoke about the physical, cognitive and behavioural changes that their daughters had undergone. Managing behaviours was signposted by all parents as something that was challenging at the beginning. Parents also recounted occasions when they needed to re-negotiate their thinking around their child’s behaviour, realising that some of it was just typical teenage behaviour.

> A big one is always, is it somebody being a teenager that they don’t communicate? Or is it because they've just had complete empty batteries? [laugh] (Tina, lines 689-691)

> You know, I remember saying to [rehabilitation therapist] one day oh [adolescent] is not the same girl. Or she's not as, before she'd be out chatting to everybody. She's

> very, like a social butterfly. I remember [rehabilitation therapist] going I would expect her to be like that at this age. She's a teenager, you know. (Paula, lines 293-297)

Fatigue was cited by all parents as having an impact on their child’s ability to cope in school. For Tina, catching up with missed school work was also a major concern.

> Huge gaps in the various subjects, from Irish to math to French. Because of the remote, and the amount of classes she missed and remote schooling. It’s like a drop in the ocean type thing because if you get one class a week of French, even if it’s a one on one, it's not as beneficial as having three French classes a week. (Tina, lines 535-539)

The use of the simile “like a drop in the ocean” really symbolises the enormity of the task ahead. Denise felt that there was always pressure to catch up and that she was “pushing her [daughter] and pushing her” (line 408). School lockdown took away this pressure and it gave “time to recover and heal” (line 415). State examinations were noted by some parents as a catalyst for this pressure to catch up.

> If you remove yourself from the person level, and just look at the system. Hey, there's somebody who had this traumatic experience, completely unexpected, resulting in a mega severe acquired brain injury with all its consequences, who needs to get through schooling, secondary schooling, to achieve a Leaving Certificate, you know. (Tina, lines 591-595)

Changed Friendships: Parents. Both Paula and Tina spoke at length about how their child’s friendship loss had affected them. For Paula, it was the greatest difficulty that she faced: “And that's really I'm finding that really, really difficult and she is finding it difficult” (lines 589-590). Perhaps, unlike school supports or therapy services, this is one area where a parent has less capacity to intervene. For Paula, a lack of awareness about brain injury was an underlying reason for the loss of friends. It was clear that this was a subject that she was passionate about and the following quote illustrates the depth of her feelings.

> I really would like in a few years' time, if it is to go in and do public speaking with schools and even to parents, to, to let them know that when people have an accident it doesn't mean their brain is dead. They are very much the same. (lines 481- 484)

For Tina, COVID-19 restrictions combined with fatigue had a major impact on her daughter's friendships.

> I think [adolescent]'s recovery combined with COVID takes away natural touchpoints that you would have. These casual "oh let's grab an ice cream", or "let's go down to the shop", and you know, "I'll just take the later bus and we'll hang out for an hour and I'll take a bus later". (lines 428-432)

Parents described how the loss of a friendship group resulted in their child spending more time with the family. In ways, the parents had replaced the friends.

> Cos what's happening then she is here with me and then, it's me bringing her to the gym, me going to swimming with her, me doing most… now she enjoys my company but there is only so much you can get of your mother [laugh]. (Paula, 516-518)

> ..pulled away completely from her friends. Didn't go out with them, … did nothing. And it was like me at home, the SNAs [Special Needs Assistants] at school. (Denise, lines 243-245)

Processing and Managing the Changes. Mary spoke frequently throughout her narrative about her process of accepting the changes that had occurred. She said that in the early stages after her injury: "I just couldn't accept that I wasn't the same anymore" (line, 225). She felt that it took her two years to come to terms with the changes. Talking to a counsellor was a turning point for her.

> And she [counsellor] said, like, you just have to accept yourself before anybody else can accept you. And, come the lockdown, I took my own time to accept myself. I said look, this is the situation, get over it and you can only make whatever you want out of it like. (lines 208-212)

Processing the changes was difficult for parents at times and they spoke about the emotional impact it had on them.

> You know, the fatigue, and the exhaustion, it's almost something that when you're healthy, you can't understand. Because I've spent so much time with her, you know, I was in hospital with her full time, and the same with NRH. And to see how draining conversations are. You know, that was very tough for me to witness. (Tina, lines 357-361)

> Oh my God, one class [attend one class per day on her return to school], [adolescent] would be well able for more. That was really difficult, accepting that your little girl, [pause] that there was changes, you know. (Paula, lines 371-373)

All parents reported that they had not engaged in any counselling as of yet because they did not have the time or capacity to do so; their focus was on caring for their child. They had received support in various ways: family; community and rehabilitation therapists; school staff; and work. Despite the social support, the experience could be isolating at times for them.

> So it’s been very… in a way it's been quite isolating. But, I’ll get through it. (Tina, lines 504-505)

> I’d be messing and joking because I didn't want to be doom and gloom for [adolescent]. It was bad enough that she was trying to recover. But, like, some days, I feel like crying my eyes out (Paula, lines 537-540)

Paula quotes illustrates how she almost took on the role of being an “architect of the positive” (Roscigno & Swanson, 2011, p. 1420) for her daughter. Staying strong for their child was a strong motivator for all of the parents. Much of the parents’ narrative centred on how they managed the changes that had occurred, rather than processing their own feelings and emotions. Parents took on multiple roles: cheerleader, advocate, instigator, architect of the positive, fighter, protector, and collaborator with other professionals. It seemed that the execution of these roles surpassed the need to care for their own feelings, as a result of their motivation to care for their child. These roles are discussed in more detail throughout the findings.

3.2.2 Challenging the New Normal: I am still capable

Adolescents. The theme of “I am still capable” was strong across all adolescent narratives. Even though things had changed, the adolescents did not view themselves as being incapacitated in the school setting. Instead, a capable and competent version of themselves shone through. Mary made references to being “well able” throughout her narrative (lines 13, 24, 51). This was particularly in reference to her placement in a special class which she left after one day: “I'm not on this level. Thank God I am able to do the Leaving Cert” (line 320). She referred to this placement multiple times throughout her interview, suggesting this placement was almost like an assault on her identity. Mary also recounted how she did not want one-to-one support in the classroom: “please, you’re making it look like there’s something wrong with me. Just give me my own space” (Mary, lines 328-329). Again, having too much support was perceived as a threat to their identity as a capable person.

Similarly, Brenda recounted an incident in school when she was given a colouring sheet and crayons in class by a subject teacher. Not only did she express her own horror but she also described how her friends were surprised: “Don't be like the teacher with me and give me colouring. Like, my two friends were looking at me and they were like, oh my God, Brenda, like colouring” (lines 242-244). It appeared that being viewed by others as being less able was jarring for the adolescents. Mary shared her initial thoughts about have one-to-one SNA support: “if anybody sees me with an SNA sitting beside me, I’d be like oh my God, I'm so embarrassed” (lines 261-263). Similar to Brenda’s narratives, the views of her peers seemed very important to her.

Vicki developed this further and spoke about the post-traumatic growth that she experienced, in that she felt that she had now become a more confident and empathetic person.

> I think I have changed. I think I have become more confident but I don’t really know why. I think I have become more caring, ... it’s not the caring of people, like, I always cared about people… yeah more empathetic, yeah, towards people. (lines 380-388)

Along with a need to protect their self-image, a fear of stigmatisation by others may have also played a role in the adolescents’ projection of a “capable” self. Being seen as “incapable” by others may have been a threat to their continuous sense of self. It seemed that the adolescents had to negotiate their sense of self with those around them; it was constructed in conjunction with others in their environment.

Parents and Teachers. Even though changes had occurred, all parents praised their children’s strength and progress throughout their narratives. It was clear that all parents fully embraced their role as cheerleader for their child. Words, such as “champion”, “brilliant”, “doing amazing”, “well able”, “doing so well”, “absolutely flew it” and “enormous progress” were plentiful in the parents’ descriptions of their children.

Like the adolescents' narratives, there was a strong recognition in the parents' accounts of their child still being capable despite the changes. Likewise, both teachers fully recognised the strengths of the adolescents. Phrases such as "determined young lady", "bright kid", "eager to do well", "an absolute dote", "will do very well", "hard worker" were sprinkled throughout their narratives.

Reflective Box 4

Due to my teaching background, I really enjoyed the interviews with the teachers. However, at times, I felt that I needed to bracket my past experience as a teacher. For example, even though I was curious about the IT teaching tools that they referenced, I kept the focus on the task at hand. In these interviews, I almost felt that I had an insider perspective. This was in contrast to the family interviews in which I retained an outsider perspective (i.e. had not experienced ABI or had a family member with ABI).

3.3.3 Negotiation of the New Normal with others: A Multi-directional Process

The theme of "negotiation of the new normal with others" was closely linked to the first theme. This theme captures how the "new normal" does not exist on its own but is mediated through interaction with others in the environment. For adolescents, this involved negotiating with the adults around them around how much support they needed. For parents, it entailed working at both school and systemic levels to create an inclusive learning environment for their child. Teachers spoke about how support was negotiated in terms of adapting their support to fit the new normal.

Need help but not that much: Adolescents. This theme was prevalent in all adolescent accounts. Both Brenda and Mary spoke about their evolving relationship with the SNAs and how that support was negotiated. Both teenagers articulated how initially they did not want individual support (Brenda, line 25 and Mary, line 261-263). After negotiation, good working relationships with SNAs were established for both adolescents.

> And it depends if I'd want her to stay in the class with me she'd stay or if I asked her to leave, she'd leave. So it's great. (Brenda, lines 45-47)
>
> Don't be on top of me. Look I'll come to you. (Mary, line 258)

For Mary, this dichotomy of "needing help but not wanting it" also applied to her experience with community and rehabilitation therapists. She linked it back to her process of accepting the changes to herself: "and that's the only way I could put it. I didn't want to be there. But it was so helpful, like. When I look back now. I wouldn't be where I am without" (lines 214-215). She was aware of the value and the need for the therapies and the SNA support (lines 78 and 215), but it was almost as if she needed time to negotiate with herself about accepting the help.

For Vicki, negotiation with others in regards to the management of her fatigue was futile, as she is the only person that experiences it. There is almost a sense in her words that others did not understand what she is going through.

> I feel like it's, it's kind of thing I have to deal with because it makes things easier if I'm the person that feels it. And, people tell me all the time, oh, but you can just go to the nurse and you can get something, get a cup of tea and sleep. That's not the same, it really isn't (lines 84-85)

In her case, an arrangement was made that she herself could decide when she needed to go home and rest during the school day. It appeared that this arrangement gave her the independence to manage her own situation.

Need help but not that much: Teachers. In terms of the negotiation of the new normal, the teachers listened to the adolescents. Monica stated, "a lot of our decisions and the way we do things is based on her taking the lead" (lines 172-173). In Nora's narrative, knowing the student well was key to providing support in a mutually acceptable manner: "she doesn't want to be labelled" (line 218), "she wouldn't have wanted you know, oh this is for you [adolescent], but this is for everybody else" (lines 55-56) and "she doesn't want to be wrapped in cotton wool" (lines 398-399). This informed how support was provided, resulting in differentiation at a whole class level. Nora gave the example of providing key words and movement breaks to the whole class, instead of singling out the adolescent. More examples are provided below.

> I'd often kind of give the breaks to the class as opposed to her. (Nora, lines 222-223)

> So again, like I said, it's like kind of something that we do for everyone. So while it does really help [adolescent] maybe more so than another kid, they're all getting that so it's not like she feels as any special accommodation. (Monica, lines 552-555)

Both teachers were very cognisant that the adolescent did not want to be signalled out for special treatment in the classroom.

For Monica, the school's inclusive ethos fed into her everyday classroom practice, along with the improved IT infrastructure due to the school lockdowns.

> So we're all quite used to adapting and including kids for all different needs and whether that's physical or intellectual needs, that is there and quite a lot of our differentiation then just comes nearly second hand so.. oh my god, I'm probably going to have, to have, to think what I do literally. (lines 16-21)

It appeared that both teachers linked their perception of the character or essence of their school to their ability to include the adolescent. Monica spoke about how the inclusive and "techy" culture of her school enabled her to successfully include the adolescent in her lessons (lines 9, 127, 161, 165, 410, 418, 473 and 498). Nora remarked on numerous times during the interview about how "small" and "local" her school was (lines 27, 162, 164 and 184). It seemed that this school culture allowed her to respond empathetically to the needs of the adolescent. One of the teachers added that not every school has a culture that is amenable to inclusion.

Working it all out together: Parents. For the parents, the negotiating "new normal" was experienced in both positive and negative ways. All parents reported positive working relationships with schools.

> The school are amazing to her. (Paula, line 207)

> And they were brilliant I have to say. Oh my god, the school really was. They came on board. The principal was excellent, absolutely excellent, promoted inclusion. (Denise, lines 287-290)

> The school was just fantastic. (Tina, line 189)

Tina felt that her relationship with the school had evolved into more of a partnership.

> …more of a partnership. They are all so focused on helping [adolescent] and they are so keen to hear what else they can do. You know, I feel comfortable saying what you recommend. And it's a different type of relationship. (Tina, 294-297)

For Paula, the most important part of the negotiation of the "new normal" was that her daughter felt listened to during the process. In her view, this helped her daughter to take ownership of her own progress: "And most importantly, for me as a parent, throughout the whole experience of [adolescent], I really felt that [adolescent] was listened to" (lines 148-150). A divergence was noted in Denise's narrative in that initially she had to "fight" (line 112) with the school about the return to school. However, after the early stages, she felt the school "came on board" (line 283) and that they "really did pull it out of the bag" (line 290).

Input from rehabilitation services was considered to play an integral role in the negotiation of the new normal within the school setting.

> The NRH played a wonderful role, facilitative role, with the school. (Tina, line 179)

> They had some zoom calls with the girls in the rehabilitation in NRH and that. They set down strategies and what would be expected of teachers and stuff. (Denise, lines 285-287)

> What I like about them [the school] is, everything that NRH has asked them to do, they have actually done everything. (Paula, lines 385-387)

In addition, parent education from the rehabilitation services was considered to be very helpful for parents in negotiating the new normal.

> In the NRH, I got an awful lot of information. And there were a lot of parent education sessions about processing power, higher processing and how fatigue affects your memory and executive processing functions and all that good stuff. (Tina, lines 580-583)

> I feel that NRH were very good at educating parents, you know. And the therapist up there [name] is absolutely amazing. Like, she would have really educated me. (Paula, lines 194-196)

Paula referred to strategies she was given by the rehabilitation therapist as “jewels” (line 523). The metaphor of jewels really symbolizes the value that she placed on the support she was given.

Working it all out together: Teachers. Guidance was given to the teachers not only from adolescents but also from parents, SENCOs and rehabilitation therapists. Both teachers articulated the importance of communication and information in negotiating the new educational landscape for the adolescents.

> Information is key. A lot of the time I feel and this goes not only for acquired brain injuries, but with individual needs of students, Teachers need to be informed. (Nora, lines 251-252)

> You know, it is very clear cut, they would have all the strengths and needs profiles available for the kids at the start of the year. They're [SET team] always around for questions. Like I said, communication is key. (Monica, lines 274-278)

Both teachers referenced the use of Individual Support Plans and Strengths and Needs Profiles as a method of communicating information about the adolescent between the Special Educational Needs (SEN) department and subject teachers. Nora explained how each subject teacher filled in accommodations for their specific subject area and she found reading other teachers' contributions very helpful. She referred to it as a "nice collaboration" (line 265).

There was divergence in the amount of communication between the class teacher and parents. Whilst Nora highlighted informal communication channels with parents, Monia reported that the key worker communicated with parents and fed it back to the subject teachers. Nora's repeated reference to the school as being "small" and "local" may be a contributing factor in the ease of communication between parents and school.

Guidance for teachers mostly came from their SEN departments. Monica noted the benefits of having a meeting with the NRH: "It was really interesting to just have a chat and just feeling that openness that you could ask kind of questions as well. I mean, like I said, they were very clear" (lines 200-201). One teacher did comment that more "connectivity" with community and rehabilitation services would be helpful (line 298).

Fighting the system: Parents. Juxtaposed to the positive experience of working together was the experience of "fighting the system" in two parental narratives. A clear distinction was made in both narratives between the positive relationships with professionals and the negative experience of working within an overstretched system. As Tina stated,

> If you remove yourself from the person level, and just look at the system. Hey, there's somebody who had this traumatic experience, completely unexpected, resulting in a mega severe acquired brain injury with all its consequences, who needs to get through schooling, secondary schooling, to achieve a Leaving Certificate, you know. If you look at it from a distance, nothing is adequate. The system completely fails those patients, on all levels, you know. Everybody is trying to do their best to cope and help, within the confines of their role and system. But from a state system, it is just not adequate. (lines 591-599)

Both parents described “fighting” from the very beginning, at the acute hospital, stage up until the present day. In terms of the health system, recounts of dealing with long waiting lists, a lack of access to services and being passed from service to service dominated the parent narratives.

Denise recounted how she had to refuse to leave the hospital until she received a referral to a post-acute service. She further described having to secure community services by “doing a lot of begging and knocking on doors” (lines 693-693). She used the similes of being like a “tyrant” and a “bulldog” (line 705) to illustrate the depth of her determination and perseverance. She also uses the imagery of being a fighter, almost as if she was in battle, fighting on behalf of her daughter: “You don’t get anything in life for free. You have to fight for everything. You have to fight for everything” (Denise, lines 621-622).

Throughout her narrative, Tina’s frustration with both the education and health systems was evident through her choice of words, such as “appalling” (lines 262 and 272), “nightmarish” (line 263) and “outrageous” (line 605). The Reasonable Accommodations in

Certificate Examinations (RACE) was provided as an example of a symptom of a system that is not fit-for-purpose.

> But the [RACE] accommodations are *clearly* [emphasis added] not catered to people who have traumatic injuries like [adolescent] has, you know. They originally probably started out for people who may have dyslexia and need an extra 10 minutes, so you only get something like an extra 10 minutes per exam hour. Which is absolutely insane when you're dealing with somebody who is suffering from fatigue, and is physically impaired. (lines 611-617)

Emphasis was placed on the word “clearly” for further effect. Tina ends this discussion by saying “people are very exposed” (lines 676-677), really conveying the fragile and vulnerable position that parents have within the system. It was clear that the constant battle took an emotional toll on the parents, with one parent commenting: “It does wear you down sometimes, you know” (Denise, lines 622-623).

Even though the focus of the interview was on the experience of school, the journey from hospital to school seemed to be an integral part of the narrative for all three parents. All of the parents spent considerable time at the start of the interviews describing in detail their experiences in the acute and post-acute settings. In all three narratives, there was a flow of words from the parents about this experience. It seemed that this part of the journey had a deep psychological impact on them.

Reflective Box 5

The parents’ accounts of having to fight in order to secure resources for their children really struck a chord with me. In my various professional roles, I have witnessed parents having to navigate waiting lists and complex referral pathways. I also personally experienced the need to advocate for my own family members in the health system. Like the parents in this study, I realised that these difficulties were due to inherent systemic problems rather than at an individual level. I certainly felt that I could empathise with the parents to some level and also, felt angry that they had to experience this during a traumatic time. In the data analysis stage, I made an effort to both acknowledge and realise the possible impact of my feelings on my interpretation of the data.

3.3.4 Punctuating the New Normal: COVID-19

This research study did not originally set out to explore the impact of COVID-19 on the experience of school. However, as the research study evolved, COVID-19 took a firm hold across the world and the majority of the participants spoke about the impact of COVID-19 on school. It seemed that it was impossible to separate COVID-19 from the experience of school. Participants' experiences of COVID-19 emerged as being either positive or negative.

Positive. For some participants, the school closures had a positive effect on their experience of school. As stated previously, Mary found that the school closures gave her a chance to accept the changes that had occurred and to catch up with schoolwork. She also noted the benefits of having lessons in video format: "But at home, you could go back and watch it if you weren't there at 9 o'clock. And you could watch it at one o' clock and you could catch up then. There's always time to catch up" (lines 55-57). Likewise, Brenda pointed out the benefits of online classes during the school lockdowns and concluded that school lockdown made things somewhat "easier".

> I actually found it, well, easier. Well, I found it good because a couple of my teachers like, I'd stay back and I'd ask them question about the homework. And they'd stay on me but then when I'd have my smaller classes, sometimes the other people wouldn't show up and it would only be me. (lines 165-169)

Two parents shared a positive experience of school lockdown. Paula recalled how initially she was "panicked" when the pandemic began as the services were closed down. However, she now realises that it gave her daughter time to process what had happened.

> She got to grieve in her private space. We had nobody calling. She was out of school. She was out of everywhere. She really needed that time. And I think that’s where [adolescent]’s recovery started, when the COVID came in because realization set in. She realised what was after happening to her. (lines 627-630)

According to Paula, this led to her daughter becoming more focused on her therapy programmes. Similarly, Denise recounted how the pandemic forced them all to slow down and this aided recovery: “They have no stress and they have time to, recover and heal and they don’t have that time at times” (lines 415-416) and “I wasn’t rushing and racing for [activity] for her and for [activity] dancing for the other one. It was just a more relaxed house and it just suited her” (lines 422-424).

Monica maintained that the school lockdowns improved systems and practices in the school and this had a positive knock-on effect for supporting the adolescent: “COVID has scrambled how we'd normally approach things, but at the same time, that really helped [adolescent] so in so many different ways” (lines 617-618). She spoke about how the improvements to the IT infrastructure due to school lockdown resulted in long-term changes to teaching practices that were more favourable to the adolescent. Examples included joining lessons remotely and sharing teacher notes online.

Negative. For Tina, the pandemic had a detrimental effect not just on the return to school but also, on various aspects of their rehabilitation journey: “COVID was just a nightmare, because it just put a layer of complexity on a really difficult situation” (lines 517-518). She spoke about how the pandemic delayed hospital procedures, impacted the return to school and impeded friendships. Vicki spoke about the effect of the pandemic on her friendships. She was not able to see her friends throughout it due to health reasons.

> It was also difficult, in the way, in the fact that we couldn't, we obviously couldn't see each other and I genuinely hadn't seen anybody in a year. It was over a year I would say, that just made things a bit more difficult. (lines 15-17)

Overall, it seemed that the consequence of COVID-19 depended on where the family was on their recovery journey. For those families with a recent injury, COVID-19 had a devastating effect: delaying treatment, services and the return to school. For those where there had been a period of time between the injury and the start of the pandemic, COVID-19 provided a welcome reprieve on their journey.

3.4 Discussion

The current study explored the experience of school following ABI from the perspectives of adolescents, their parents and teachers. The first research question enquired about the experiences of adolescents with ABI, whilst the second question asked about the experiences of parents and teachers. Four overall GETs were identified: The new normal: things have changed; Challenging the new normal: I am still capable; Negotiating the new normal with others: a multi-directional process; and Punctuating the new normal: COVID-19. The findings of the study are discussed in relation to extant research. The wider implications for clinical practice and future research are considered in this section, along with the methodological strengths and limitations of the study.

3.4.1 Key Findings

The key findings are discussed below in relation to current literature and psychological theories.

The New Normal: Things have Changed. Parents and adolescents acknowledged that things had changed since the injury. The injury had triggered a “biological disruption” (Bury, 1982) whereby each adolescent’s school life as they knew it had changed.

Adolescents. Adolescents spoke about the academic, emotional and social changes that had occurred. The systematic review that was undertaken in conjunction with this study also identified change as one of its main themes. One key difference between the review and this study was that there was less talk by the adolescents in this study about internal changes. The adolescent narratives appeared to focus more on different aspects of the new normal: the process of accepting the changes, changes in relationships in the school setting or changes in the practical aspects of day-to-day school life. Time since injury appeared to be a mediating factor in the differences in the perspectives. This aligns with Bronfenbrenner's (2005) concept of the chronosystem: the effect of time on development. A similar study on school participation after ABI supported this finding, concluding that "being at school was a dynamic process" (Mealings & Douglas, 2010, p. 14).

A major facet of the new normal across all adolescent narratives was changed friendships. Brenda experienced a loss of friendship immediately after her injury and it was something that affected her deeply. This finding is in line with Social Identity theory's assertion that group membership leads to a sense of belonging (Tajfel, 1982). Belonging to a social group is considered to be particularly important in adolescence (Newman et al., 2007). Sudden friendship loss has also been reported in other ABI studies (Gauvin-Lepage & Lefebvre, 2010; Jacobs-Nzuzi Khuabi et al., 2019; Rødset, 2008; Roscigno et al., 2015). Peer attitudinal barriers, a lack of understanding about ABI and changes to the adolescent's social skills were all cited as contributing factors in these studies. Adolescents in one of the studies regarded social difficulties as being more difficult to cope with than academic difficulties (Rødset, 2008). For Vicki, she now had a smaller group of friends than before her injury, but she considered these friends as being very close friends. This is similar to children in Roscigno et al.'s (2011) study who realised that some of their pre-injury friendships were superficial.

Whatever the cause of the friendship loss, both parents and adolescents acknowledged the value of friends in the school setting. Friendship is considered to play a central role in the adolescent's ability to develop self-esteem and to deal with challenging life events (Hartup, 1993; Waldrip et al., 2008). Positive peer social support is well documented in ABI literature as having a positive effect on the wellbeing of individuals with ABI (Douglas, 2012; Haslam et al., 2008).

Parents. For parents, processing the new normal was emotionally difficult at times, similar to reports in other studies (Brown et al., 2013; Jordan & Linden, 2013). Examples included accepting that their child needed a reduced school day on their return to school, witnessing the impact of their child's fatigue on their academic progress and observing their child's altered friendships. Similarly, academic and friendship concerns were cited by parents as a source of worry in a study by Prigatano and Gray (2007). Feelings of parental isolation were reported, again similar to other studies (Brown et al., 2013; Tyerman et al., 2017). Having an individual with ABI in a family has been described as a "family affair" due to the emotional impact that it can have on every member of the family (Lezak, 1988, p. 111). According to the Resilience model of Family Adjustment and Adaption, a family's ability to adapt is determined by their resources (i.e. personal, social support and family resources), their appraisal of the situation, and their coping and problem-solving abilities (McCubbin, 1993; Spina et al., 2005). It was evident in the parents' narratives that a major personal resource for them was their determination to support and to care for their child. For the parents in this study, social support from school staff, community and rehabilitation therapists and their own families was noted as being very valuable to them. Parents in other ABI studies concurred with this finding (Clark et al., 2008; Robson et al., 2005). It was also noteworthy that two parents in the study had medical backgrounds and this may have been a personal resource for them.

The parents’ experience of managing the new normal was characterised by the adoption of various roles, such as cheerleader, advocate, instigator, architect of the positive, fighter, protector and collaborater. This is similar to a finding in a systematic review by Tyerman et al. (2017) about the experiences of parenting a child with ABI. Parents described taking on additional roles alongside their parenting role, such as a full-time carer, advocate and quasi-professional roles, like a trainer or medical assistant (Tyerman et al., 2017).

Challenging the New Normal: I am Still Capable.

Adolescents. The concept of the “loss of self” is dominant in ABI literature (Gelech & Desjardins, 2011). However, in this study, the adolescents identified as being a capable person in the school setting. This is similar to Medved and Brockmeier’s (2008) notion of the “continuous self” in which participants experienced a continuity of self rather than just a “lost self” (Nochi, 1998). Participants in other ABI studies reported the same concept of continuity of self (Mealings et al., 2020; Roscigno et al., 2011). The findings of the study do not lend support to the self-discrepancy theory (Cantor et al., 2005) in which individuals with ABI dwell on negative discrepancies between their pre-injury and post-injury self. In fact, Vicki reported positive changes to her identity. Adult accounts of ABI recovery have also reported positive self-identity changes (Collicutt McGrath, 2008; Klinger, 2005). Post-traumatic growth is a term given to the positive changes to self that can occur after a traumatic event, such as ABI (Tedeschi & Calhoun, 2004). The findings of this study support Thomas et al.’s (2014) concept of a “change in the sense of self” as opposed to the idea of a “loss of self” following ABI (Thomas et al., 2014, p. 1043).

For adolescents, their sense of self was not only impacted by individual factors but it was also affected greatly by their interactions with others. This is in line with the social constructionist view of identity which postulates that the self is constructed through interactions with others (Gelech & Desjardins, 2011; Thomas et al., 2014). When the adolescents experienced a disproportionate amount of support from school staff, it became a threat to their perception of themselves as capable people. This aligns well with the construct of a "loss of self in the eyes of others", as described by Nochi (1998). It occurs when there is a discrepancy between an individual's view of themselves and other people's perception of them. Strong resistance to other people's "delegitimation of one's sense of a continuous inner self" was noted in Gelech and Desjardins' (2011) study and this was evident in the current study also (p.68).

A fear of stigmatisation by others may have also been a factor in projecting the idea of a "capable" self. Stigma occurs when a group in society experiences negative or rejecting attitudes from others based on a specific characteristic of the group (Link & Phelan, 2001). Research has shown that people with ABI can experience stigmatising attitudes from work colleagues, family members, friends or the general public (Gelech & Desjardins, 2011; Linden et al., 2005; Nochi, 1998). As a result, non-disclosure about their injury or the associated sequela can sometimes occur (Riley & Hagger, 2015).

Overall, the findings align well with Gelech and Desjardins' (2011) distinction between the private and public aspects of self. The "private aspects of self" or inner self represent a core essence that is continuous from pre-injury and is unique to them. In this study, the adolescent's view of themselves as still being capable ties in with this idea of a core essence. The "public aspects of self" or outer self refers to the social roles that have changed as a result of their injury and the perceptions of other people. The adolescents in this study were aware of the changes that had occurred but felt aggrieved by disproportionately negative responses from others. For example, Brenda described one occasion in which she was given markers and a colouring page in class.

Mary also described a threat to her sense of self when she was placed in a special class. Her adverse reaction to this placement can also be understood within the framework of Social Identity theory (Tajfel, 1982). As stated previously, this theory proposes that a sense of identity is developed on the basis of membership with a specific group. A negative transition to a lower-status group can bring about a threat to one's sense of self of sense and as a consequence, negative feelings (Haslam et al., 2008). Parallels can be drawn to a study by Dwyer et al. (2019) in which young adults with ABI were placed in nursing homes following acute care. The adult participants felt at odds in this setting and it led to feelings of "not belonging, confinement, disempowerment and emptiness" (Dwyer et al., 2019, p. 40). These examples really illustrate the influence of the microsystem on a person's development (Bronfenbrenner, 2005).

Parents. It was evident from the parent and teacher narratives that both groups recognised that the adolescents as being capable despite the changes. The parent's view of their child was similar to the "improving child" narrative in Riley and Balloo (2016) in which the mothers acknowledged that changes had occurred. Like the parents in this study, they also felt that their child was essentially the same person and their narratives were full of praise for their child's progress and strength (Riley & Balloo, 2016). Riley and Balloo's (2016) found two other maternal narratives that were not evident in this current study. From the "child with a problem" perspective, parents felt that their post-injury child was now a completely different person with a multitude of problems, when compared to their pre-injury child. A third narrative, "an improved child", was put forward by one mother in Riley and Balloo's (2016) study. She viewed her post-injury child as being fundamentally different and being an "improvement" on her pre-injury child (p.6). In this study, only the "improving child" narrative was present in the parents' accounts.

***Teachers*.** The teachers also had high expectations for the adolescents, whilst acknowledging the burden of state exams. The power of teacher expectation has long been recognised in educational research (Braun, 1976; De Boer et al., 2010). Having high expectations for student achievement has a positive effect on a student's motivation, self-efficacy, self-concept and academic performance (Wang et al., 2018).

Negotiating the New Normal with others: A Multi-directional Process. Not only was the new normal in a constant state of flux, but it was actively negotiated with others. All participants spoke about their need to consult and bargain with each other. The interactions described in this section between the parents, educators and rehabilitation therapists are examples of proximal processes at the mesosystem level in Bronfenbrenner's (2005) bio-ecological systems theory

Adolescents. Initially, the adolescents did not want any SNA support, similar to other ABI studies (Roscigno et al., 2015; Sharp et al., 2006). Negotiations took place to resolve the discrepancy between how much SNA support the adolescents wanted and how much was provided. The adolescents were conscious of their social standing with their classmates when accepting SNA support and this is not surprising given that social comparison with peers is a common trait of adolescence (Baumeister & Leary, 1995). Research has also demonstrated that having an SNA in close proximity throughout the school day is associated with less peer interaction (Blatchford et al., 2012). Other ABI studies found that the acceptance of SNA support was contingent on the helping style of the SNA (Mealings & Douglas, 2010; Mealings et al., 2021). A helping style that was perceived as being controlling was a barrier to the acceptance of that support.

Parents. Negotiating the new normal between families and schools was generally noted as a positive experience by parents. One finding of the systematic review undertaken alongside this study was the inconsistent implementation of community and rehabilitation therapists' recommendations in the school setting. Teachers and SENCOs indicated in one of the included studies that organisational and cost difficulties made the implementation of recommendations more challenging (Bate et al., 2021). However, this does not align with the findings of this study as parents reported that recommendations were fully implemented in the school setting. In addition, the parents reported positive partnerships with teachers and support from school leadership. All parents did call for more awareness about ABI in general and this is repeated frequently in the literature (Hartman et al., 2015b). This is also in line with findings from the systematic review. Minimal to no training about ABI takes place on initial teacher training programmes (Ettel et al., 2016; Kahn et al., 2018; Mohr & Bullock, 2005).

Some parents had the added pressure of "fighting the system" in order to secure services for their children. This finding is consistent with previous ABI research on parental experiences (Heary et al., 2003; Jordan & Linden, 2013; Roscigno & Swanson, 2011). Not only does "fighting the system" lead to delays in rehabilitation and care, but it can also increase family stress (Roscigno et al., 2015). This is an example of factors working at an exosystemic level (Bronfenbrenner, 2005) impacting on adolescents even though they may not be directly involved in "fighting the system". One parent in this study also described the need to advocate for their child with school staff in the initial stages of the school return. Parents of injured children in other studies also described similar experiences (Jones et al., 2021; Roscigno et al., 2015).

Teachers. Running through the teacher narratives was a sense of open communication and effective collaboration with their schools' SEN departments. The teachers explained that this was vital to their ability to adapt the teaching environment to accommodate the new normal. The literature on inclusion highlights the importance of teachers learning from each other and other professionals (Avramidis & Norwich, 2002; Leatherman & Niemeyer, 2005). The process of inclusion necessitates a “process of social learning within particular contexts” (Ainscow & Sandill, 2010, p. 404). Kinsella (2020) proposes a conceptual model of inclusion, with five central elements: communication, consultation, collaboration, co-ordination, and collaborative enquiry. From the teacher narratives, it appeared that these core processes were taking place within their schools.

A recurring theme in ABI literature is the lack of co-ordination between educators and rehabilitation and community services (Hartman et al., 2015b; McKinlay et al., 2016; Mealings et al., 2012). However, in this study, the teachers reported that consultation took place between the school and rehabilitation team, similar to teachers in Bate’s et al. (2021) study. This aligns well with the Circle of Community Interdependence model which advocates for consultations between experts in medicine, rehabilitation, community and the family during the entire rehabilitation process (Blosser & DePompei, 2019; Condelucci, 2008). This is in contrast to the traditional continuum of care model in which each stage is distinct and no interconnection exists. In this model, the adolescent is discharged from one service (i.e. acute hospital setting, rehabilitation team, community team) and no interrelationship takes place with the new service or with the school (DePompei & Tyler, 2017). One teacher did note that additional consultations would be valuable.

For both teachers, a vital part of the new normal was following the adolescent’s lead when differentiating the learning environment and curriculum. Underlying this behaviour was an understanding of the adolescent’s learning needs and preferences. Both teachers acknowledged that the adolescents had a strong desire to fit in, similar to adolescents in other ABI studies (Heary et al., 2003; Mealings & Douglas, 2010; Sharp et al., 2006). As a result, the teachers aimed to ensure that the classroom accommodations were universal (i.e. key words were given to every student in the class and not just to the adolescent with ABI). This approach is comparable to the Universal Design for Learning (UDL) approach in which multiple ways to represent information, express knowledge, and engage in learning in the classroom setting are promoted (Rose et al., 2006; Rose & Meyer, 2002).

Punctuating the New Normal: COVID-19. One striking aspect of the findings was the impact of COVID-19 on the participants' experiences of school and life, in general. It was woven through most of the narratives. For some participants, the effect of the global pandemic on their experiences was positive (reduced academic pressure; more relaxed family life; more time for physio; time and space to process the changes; less stress; improvements to school IT infrastructure) and for others, it was negative (social isolation; health restrictions; suspended services; suspended medical procedures). Not surprisingly, the literature in this area is limited due to the recent nature of the global pandemic. In one study, parents of children with ABI reported that their experience of caring for their child's education and daily activities was stressful during the pandemic (Williams et al., 2021). Similar to one parent's experience in this study, the parents named social isolation and restrictions on leaving the home as the biggest stressors for their children. Some positives were noted, particularly increased quality family time, as was reported by some parents in this study. In a survey with adult ABI survivors by Headway UK, more than half of the respondents described feeling isolated during lockdown and a similar proportion reported that the lockdown had a negative impact on their wellbeing (Tyerman & Headway, 2020). One adolescent participant in this study also commented on the social isolation that she experienced during lockdown.

The global pandemic brought about a raft of measures that changed everybody's day-to-day life and it really illustrated the power of context on the experience of school following ABI. For some, COVID-19 aided their recovery and for others, it was a barrier. Within the ecological-transactional model (Bozic & Morris, 2005; Cicchetti et al., 2000), the pandemic could be considered as operating at the macrosystemic level. For some participants, this event was a protective factor but for others, it became a risk factor. This finding clearly illustrates how the experience of school is not just dependent on ontogenic factors but is also heavily influenced by factors (i.e. global pandemic) at the macrosystemic levels.

3.4.2 Limitations

Limitations of this study include a small sample size, a lack of a pilot interview with an adolescent with ABI, failure to recruit a third teacher and the impact of study the design on participant contribution. Further information about the limitations is presented in the Critical Review paper.

3.4.3 Implications for Practice

The findings highlight the need for changes to clinical practice. Implications for practice are displayed in Table 3.5, using Bronfenbrenner's (2005) bio-ecological systems theory as a frame. A more detailed explanation of the implications is provided in the Critical Review paper.

Table 3. 5

Implications for Practice

	Implications for practice
Ontogenic (Individual level)	• person-centred approach • student involvement in planning supports • teaching self-advocacy skills • therapeutic work with adolescents around identity and friendships
Microsystemic (Family and school level)	• support for families • strengths-based approach • more flexible timetabling • awareness training for peers about ABI • EP consultation around support
Macrosystemic (Cultural level)	• training for teachers • educational policy for students with ABI, including a review of RACE for students with ABI • timely access to rehabilitation and community services

3.4.4 Future Directions for Research

In order to expand on our understanding of the phenomenon of school following ABI, future research could incorporate the perspectives of fathers and members of rehabilitation and community teams. Further exploration around the underlying factors of friendship loss following ABI would be very valuable.

4.1 Conclusion

Overall, this study produced interesting findings about the experience of school following ABI. The findings are now presented in relation to the specific research questions.

3.5.1 Research Question 1: How do adolescents experience school following ABI in an Irish mainstream post-primary school?

A major tenet of the adolescents' experience was that "things have changed but I am still capable". All of the adolescents spoke about receiving a disproportionate amount of support in school. Receiving this support in front of their peers was particularly uncomfortable for them. Being the same as their peers was a strong motivator for them. Convergence was also found in their experiences in the following areas: changes in their school life, changed friendships, the need to negotiate support from others and the effect of COVID-19. In spite of the similarities in the accounts, each of the narratives appeared to have its own focus. Mary's account made many references to the need to accept what had happened. Brenda spoke frequently about relationships and the availability of social support. On the other hand, Vicki was concerned about the practical aspects of her new normal: fatigue and catching up on missed academic work. Divergence was evident in the types of friendship loss that they experienced. Overall, the findings suggest that Nochi's (1998) emphasis on the loss of self is too simplistic to explain adolescents' experience of self in the school setting following ABI. Instead, theoretical connections were made with Gelech and Desjardins' (2011) constructs of public and private self.

3.5.2 Research Question 2: How do parents and teachers experience supporting an adolescent with ABI who is attending an Irish mainstream post-primary school?

The parents' experience of supporting their child in school was characterised by managing, process and negotiating the new normal. Managing the new normal was different for each parent. The parents took on many different roles when supporting their child in school: cheerleader, advocate, instigator, architect of the positive, fighter and protector and collaborator with other professionals. Hard work and perseverance were noted by one parent as being necessary to achieve the progress that was obtained. For other parents, positive partnerships with the teachers and clinicians was key to their success. There was a divergence in one account when a parent described how initially she had to "fight" for schools supports. All parents reported that managing the changes was difficult for them emotionally and supports from family, friends and professionals were all cited as being helpful. COVID-19 impacted on all of their experiences of supporting their child. Overall, the parents' narrative fits in with Riley and Balloo's (2016) concept of the "improving child": their child had changed but was essentially the same person.

The teacher's experience of supporting an adolescent with ABI in school involved a negotiation of the new normal. Common to both accounts was the centrality of the adolescent in the planning and structuring of supports. Both teachers based their inclusive practices on the needs, preferences and interests of the adolescent. Furthermore, the accommodations were delivered in a way that did not single out the adolescent in front of their peers. Information-sharing and open communication with SEN colleagues and rehabilitation therapists was valuable in the construction of the new normal. Both teachers alluded to the ethos of the school as being the underlying reason for the success of the inclusion process. For Nora, she made frequent references to her school being "small" and "local", which allowed for open communication channels. Having an inclusive and “techy” school culture was viewed as being a facilitator for inclusion in Monica’s narrative.

4. Critical Review

A critical reflection of the research study is presented in this paper. First, a reflection on the epistemological position is provided. This is followed by critical appraisals of the systematic review, methodology, measures and data analysis. The strengths and weaknesses of the study are identified. Implications for psychological knowledge, educational psychology practice and future research are discussed. The paper finishes with a personal reflection on the research process.

4.1 Critical Reflections on the Research Process

A critical reflection of different parts of the research process is presented below.

4.1.1 Reflections on the Epistemological Position

Epistemology is a philosophical approach that is concerned with the nature of knowledge (Mertens, 2020). Hermeneutic phenomenology was adopted as the epistemological position of this study. This position embraces two distinct philosophical theories of knowledge: phenomenology and hermeneutics. This approach does not seek knowledge about the underlying reasons behind a phenomenon (Willig, 2013). Its primary goal is to gather knowledge about the individual’s feelings, thoughts or perceptions about an experience (phenomenology). It acknowledges that knowledge requires interpretation on the part of the researcher in order to make sense of the individual’s interpretation (hermeneutics) (Smith et al., 2022).

4.1.1.1. Rationale for Hermeneutic Phenomenological Epistemology. Other epistemological positions within various paradigms were explored during the early stages of the research process. Situating the research within the pragmatic paradigm was considered. Its epistemological position accepts that knowledge can take different forms, dependent on the research question (Mertens, 2020). Thus, a major strength of this paradigm is its ability to allow the researcher to combine both qualitative and quantitative research methods to answer a research question (Maarouf, 2019). In this study, a pragmatic approach would have endorsed the collection of quantitative data, such as inferential statistics of data from the Back to School Interview (Hemmingsson et al., 2012) or the School Setting Interview (Kocher Stalder et al., 2018). However, it was decided that searching for absolute truths would undermine the phenomenological focus of the study.

Contemplation was given to both the social constructionist and critical realist epistemological positions. Similar to hermeneutic phenomenology, both approaches acknowledge that the construction of knowledge involves an amalgamation of participant experience and researcher interpretation. However, both were discounted due to subtle differences in their approach to interpretation. Ricoeur (1970, 1996) made the distinction between interpretations based on “empathy” and those grounded in “suspicion”. The goal of an “empathic” interpretation aims to understand the experience of the individual, whereas a “suspicious” interpretation is to identify the deep or hidden structures that underpin the social world (Ricoeur, 1970, 1996). A critical realist approach has been linked to “suspicious” interpretation (Willig, 2013). The critical realist’s epistemological position has a strong commitment to understanding the underlying structures underpinning a phenomenon . Social constructionism falls “to some extent” within the “suspicious” interpretation, due to its focus on the role of language (Willig, 2013). It was decided that using a social constructionist epistemological position would entail a loss of focus on the personal experience (Smith & Nizza, 2022). The phenomenological approach adopts a more empathic approach to interpretation due to its emphasis on “what is there rather than what might be hidden” (Willig, 2013, p. 145). In contrast to the other epistemological positions, the hermeneutic phenomenological position encompasses both empathy and suspicion (Eatough & Smith, 2017) . The researcher maintains an empathic stance in an effort to understand the individual's experience, whilst also being critical of the meaning they have attached to it (Eatough & Smith, 2017). For this reason, it was chosen over the other epistemological positions.

4.1.1.2 Research Reflections on the Epistemological Position. On reflection, embracing this epistemological position was an excellent research decision. Given the unpredictable nature of acquired brain injury (ABI), every adolescent with ABI follows their own unique trajectory and this epistemological position allowed the researcher to treat each participant's experience individually. By adopting this position, the researcher was able to follow the lead of the participant during the interviews, instead of imposing a set of questions derived from a psychological framework. The researcher was facilitated to understand and present the nuances in each participant's experience. For example, the hermeneutic phenomenological approach allowed the researcher to really delve into the experience of friendship loss in the school setting following ABI. The results indicated that that friendship loss is not homogenous in terms of causality. Overall, using a hermeneutic phenomenological approach has enriched this study and allowed the participants' meanings of their experiences to shine through. It led to the adoption of IPA as a methodological framework which influenced the choice of research questions, sample size, method and data analysis.

4.1.2 Reflections on the Systematic Review

In order to ascertain what was known about the research area prior to commencing the study, a qualitative systematic review was carried out.

4.1.2.1 Rationale for a Qualitative Systematic Review. A qualitative systematic review was chosen as the review question asked about human experiences. Previously, systematic reviews were predominantly used to answer questions about effectiveness in quantitative studies (Munn et al., 2018). However, the number of published systematic reviews of qualitative research is now growing (Tong et al., 2012).

4.1.2.2 Researcher Reflections on the Systematic Review. A difficulty arose when attempting to weigh the findings of the studies following the thematic synthesis. Due to the method of synthesis, all of the data from the included studies had been synthesised equally together. In order to combine both Gough's (2007) framework and the thematic synthesis method, it was decided that a sensitivity analysis could be completed if a low weighted study was included in the synthesis (Thomas, 2021). A sensitivity analysis assesses the contribution of lower quality studies to the final results of the synthesis (Thomas & Harden, 2008). By carrying out such an analysis, the contribution of any weaker studies could be ascertained in the final themes and their input could be removed if it varied greatly from the common themes. However, a sensitivity analysis was not necessary in the end as the WoE D ratings for the included studies were either medium or high.

4.1.3 Reflections on the Methodology

In line with the epistemological and ontological positions of the researcher, a qualitative design was used. The rich data collected by qualitative research "opens a window into the world of others" (Morse & Field, 1995, p. 18). Interpretative phenomenological analysis (IPA) was chosen as the methodological framework.

4.1.3.1 Rationale for Interpretative Phenomenological Analysis. IPA was chosen as the most appropriate methodology for a number of reasons. First, its focus on the lived experience aligned well with the aims of this study. Secondly, the idiographic nature of IPA was also appealing. The severity and site of brain injury, amongst other factors, can result in different outcomes and thus, the experience of school may vary widely for each individual. As an approach, IPA allows the researcher to explore each participant's experience individually, enabling them “to step into the participant’s shoes” (Smith & Eatough, 2006, p. 322). Thirdly, the results of the systematic review highlighted that the experience of school after a brain injury was an under researched area and IPA is considered a valuable approach when researching topics that lack prior research (Reid et al., 2005). Finally, IPA can be useful to explore the experiences of students that are underrepresented in educational psychology research (Emery & Anderman, 2020; Oxley, 2016).

In the initial stages of the research process, other methodological approaches were considered before IPA was selected and they are outlined below.

Descriptive Phenomenology. The phenomenological approach does not just comprise of IPA; descriptive phenomenology is another major branch of the phenomenological tradition (Neubauer et al., 2019). Whilst IPA is interpretative in nature, descriptive phenomenology aims to simply describe a particular phenomenon (Giorgi, 1992). The philosophical underpinnings of descriptive phenomenology leans more towards the work of Husserl, rather than that of Heidegger (Langdridge, 2007). A major component of this approach is bracketing in which the researcher attempts to “bracket” their own personal feelings, thoughts and experiences during the research process (Wojnar & Swanson, 2007). However, the epistemological position of the researcher in this study fully acknowledged the researcher’s role in the process of sense-making. Thus, descriptive phenomenology was judged to be incompatible and it was discounted as a possible approach.

Narrative analysis. Narrative analysis was carefully considered as a methodological approach. This approach embraces some of the same principles and philosophical underpinnings as IPA, especially in terms of its focus on people’s individual experiences or stories (Smith et al., 2022). However, the emphasis in narrative analysis is placed on how the story is presented by the participant, in terms of the sequencing of the story or the linguistic tools used in the description (Riessman, 2008). In contrast, this study was more interested in the meaning participants attached to their experiences and thus, narrative analysis was not chosen as the methodological framework.

Grounded Theory. The goal of Grounded Theory is to construct a theory that describes and explains a particular phenomenon based on patterns that emerge from the data (Bryant & Charmaz, 2007; Corbin & Strauss, 1990). With this aim in mind, a large sample size is recommended with this approach. Completing 30 to 50 interviews has been advised (Morse, 1994). Since the aim of this study was to capture the lived experiences of a small group of individuals, Grounded Theory was rejected as a methodology.

Thematic Analysis. Even though thematic analysis (TA) is not a methodology (Clarke & Braun, 2013), consideration was given to use TA as a method in conjunction with a theoretical framework. TA can be employed inductively or deductively to identify themes within the participants' narratives (Braun & Clarke, 2006). In TA, the entire data set is coded at a group level and themes are identified at a group level, rather than at an individual level. Thus, using TA as a method could involve the loss of the idiography of each participant's experience. The research questions were concerned with individual experiences of the participants and as a result, TA was not selected for use in this study.

4.1.3.2 Researcher Reflections on using IPA. Criticisms of IPA have been noted in the literature (Tuffour, 2017; Willig, 2013). One criticism levelled at IPA is its reliance on the participant's ability to effectively communicate their experiences to a researcher (Willig, 2013). This is particularly relevant to participants with ABI due to potential language or cognitive impairments and some researchers advise that phenomenological approaches may not be suitable for this cohort (Paterson & Scott-Findlay, 2002). However, the adolescents in this study were able to articulate their experiences of school without any difficulty. However, some accounts were richer than others. One adolescent, in particular, provided a very reflective and in-depth narrative of her experiences in school. It was difficult to ascertain whether the difference between this account and the other two was as a result of ABI factors, such as time since injury or individual differences, such as age or personality type. In spite of other researchers' reservations about using IPA in studies involving adolescents with ABI, the researcher felt it gave them the opportunity to speak about their experiences freely. In addition, IPA has been used successfully in previous ABI studies involving adolescents or adults with ABI (Buckeridge et al., 2020; Di Battista et al., 2014; Dwyer et al., 2019; Howes et al., 2005; O'Keeffe et al., 2020).

Some researchers criticise IPA for its limited recognition of the role of language in constructing meaning (Tuffour, 2017; Willig, 2013). IPA differs from other approaches, such as discourse analysis or content analysis, in which the focus is placed on the linguistic tools used by participants (Riessman, 2008). Even though the primary focus of IPA is sense-making, some aspects of language use (e.g. narratives, metaphors, false starts, repetition of words) are noted and analysed in data analysis (Smith et al., 2022).

4.1.4 Reflections on the Design

A multi-perspectival design was chosen as the most appropriate design for this study. This involved synthesising the experiences of three groups, whilst upholding the epistemological foundations of IPA.

4.1.4.1 Rationale for the Design. A multi-perspectival design was chosen for a number of reasons. Firstly, the use of a multi-perspectival design offers a "more detailed and multifaceted" account of a phenomenon (Smith et al., 2009, p. 52). This design brings together multiple perspectives to enhance the understanding of a phenomenon (Smith & Nizza, 2022). Secondly, this type of design allows for systemic thinking (Larkin et al., 2019;

Rostill-Brookes et al., 2011; Smith et al., 2022). Unlike typical IPA studies, a multi-perspectival lens not only looks at the meaning within a person, but also at the meaning “in between” people (Larkin et al., 2019, p. 194). This particularly helpful in this study as ABI can be understood from a systemic perspective, such as the ecological-transactional model (Bozic & Morris, 2005).

4.1.4.2 Reflections on using a Multiperspectival Design. On reflection, using this design achieved its objectives. It provided an intersubjective, multi-level and rich account of the experience of school following ABI. Some challenges were noted. In order to protect internal and external confidentiality, the three adolescents were presented as three females, even though one participant was male. This may have led to a possible loss of nuance in terms of the gendered perspective. The male perspective may have been lost in an effort to preserve anonymity. However, as noted previously in this paper, ABI factors and individual differences were more pronounced than gender in divergences between participant accounts. Another challenge was attempting to counteract the possible loss of nuance due to the complexity of data analysis in a multiperspectival design. This issue is discussed in more detail in the Reflections on Data Analysis section in this paper.

4.1.5 Reflections on the Sample

Eight participants were recruited through a gatekeeper. One of the criterion for the adolescent participants was that they attended a mainstream post-primary school. On reflection, the experiences gathered in this study may not represent the experiences of adolescents with ABI that attended a special school post-injury. Likewise, the experiences of adolescents with mild ABI may also vary from the experiences of the adolescents in this study.

During the reflection process, consideration was given to the all-female composition of the adult participant subsamples (parents and teachers). All-female subsamples are not surprising given the reported higher proportion of maternal experiences in comparison to paternal experiences in ABI studies (Tyerman et al., 2017) and the higher proportion of female teachers within the education profession (Government of Ireland, 2022). Furthermore, there is a gender imbalance in participant samples, in favour of females, generally in research (MacDonald et al., 2010; Polit & Beck, 2008). However, the absence of the male voice regarding the experience of supporting an adolescent following ABI needs to be addressed. The inclusion of the paternal and teacher perspective in further research studies is an implication for future research.

4.1.6 Reflections on the Measures

In order to explore the participants' experiences, semi-structured interviews (SSIs) were chosen as the most appropriate measure.

4.1.6.1 Rationale for SSIs. SSIs are regarded as being "the exemplary method of conducting IPA" (Smith & Osborn, 2003, p. 53). The primary reason for their selection is their suitability for open and personal discussions (Smith et al., 2022). Another part of the rationale is the flexibility that they afford to the researcher. The researcher is enabled to explore points of interest in more depth and to clarify any original or unanticipated insights offered by the participants in real time during the interview (Pietkiewicz & Smith, 2014). This method also allows the researcher to adapt the pace or duration of the interview in response to individual participant's needs.

Focus groups. In the initial stages of the research process, focus groups were considered instead of SSIs. Focus groups have been utilised to collect data in some IPA studies (Palmer et al., 2010; Roose & John, 2003). However, some concerns have been noted in the literature regarding their use. In a group situation, some participant voices may emerge as more dominant than others (Smith, 2004). In addition, the group dynamic may discourage some participants from responding in an open and authentic way, due to concerns about negative reactions from others in the group (Robson & McCartan, 2016). This may be particularly relevant to adolescents. Due to these various factors, focus groups were not selected as a data collection method.

4.1.6.2 Researcher Reflections on using SSIs. Methodological challenges have been identified in relation to interviewing adolescents, such as the silencing effect of the recording equipment and one-word responses (Bassett et al., 2008). However, these challenges were not experienced in this study. As the researcher was not cognisant of the adolescents' language abilities prior to the initial contact with parents, tools for eliciting the voice of the adolescent were considered. Digital Talking Mats (Murphy, 1997) provides a visual framework for the interview on an iPad and allows the participant to choose visual symbols when answering a question. It has been used successfully in other studies of young people with communication difficulties (Ajodhia-Andrews & Berman, 2009; Bunning et al., 2017). The use of photographs can also aid discussion in SSIs (Boylan et al., 2009). However, as the parents reported no communication difficulties, no communication tools were used in the SSIs.

4.1.7 Reflections on the Data Analysis

The data were analysed according to guidelines set out by Smith et al. (2022). Data analysis in IPA is notoriously time-consuming and arduous (Pietkiewicz & Smith, 2014). "Idiographic commitment to the case" is a central tenet of IPA (Smith, 2004, p. 51). However, in this study, it was difficult at times to balance the individual sense-making with the development of overall group themes. One researcher has likened the process of generating GETs to "drowning in a bowl of spaghetti" (Wagstaff et al., 2014, p. 6). This was particularly relevant in this multiperspectival study in which three sets of GETs were synthesised into an overall set of GETs. By adopting of this type of design, a loss of nuance in individual narratives may have occurred, particularly in regards to the parents' accounts. On reflection, some of the experiences of Mary may have been slightly muted in order to synthesise an overall GET for the parents. For example, one of her themes "Mum as cheer leader: both encouraging and pushing" described how she both encouraged and pushed her daughter in her academic work. The aspect of "pushing" her daughter may have been lost in the overall set of GETs.

A number of steps were taken to prevent a loss of nuance. Great care was taken to incorporate all aspects of each individual participant's experiences into the overall set of GETs. Divergences between participant's accounts were reported in the results and discussion sections (i.e. differences in friendship loss and different experiences of COVID-19 school lockdowns). By completing these steps, it is hoped that a balance was achieved between with staying close to individual accounts, whilst also presenting an overall synthesis of the experience of school following ABI.

In order to be as transparent as possible as to how the final set of GETs were developed, all of the PETs, GETs and overall GETs are presented in tabular form in the appendices section (Appendices O, P and Q). A table illustrating how each participant's PETs fitted into the overall GETs and a prevalence table are also provided (Appendices R and S).

4.2 Critical Evaluation of the Study

Yardley's (2000) four principles for evaluating quality were chosen to assess the quality of this study. The principles are as follows: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance (Yardley, 2000).

4.2.1 Sensitivity to Context

This principle recommends that the researcher has an awareness of the impact of context during all parts of the research process (Yardley, 2000, 2017). In the initial stages of the research, this criterion was achieved by carrying out a thorough literature review on ABI and the experience of school. Using a methodology that values the idiographic experiences of participants also adheres to the principle of sensitivity to context, in this case the context of the participant. During the semi-structured interviews, the researcher was aware of interactional processes, such as potential power imbalance and participant distress. The researcher made efforts to help the participants to feel at ease by emphasising that there were no right or wrong answers and by showing empathy. Sensitivity to context was also demonstrated by discussing the findings in relation to extant research in the discussion section.

4.2.2 Commitment and Rigour

The researcher's commitment to the research process was illustrated by prolonged engagement with the topic, methodology and data. Rigour was achieved by gathering data from multiple sources (i.e. adolescents, parents and teachers). The guidelines from Smith et al. (2022) were followed meticulously for each transcript. During the data analysis stage, regular supervisor checking sessions occurred in which active discussions regarding the data analysis process took place. In addition, peer checking sessions were completed with two fellow trainee educational psychologists (TEPs), who were also simultaneously undertaking IPA studies. These sessions enabled the researcher to talk about the process of arriving at the overall GETs and led to further iterations of the themes. Member checks were not employed in this study as they are not considered compatible with the IPA approach due to the interpretative nature of IPA analysis (Larkin & Thompson, 2012; Webb & Kevern, 2001). Each theme (with one exception "fighting the system") was supported by extracts from at least three participants and a prevalence table was developed in order to substantiate this (Appendix U).

4.2.3 Transparency and Coherence

Transparency is achieved when a reader can clearly see how the research was completed (Yardley, 2000, 2017). Care was taken to provide a detailed and explicit account of the data collection and data analysis procedures in the empirical paper. The use of an audit trail strengthened transparency, along with the inclusion of a prevalence table and all of the PETs and GETs tables in the appendices section (Appendices P to U). The inclusion of multiple verbatim extracts in the results section also added to transparency. The study followed a coherent thread throughout the research process: from the literature review to the research questions, and up until the results and discussion sections.

4.2.4 Impact and Importance

The final principle is concerned with whether the findings of the study were useful (Yardley, 2000, 2017). This study addressed a gap in knowledge about the experience of school following ABI in the Irish context. It also enabled an underrepresented group to voice their views about their experiences. Dissemination of the study's findings will be achieved by publishing the thesis online and presenting the results at conferences.

4.2.5 Four Markers of Quality specific to IPA

In addition, efforts were also made to implement Nizza et al.'s (2021) markers of quality, developed specifically for IPA research. The quality indicators comprise of the following: constructing a compelling, unfolding narrative; developing a vigorous experiential and/or existential account; close analytic reading of the participants' words; and attending to convergence and divergence within the data (Nizza et al., 2021).

Every effort was made to achieve each of the four markers. Within each theme, a narrative was constructed by offering a description, supporting quotes and interpretation. Across themes, a sense of coherence was achieved by connecting themes using the common narrative of the “new normal”. Weaving the same terminology (i.e. the “new normal”) through the titles of the themes also helped to create a narrative across the themes. The narrative prioritised the personal significance of the phenomenon , by exploring the constructs of identity and change. A close analytic reading of the participant’s words is evident in the exploration of the use of tone, metaphors, emphasis and repetitions. Attention to convergence and divergence is apparent in the adolescents’ accounts of friendship loss, the parents’ description of fighting the system and in the teacher’s narrative around the character of their schools.

4.3 Strengths of the Study

The key strengths of the study are presented in this section.

4.3.1 Distinctive Contribution

A key strength of this study is its distinctive contribution to research in this area and to clinical practice. Firstly, the study filled an identified gap in research about the experience of school following ABI. The study succeeded in gathering an up-to-date account of the experience of school from the perspectives of adolescents with ABI, their parents and teachers. Other studies have identified ways in which EPs can support this cohort of young people by interviewing clinicians from specialist ABI settings (Ball & Howe, 2013) and by undertaking focus groups (Davies, 2020) and surveys with EPs (Bozic & Morris, 2005; Canto et al., 2014). In contrast, this study used the narratives of adolescents, parents and teachers to develop implications for educational psychology practice and as a result, made a distinctive contribution to the field of educational psychology. The findings were congruent with existing research, but also made a distinctive contribution to the field by extending current knowledge. Due to the small sample size of the study, caution must be noted when generalising the findings to the wider population. A summary of the study’s congruence with and extension of previous research is summarised in Table 4.1.

Table 4. 1

An Overview of this Study's Congruence with and Extension of Existing Research (adapted from Hingley, 2020)

Area	Study	Congruence	Extension
Changes: "Things have changed"	Mealings & Douglas (2010); Mealings et al. (2017); Rødset (2008)	Changes occurred after the injury.	Some adolescents put more emphasis on the changes in their social and academic worlds than on internal changes.
Friendship	Rødset (2008)	Friendship loss can have a huge impact on adolescents with ABI.	Friendship loss can take different forms.
Identity: "I am still capable"	Mealings et al. (2020)	Individuals with ABI can experience a sense of continuous self after their injury.	None
	Gelech & Desjardins (2011)	Individuals with ABI can experience a sense of continuous self after their injury. Public self is determined by the changes and relationships with others.	None
	Thomas et al. (2014)	A "change in the sense of self" is more appropriate than a "loss of self" to describe the process of identity reconstruction following ABI.	None
"Negotiating the new normal"	Roscigno et al. (2015)	Parents perceive that positive and collaborative relationships with school staff are helpful. Parents sometimes need to adopt the role of advocate.	Parents sometimes need to take on various roles when supporting their child at school: cheerleader, advocate, architect of the positive, instigator, fighter, protector and collaborator.
	Bate et al. (2021)	Teachers consider consultations with specialist services to be valuable when supporting adolescents with ABI in school.	Teachers consider the culture of a school to be important when supporting an adolescent with ABI.
COVID- 19	Williams et al. (2021)	COVID-19 restrictions had both positive and negative effects on adolescents with ABI.	Length of time since injury seems to be a factor in how COVID-19 restrictions affected adolescents with ABI.

4.3.2 Voice of the Adolescent

A major strength of this study is the inclusion of the voice of adolescents. Children and adolescents are now more likely to be acknowledged as “social actors in their own lives” and therefore, their voices should be heard in research (O' Kane, 2008, p. 256). A noticeable shift has occurred in research in which children and adolescents are the “subjects rather than passive objects of research” (Christensen & James, 2008, p. 5). This is in keeping with Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) that advocates for children’s views to be heard in decisions that impact them (The United Nations, 1989). The Lundy model of participation (2007) goes further by insisting that children and adolescents are afforded the space, audience, means of communicating their views (voice) and that their views are taken seriously (influence) (Lundy, 2007). The model is illustrated in Figure 4.1.

Figure 4. 1

Lundy Model of Participation (Lundy, 2007) (adapted from Department of Children and Youth Affairs, 2015)

HOW: Provide a safe and inclusive space for children to express their views

- Have children’s views been actively sought?
- Was there a safe space in which children can express themselves freely?
- Have steps been taken to ensure that all children can take part?

HOW: Provide appropriate information and facilitate the expression of children’s views

- Have children been given the information they need to form a view?
- Do children know that they do not have to take part?
- Have children been given a range of options as to how they might choose to express themselves?

HOW: Ensure that children’s views are communicated to someone with the responsibility to listen

- Is there a process for communicating children’s views?
- Do children know who their views are being communicated to?
- Does that person/body have the power to make decisions?

HOW: Ensure that children’s views are taken seriously and acted upon, where appropriate

- Were the children’s views considered by those with the power to effect change?
- Are there procedures in place that ensure that the children’s views have been taken seriously?
- Have the children and young people been provided with feedback explaining the reasons for decisions taken?

The current study was guided by the four elements of this model. In terms of space, the adolescents were given the choice regarding the time and venue of the interview. In all cases, the researcher went to their home. Informal discussions took place about communication needs prior to the interviews and all parents stated that the adolescent did not require any additional aids for communicating. The researcher ensured that the adolescent was aware of her role and explained how the findings of the study would be disseminated afterwards, in keeping with the audience component of the Lundy model. In regards to influence, the adolescents' views are represented strongly in the throughout the empirical paper, particularly in implications for practice and policy section. It is hoped that the implications are disseminated at conferences and in peer-reviewed articles.

4.3.3 Voice of Adolescents with ABI

Another strength of this study was including the views of adolescents with ABI. Within ABI literature, the voice of children and adolescents with ABI is generally under-represented (Boylan et al., 2009). Tyerman and Humphrey's (1984) pioneering study was one of the first to gather the personal accounts of adults with ABI . For child and adolescent experiences of ABI, studies have typically relied on adults (e.g. parents or teachers) to supply their interpretation of their experience (Boylan et al., 2009; Gfroerer et al., 2008; Glang et al., 2008; Paterson & Scott-Findlay, 2002; Roscigno & Swanson, 2011). However, Roscigno et al. (2011) demonstrated that children with ABI aged as young as six have the capacity to describe their experience in a research study (Roscigno et al., 2011). The systematic review undertaken with this study identified that only twenty-four adolescents in the last twenty years took part in studies about their experience of school following ABI. Including the voice of the adolescent in this small-scale study helps to address this shortcoming.

4.3.4 Multiple Perspectives

The synthesis of different perspectives was another strength of this study. The systematic review carried out in conjunction with this study found only one other study published in the last twenty years that included the perspectives of adolescents with ABI, their parents and teachers (Jacobs-Nzuzi Khuabi et al., 2019). Including all three perspectives has led to a rich and multi-faceted account of the experience of school after ABI.

4.4 Weaknesses of the Study

After reflecting on the research process, some limitations were identified.

4.4.1 Small Sample Size

In comparison to other qualitative study designs (i.e. thematic analysis or Grounded Theory), the sample size of this study is small. In total, data from 8 participants were analysed. As a result, the generalisability of the findings to the general population may be limited.. This is a limitation of the study and of IPA as a methodology. However, the epistemological position of IPA does not strive for generalisability and instead, values idiography (Smith et al., 2022). Some researchers argue that qualitative research can achieve generalisability through transferability (Smith, 2018). According to Smith (2018), transferability occurs when the findings of the research resonate with other groups in society and this may be realised with the current study.

4.4.2 Pilot Interviews

Another limitation in the study was the lack of an adolescent pilot interview. Pilot interviews were carried out with a parent of a child with ABI and a teacher. These interviews were a valuable learning process for the researcher. Efforts were made by the gatekeeper to recruit a young adult or an adolescent with ABI for the pilot study. A previous client expressed interest; however, this did not materialise into a pilot interview. Instead, the researcher shared the interview schedule with an experienced paediatric neuropsychologist for feedback prior to the interviews. The adolescent interview schedule was also piloted with a fellow TEP.

4.4.3 Recruitment of Teachers

A key limitation in the study was the difficulty in recruiting a third teacher. Efforts were made to recruit a teacher from each of the three adolescents’ schools, but no teacher came forward from one of the schools. Thus, only two teachers participated in the study, instead of three as originally planned. Consideration was given to recruiting a teacher from a random school through the sampling strategy of snowballing. However, it was decided that this was not feasible due to the limited timeframe of the project. This option also would have entailed some methodological challenges around adhering to the inclusion criteria and some ethical issues around excluding the parent and adolescent attached to the school from the study. A consequence of this limitation was that the teacher perspective was not as robust as previously anticipated.

4.4.4 Limitations of Using a Multi-perspectival Design

Lastly, the research design and the recruitment strategy may have impacted on the participants’ ability to express their views freely in the interviews. Due to the multiperspectival design, participants were known to each other. This may have affected their ability to say something that may be perceived as being critical of another participant within the study. Another factor that may have impeded on the participants’ ability to contribute freely was using a gatekeeper for recruitment. All of the families attended or were currently attending the NRH. Some parents presumed that the researcher worked in the NRH or knew members of the paediatric team. Again, this may have impacted on how participants spoke about their experiences.

4.5 Implications for Practice, Policy and Future Research

The goal of research is not just to accumulate knowledge, but also to impact positively on practice (Barker et al., 2015). In this section, the key implications that have arisen from the findings of the study are discussed.

4.5.1 Implications for EP Practice

MacKay's (2005) theoretical matrix highlighted that the work of the educational psychologist (EP) entails more of an emphasis on "context" rather than "brain" or "development" when compared to the work of neuropsychologists or clinical psychologists. The findings of this study have clearly highlighted the importance of context when constructing the new normal in the school setting and the EP can play an important role in this construction. The implications for educational psychology practice are presented below and are framed according to the core functions of educational psychology work, as specified by the Scottish Executive (2002): consultation, intervention, training and research (Scottish Executive, 2002). The fifth core function, assessment, was not relevant to any of the findings of this study and therefore, was not included in this section. The implications are presented in Table 4.2.

Table 4. 2

Implications for EPs

Core function	Implications
EP as a consultant	• A major finding of the study was how things had changed for the adolescent in school. The EP has a repertoire of knowledge in terms of **teaching and learning approaches** and their input would be valuable when planning supports for the adolescent. • The findings of this study stress the importance of **involving the adolescent in consultations** around supports in the school setting. This has implications for educational psychology practice when consulting with schools. The voice of

Core function	Implications
	children and adolescents is not always included in educational psychology consultations with parents and teachers (O'Farrell & Kinsella, 2018).
	• One of the findings of the study was the need for parents to "fight the system". Due to the EP's ability to work at different levels (i.e. child/family, school and local authority level) (Scottish Executive, 2002), they are in a good position to **advocate for adolescents with ABI**. This could be on a microsystemic level (e.g. school supports on the return to school) or more at a macrosystemic level (e.g. the RACE system or Department of Education policy). This is particularly relevant in the Irish context as there is no recognition of students with ABI as a group within the Irish education system.
EP and Intervention	• A prominent theme in the study was how things had changed for the adolescents following their injury. This took time to process. Part of the EP's role may be offering **therapeutic support** to help adolescents with ABI to adjust to their new normal. There is a growing recognition that EPs are well placed to offer therapeutic support in the school setting (Dunsmuir & Hardy, 2016; Squires & Caddick, 2012). EPs are experienced in a range of therapeutic approaches, such as personal construct psychology, systems thinking from family therapy, solution focused brief therapy and narrative therapy (Wagner, 2000).
EP as a trainer	• Some of the parents and adolescents spoke about the importance of teacher knowledge of ABI. The literature has long recognised the importance of **teacher understanding and knowledge of brain injury** to the rehabilitation process (Ball & Howe, 2013). EPs can be instrumental in generating awareness and insight about the needs of students with ABI on both individual case and systemic levels. • A prerequisite to training others is that EPs themselves were knowledgeable about ABI. Ball and Howe (2013) advised that **EP training courses** should incorporate a module on brain injury and that specialist knowledge in brain injury should be available within educational psychology services. Bozic and Morris (2005) also recommended training on professional trainee courses and within educational psychology services.
EP as a researcher	• The role of an EP involves being a consumer, distributor and conductor of research (Keith, 2008). Identity was a central issue for adolescents in this study and this is a relatively **new research area within ABI paediatric literature**

Core function	Implications
	(Buckeridge et al., 2019; Ownsworth, 2014). EPs can play a part in consuming, conducting and distributing research on this topic to educators, adolescents and parents.

4.5.2 Implications for School Practice

The findings of this study have implications for practice in the school setting. The findings illustrate how identity is a particularly important construct for adolescents following ABI. The adolescents in this study embraced the notion "things have changed but I am still capable", similar to the notion of a "change in the sense of self" (Thomas et al., 2014). A strengths-based approach in the school setting would support all stakeholders to endorse a positive sense of identity following ABI, rather than solely focusing on narratives about the "loss of self" (Nochi, 1998).

The findings emphasise the importance of adolescent involvement in how support is structured for them in the school setting. Listening to young people's views is considered paramount when creating the optimum learning environment (Keefe et al., 2006). One possible approach is person-centred planning which aims to place individuals at the centre of planning and decision-making about their own lives (Murray & Sanderson, 2007). With origins in the humanistic perspective (Rogers, 1951), person-centred planning has been used in education settings with students with intellectual disabilities (White & Rae, 2016), autism (Barnard-Dadds & Conn, 2018) and those who have experienced school exclusion (Corrigan, 2014). It has been recommended by other ABI studies as a useful approach for schools (Mealings et al., 2017, 2020). Key elements to the development of a plan include: student is at the centre of the decision-making; development of a shared vision; identifying strengths and needs; building relationships; and review of the plan (Holburn, 2002).

Not only should adolescents be included by adults in planning supports, but they should also be explicitly taught self-advocacy skills. This could empower them to negotiate support with adults in the school setting in a constructive and positive way. Other ABI studies have made a similar recommendation (Jacobs-Nzuzi Khuabi et al., 2019; Mealings & Douglas, 2010). Teaching these skills would also prepare them for advocacy in tertiary level education and in the workplace (Downing et al., 2007).

Providing special needs assistant (SNA) support can sometimes be regarded by some as “the solution to inclusion” (Rutherford, 2012, p. 760). However, the findings of this study suggest that SNA support should be structured with input from the adolescent. Other studies within the Irish context have also advocated for the student voice to be elicited when planning SNA support (Griffin-O'Brien, 2019; National Council for Special Education & National Disability Authority, 2017).

Friendship loss was a prevalent theme across all the adolescent narratives. For some participants in the study, the sudden disruption to group membership leads to negative emotions, in line with Social Identity theory (Tajfel, 1982). Peer education about ABI and its associated sequelae may be a useful preventative measure. The adolescent with ABI should take a central role in how the awareness training would occur. Lastly, many of the participants spoke about the challenge of dealing with fatigue. Flexible timetabling was noted as something that would be helpful to counteract fatigue.

4.5.3 Implications for Government Policy and Practice

Some implications for government policy and practice arose from the findings. Currently, there is no Department of Education policy in regards to the needs of students with ABI within the Irish educational system. Since its inception in 2006, the NCSE has produced research and policy documents in regards to the following groups of students: ASD (2016, 2016, 2009); children who are Deaf (2009); social and emotional difficulties (2010); and children who are blind and visually impaired (2009) (National Council for Special Education, 2022b). Other documents have been produced in relation to children with special education needs. However, the profile and trajectory of students with ABI is unique and necessitates its own distinct educational policy. For example, one parent talked about the need for a review of the RACE policy specifically in relation to students with ABI.

Currently, few resources exist in Ireland to support the emotional needs of parents and adolescents following ABI. There is an urgent need to fill this gap in service provision. Two parents spoke at length about their need to "fight the system" to access rehabilitation and community services for their child. Delays in service provision can affect the return to school if teachers do not have specialist expertise. In addition, timely rehabilitation can be critical in the rehabilitation process (Lodh et al., 2017). Thus, it is essential that children and adolescents with ABI have timely access to services following discharge from the acute setting.

4.5.4 Implications for Future Research

The findings of the study highlight several areas for future research. Changes to friendships permeated all of the adolescent and parent narratives. Given the importance of friendships in wellbeing and a sense of belonging in the school environment, further research is required in this area in order to ascertain the underlying factors in the loss of friendships after ABI. Three mothers and two female teachers partook in this research study. A recommendation for future research is the inclusion of the paternal and male teacher perspective in research about the experience of school following ABI. . Another recommendation is the inclusion of the voice of clinicians from rehabilitation teams and Children's Disability Network Teams (CDNTs). Previously, their views were gathered in a study by Heary et al. (2003). However, a more up-to-date account would be valuable, especially as the Progressing Disabilities Services for Children and Young People programme has changed the structure of services within the Irish context.

4.6 Personal Reflection on the Research Process

My personal reflection is framed by Rolfe et al.'s (2001) reflective cycle. The cycle involves reflecting on learning gained during the research process ("what"), why is it important ("so what") and its impact on my practice as a researcher and TEP ("what next") (Rolfe et al., 2001).

4.6.1 What

On reflection, my research journey entailed many highs and lows. Highs included: collaborating with a gatekeeper and my supervisor, meeting and interviewing the participants, increasing my knowledge about ABI and adding to my clinical knowledge as a TEP. Some challenges for me included switching research topics in the initial stages, two separate ethical applications (MIREC and NRH), recruiting teachers and grappling with the theoretical background and data analysis process of IPA. Overall, I gained a copious amount of knowledge about being a researcher, specifically an IPA researcher. At the end of my research journey, I acquired a sound understanding of the concepts of ontology, epistemology, phenomenology, reflexivity and the hermeneutic circle, terms that had previously gripped me with fear. The tasks of recruiting participants, transcribing and analysing transcripts and presenting my findings to others no longer seem as daunting. Completing a thesis as a novice IPA researcher was no easy task, but what I have gained from the experience greatly outweighed the challenges and obstacles along the way.

4.6.2 So What

Gaining experience as a researcher is of utmost importance in my path towards becoming an EP. The Psychological Society of Ireland (PSI) advocates that all psychologists should adhere to the scientist-practitioner model (The Psychological Society of Ireland, 2019). This model proposes that the role of the EP should be a combination of both a clinician and a researcher (Jones & Mehr, 2007). Being a researcher entails consuming, distributing and conducting research (Keith, 2008). As a consumer of research, the EP should critically read research literature and evaluate its quality. The EP then is in a position to distribute the high-quality research within school communities in order to encourage evidence-based practice. Conducting research is the third part of the trilogy. In order to fulfil the role of a scientist-practitioner, the EP needs to be knowledgeable about “research methodology, data collection, and data analysis” (Stoner & Green, 1992, p. 157). By carrying out this research study, I feel that my knowledge and skills in consuming, distributing and conducting research has exponentially increased.

4.6.3 What Next

After this research experience, I feel confident and motivated to undertake further research. ABI continues to be a research interest of mine and I hope to carry out further research in this area in the future.

4.7 Impact Statement

The aim of this impact statement is to consider the potential impact of this research study on domains inside and outside of academia. In terms of adding to psychological theory, the study highlights the importance of the construct of self for adolescents with ABI in the school setting. The findings align with the social constructionist approach to ABI in which identity is constructed in conjunction with others (i.e. teachers, SNAs and peers in this study). Specifically, the findings add weight to Thomas et al.’s (2014) concept of “change in the sense of self” and to Gelech and Desjardins’ (2011) constructs of the public and private self. Links were also made to Bronfenbrenner’s (2005) bio-ecological systems theory and his concept of proximal processes.

From an educational psychology perspective, it is hoped that the findings will generate interest in the area of ABI and lead to greater recognition of the needs of adolescents with ABI in school settings. Identity and friendship loss were identified as two major aspects in the adolescents' experience. EPs are well equipped to bring a "psychological perspective" to these areas (Cameron, 2006, p. 293). Specifically, the impact of this study may generate discussion about EPs having a greater role in providing therapeutic support to adolescents with ABI and delivering training to teachers about ABI. A potential impact is the creation of closer ties between rehabilitation services and educational psychologists.

The findings have clear implications for educational practice. Strength-based and person-centred approaches are two key recommendations for schools. It is envisaged that the findings may lend support to a policy shift within the Department of Education. Currently, the needs of children and adolescents with ABI are not recognised within the Irish educational system. The study may bring awareness about ABI and its educational implications to colleges of education in Ireland. In addition, the findings illustrated the challenges that parents face when transitioning between services. This study may add to the conversation about the urgent need for uncomplicated and timely transitions between services.

Another potential impact of this study is to inspire further research in this area in both the national and international contexts. Specific topics for future research have been identified within the study, including friendship after ABI and the inclusion of perspectives from fathers and clinicians.

The dissemination of the study's research findings has begun with presentations at the National Educational Psychological Service (NEPS) business meeting (2021) and the PSI Annual Conference (2021). The findings were well received. On the international stage, the findings will be presented in a poster abstract presentation at the 2022 Joint Conference on Brain Injury in the USA. The researcher hopes to reach a wider audience, including teachers and rehabilitation clinicians, by publishing the findings in a peer-reviewed scholarly journal. In order to disseminate the findings to adolescents with ABI and their families, the researcher will provide a concise summary of the findings and their implications to the gate keeper, NRH and also, share an infographic on a social media platform that is accessible to adolescents (e.g. Facebook).

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Appendix A

Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) statement (Tong et al., 2012)

No	Item	Guide and description
1.	Aim	State the research question the synthesis addresses.
2.	Synthesis methodology	Identify the synthesis methodology or theoretical framework which underpins the synthesis, and describe the rationale for choice of Methodology(e.g. meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theory synthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis).
3.	Approach to searching	Indicate whether the search was pre-planned (comprehensive search strategies to seek all available studies) or iterative (to seek all available concepts until they theoretical saturation is achieved).
4.	Inclusion criteria	Specify the inclusion/exclusion criteria (e.g. in terms of population language, year limits, type of publication, study type).
5.	Data sources	Describe the information sources used (e.g. electronic databases(MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), grey literature Databases (digital thesis, policy reports), relevant organisational Websites, experts, information specialists, generic web searches (google scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources.
6.	Electronic search strategy	Describe the literature search (e.g. provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits).
7.	Study screening methods	Describe the process of study screening and sifting (e.g. title, abstract and full text review, number of independent reviewers who screened studies).
8.	Study characteristics	Present the characteristics of the included studies (e.g. year of publication, country population, number of participants, methodology, data collection, analysis, research questions).
9.	Study selection results	Identify the number of studies screened and provide reasons for study exclusion (e.g. for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/ flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications the research question and/or contribution to theory development).
10.	Rationale for appraisal	Describe the rationale and approach used to appraise the included studies or selected findings (e.g. assessment of conduct (validity and robustness), assessment of reporting (transparency) and utility of the findings).
11.	Appraisal Items	State the tools, frameworks and criteria used to appraise the studies or selected findings (e.g. existing tools; reviewer developed tools; describe the domains assessed; research team, study design, data analysis and interpretations, reporting).
12.	Appraisal process	Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.
13.	Appraisal results	Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.
14.	Data Extraction	Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies? (e.g. all text under the headings "results/conclusions" were extracted electronically and entered into a computer software).
15.	Software	State the computer software used, if any.
16.	Number of reviewers	Identify who was involved in coding and analysis.

17.	Coding	Describe the process for coding of data (e.g. line by line to search for concepts).
18.	Study comparison	Describe how were comparisons made within and across studies(e.g. subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary).
19.	Derivation of themes	Explain whether the process of deriving the themes or constructs was inductive and deductive.
20.	Quotations	Provide quotations from the primary studies to illustrate themes/ constructs, and identify whether the quotations were participant quotations of the author's interpretation.
21.	Synthesis output	Present rich, compelling and useful results that go beyond a summary of the primary studies (e.g. new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct).

Appendix B

Excluded Articles with Rationale and Full References (full text)

Table B.1

List of Excluded Studies: excluded following initial title screening

	Excluded studies	Exclusion Criteria
1.	Donnelly, K. Z., Goldberg, S. & Fournier, D. (2020) A qualitative study of LoveYourBrain Yoga: A group-based yoga with psychoeducation intervention to facilitate community integration for people with traumatic brain injury and their caregivers. *Disability and Rehabilitation: An International, Multidisciplinary Journal, [s. l.]* 42 (17), p. 2482–2491.	Exclusion Criteria 5: this study focuses on a yoga intervention.
2.	Coppock, C., Ferguson, S., Green, A., & Winter, D. (2018). "It's nothing you could ever prepare anyone for": The experiences of young people and their families following parental stroke. *Brain Injury*, *32*(4), 474–486. https://doi.org/10.1080/02699052.2018.1426879	Exclusion Criteria 5: this study focuses on parental stroke.
3.	Analytis, P., Warren, N., & Ponsford, J. (2021). Supporting children and young people with an acquired brain injury (ABI) and their siblings: The experience of a camp for families with a child with an ABI. *Neuropsychological Rehabilitation, 31*(5), 797–813. https://doi.org/10.1080/09602011.2020.1731556	Exclusion Criteria 5: this study focuses on summer camp.
4.	Sarmiento, K., Donnell, Z., Bell, E., & Hoffman, R. (2019). From the CDC: A qualitative study of middle and high school professionals' experiences and views on concussion: Identifying opportunities to support the return to school process. *Journal of Safety Research*, *68*, 223–229. https://doi.org/10.1016/j.jsr.2018.10.010	Exclusion Criteria 5: this study focuses on concussion.
5.	Roscigno, C. I. (2016). Parent perceptions of how nurse encounters can provide caring support for the family in early acute care after children's severe traumatic brain injury. *Journal of Neuroscience Nursing*, *48*(2), E2–E15. https://doi.org/10.1097/JNN.0000000000000192	Exclusion Criteria 5: this study focuses on nurse encounters.
6.	Analytis, P., Warren, N., & Ponsford, J. (2020). The sibling relationship after acquired brain injury (ABI): Perspectives of siblings with ABI and uninjured siblings. *Brain Injury*, *34*(11), 1504–1512. https://doi.org/10.1080/02699052.2020.1809708	Exclusion Criteria 7: This study focuses on the perspective of siblings.
7.	Luzinat, K. J., Analytis, P., Hicks, A. J., Warren, N., & Ponsford, J. L. (2020). The experience of a recreational camp for families with a child or young person with acquired brain injury. *Neuropsychological Rehabilitation*, *30*(2), 233–248. https://doi.org/10.1080/09602011.2018.1461657	Exclusion criteria 5; This study focuses on the experience of a recreational camp.
8.	Oyesanya, T. O., & Bowers, B. (2017). Managing visitors during the hospital stay: The experience of family caregivers of patients with traumatic brain injury. *Journal of Family Nursing*, *23*(2), 273–298. https://doi.org/10.1177/1074840717697673	Exclusion Criteria 5: this study focuses on the hospital stay.
9.	Minney, M. J., Roberts, R. M., Mathias, J. L., Raftos, J., & Kochar, A. (2019). Service and support needs following pediatric brain injury: Perspectives of children with mild traumatic brain injury and their parents. *Brain Injury, 33*(2), 168–182. https://doi.org/10.1080/02699052.2018.1540794	Exclusion Criteria 6: this study focuses on mild TBI.
10.	Ownsworth, T., Theodoros, D., Cahill, L., Vaezipour, A., Quinn, R., Kendall, M., Moyle, W., & Lucas, K. (2020). Perceived usability and acceptability of videoconferencing for delivering community-based rehabilitation to individuals with acquired brain injury: A qualitative investigation. *Journal of*	Exclusion Criteria 5: this study focuses on the on community rehabilitation.

	Excluded studies	Exclusion Criteria
	the International Neuropsychological Society, *26*(1), 47–57. https://doi.org/10.1017/S135561771900078X	
11.	Kramer, M. M., & Davies, S. C. (2016). Challenges and supports during the transition from high school to college for students with traumatic brain injuries. Contemporary school psychology, 20(4), 370-382.	Exclusion Criteria 5: this study focuses on the high school to college transition.
12.	Khoury, M. N., Huijer, H. A.-S., & Doumit, M. A. A. (2013). Lebanese parents' experiences with a child with cancer. *European Journal of Oncology Nursing*, *17*(1), 16–21. https://doi.org/10.1016/j.ejon.2012.02.005	Exclusion Criteria 6: this study focuses on children with cancer.
13.	Couchman, G., McMahon, G., Kelly, A., & Ponsford, J. (2014). A new kind of normal: Qualitative accounts of Multifamily Group Therapy for acquired brain injury. *Neuropsychological Rehabilitation*, *24*(6), 809–832. https://doi.org/10.1080/09602011.2014.912957	Exclusion Criteria 5: this study focuses on family therapy.
14.	Sim, I., Swaine, B., Champagne, F., & Lefebvre, H. (2008). Perspectives of adolescents and their parents regarding service needs following a mild traumatic brain injury. *Brain Injury*, *22*(2), 161–173. https://doi.org/10.1080/02699050701867381	Exclusion Criteria 6: this study focuses on mild brain TBI.
15.	Munce, S. E. P., Webster, F., Christian, J., Gonzalez-Lara, L. E., Owen, A. M., & Weijer, C. (2021). Experiences of family of individuals in a locked in, minimally conscious state, or vegetative state with the health care system. Brain Injury, 35(1), 8–14. https://doi.org/10.1080/02699052.2020.1858494	Exclusion Criteria 6: this study focuses on individuals that are locked in.
16.	Liang, P., Gustafsson, L., Liddle, J., & Fleming, J. (2017). Family members' needs and experiences of driving disruption over time following an acquired brain injury: An evolving issue. *Disability and Rehabilitation: An International, Multidisciplinary Journal*, *39*(14), 1398–1407. https://doi.org/10.1080/09638288.2016.1196397	Exclusion Criteria 5: this study focuses on driving disruption.
17.	Gillespie, A., & Moore, H. (2016). Translating and transforming care: People with brain injury and caregivers filling in a disability claim form. *Qualitative Health Research*, *26*(4), 532–544. https://doi.org/10.1177/1049732315575316	Exclusion Criteria 5: this study focuses on filling in a disability form.
18.	Mbakile-Mahlanza, L., Manderson, L., & Ponsford, J. (2017). Cultural beliefs about TBI in Botswana. *Neuropsychological Rehabilitation*, *27*(1), 38–59 https://doi.org/10.1080/09602011.2015.1053946	Exclusion Criteria 5: this study focuses on cultural beliefs.
19.	Turner, B., Ownsworth, T., Cornwell, P., & Fleming, J. (2009). Reengagement in meaningful occupations during the transition from hospital to home for people with acquired brain injury and their family caregivers. *American Journal of Occupational Therapy*, *63*(5), 609–620. https://doi.org/10.5014/ajot.63.5.609	Exclusion Criteria 5: this study focuses on the transition from hospital to home.
20.	Oyesanya, T. O., & Bowers, B. (2017). "I'm trying to be the safety net": Family protection of patients with moderate-to-severe TBI during the hospital stay. *Qualitative Health Research*, *27*(12), 1804–1815. https://doi.org/10.1177/1049732317697098	Exclusion Criteria 5: this study focuses on the hospital stay.
21.	Roscigno, C. I., Grant, G., Savage, T. A., & Philipsen, G. (2013). Parent perceptions of early prognostic encounters following children's severe traumatic brain injury: "Locked up in this cage of absolute horror." *Brain Injury*, *27*(13–14), 1536–1548. https://doi.org/10.3109/02699052.2013.831122	Exclusion Criteria 5: this study focuses on prognostic encounters.
22.	Turner, B., Fleming, J., Cornwell, P., Worrall, L., Ownsworth, T., Haines, T., Kendall, M., & Chenoweth, L. (2007). A qualitative study of the transition from hospital to home for individuals with acquired brain injury and their family caregivers. Brain Injury, 21(11), 1119–1130. https://doi.org/10.1080/02699050701651678	Exclusion Criteria 5: this study focuses on the transition from hospital to home.

	Excluded studies	Exclusion Criteria
23.	Togher, L., Power, E., Rietdijk, R., McDonald, S., & Tate, R. (2012). An exploration of participant experience of a communication training program for people with traumatic brain injury and their communication partners. *Disability and Rehabilitation: An International, Multidisciplinary Journal*, *34*(18), 1562–1574. https://doi.org/10.3109/09638288.2012.656788	Exclusion Criteria 5: this study focuses on a communication training program..
24.	Morrill, A. C., McElaney, L., Peixotto, B., VanVleet, M., & Sege, R. (2015). Evaluation of all babies cry, a second generation universal abusive head trauma prevention program. *Journal of Community Psychology*, *43*(3), 296–314. https://doi.org/10.1002/jcop.21679	Exclusion Criteria 5: this study focuses on a universal head trauma prevention programmes.
25.	Braine, M. E. (2011). The experience of living with a family member with challenging behavior post acquired brain injury. *Journal of Neuroscience Nursing*, *43*(3), 156–164. https://doi.org/10.1097/JNN.0b013e3182135bb2	Exclusion Criteria 5: this study focuses on family members with challenging behaviour.
26.	Todis, B., & Glang, A. (2008). Redefining success: Results of a qualitative study of postsecondary transition outcomes for youth with traumatic brain injury. *The Journal of Head Trauma Rehabilitation*, *23*(4), 252–263. https://doi.org/10.1097/01.HTR.0000327257.84622.bc	Exclusion Criteria 5: this study focuses on postsecondary transition.
27.	Kita, H., Mallory, K. D., Hickling, A., Wilson, K. E., Kroshus, E., & Reed, N. (2020). Social support during youth concussion recovery. *Brain Injury*, *34*(6), 784–792. https://doi.org/10.1080/02699052.2020.1753243	Exclusion Criteria 6: this study focuses on mild brain injury.
28.	Straits-Troster, K., Gierisch, J. M., Strauss, J. L., Dyck, D. G., Dixon, L. B., Norell, D., & Perlick, D. A. (2013). Multifamily group treatment for veterans with traumatic brain injury: What is the value to participants? *Psychiatric Services*, *64*(6), 541–546. https://doi.org/10.1176/appi.ps.001632012	Exclusion Criteria 6: this study focuses on veterans with TBI.
29.	Baik, C., Larcombe, W., & Brooker, A. (2019). How universities can enhance student mental wellbeing: The student perspective. *Higher Education Research & Development*, *38*(4), 674–687. https://doi.org/10.1080/07294360.2019.1576596	Exclusion Criteria 5: this study focuses on postsecondary transition.
30.	Rohleder, P., Lambie, J., & Hale, E. (2017). A qualitative study of the emotional coping and support needs of children living with a parent with a brain injury. *Brain Injury*, *31*(2), 199–207. https://doi.org/10.1080/02699052.2016.1225985	Exclusion Criteria 5: this study focuses on postsecondary transition.
31.	Doig, E., Fleming, J., Cornwell, P., & Kuipers, P. (2011). Comparing the experience of outpatient therapy in home and day hospital settings after traumatic brain injury: Patient, significant other and therapist perspectives. *Disability and Rehabilitation: An International, Multidisciplinary Journal*, *33*(13–14), 1203–1214. https://doi.org/10.3109/09638288.2010.525286	Exclusion Criteria 5: this study focuses on the experience of outpatient care.
32.	Kitzinger, J., & Kitzinger, C. (2013). The “window of opportunity” for death after severe brain injury: family experiences. *Sociology of Health & Illness*, *35*(7), 1095-1112.	Exclusion Criteria 5: this study focuses on death after ABI.
33.	Hochman, Y., Segev, E., & Levinger, M. (2020). Five phases of dyadic analysis: Stretching the boundaries of understanding of family relationships. *Family Process*, *59*(2), 681–694. https://doi.org/10.1111/famp.12466	Exclusion Criteria 5: this study focuses on dyadic analysis.
34.	Doig, E., Fleming, J., Cornwell, P. L., & Kuipers, P. (2009). Qualitative exploration of a client-centered, goal-directed approach to community-based occupational therapy for adults with traumatic brain injury. *American Journal of Occupational Therapy*, *63*(5), 559–568. https://doi.org/10.5014/ajot.63.5.559	Exclusion Criteria 6: this study focuses on adults with ABI.

	Excluded studies	Exclusion Criteria
35.	Denham, A. M. J., Wynne, O., Baker, A. L., Spratt, N. J., Turner, A., Magin, P., Janssen, H., English, C., Loh, M., & Bonevski, B. (2019). “This is our life now Our new normal”: A qualitative study of the unmet needs of carers of stroke survivors. *PLoS ONE, 14*(5). https://doi.org/10.1371/journal.pone.0216682	Exclusion Criteria 7: this study focuses on the experiences of carers of stroke survivors.
36.	McKinlay, A., McLellan, T., & Daffue, C. (2012). The invisible brain injury: The importance of identifying deficits following brain injury in children with intellectual disability. *NeuroRehabilitation*, *30*(3), 183–187.	Exclusion Criteria 5: this study focuses on identifying deficits.
37.	Parkinson, J., Mkandawire, P. C., Dietrich, T., Badejo, A., Kadir, M., & Tembo, V. (2018). Developing the UNICEF Malawi school handwashing program. *Social Marketing Quarterly*, *24*(2), 74–88. https://doi.org/10.1177/1524500418766355	Exclusion Criteria 5: this study focuses on a handwashing programme.
38.	Riley, G. A., Brennan, A. J., & Powell, T. (2004). Threat appraisal and avoidance after traumatic brain injury: Why and how often are activities avoided? *Brain Injury*, *18*(9), 871–888. https://doi.org/10.1080/02699050410001671829	Exclusion Criteria 5: this study focuses on postsecondary transition.
39.	Chamberlain, D. J. (2006). The experience of surviving traumatic brain injury. *Journal of Advanced Nursing, 54*(4), 407–417. https://doi.org/10.1111/j.1365-2648.2006.03840.x	Exclusion Criteria 5: this study focuses on the experience of surviving TBI.
40.	VanHeerwaarden, N., Ferguson, G., Abi-Jaoude, A., Johnson, A., Hollenberg, E., Chaim, G., Cleverley, K., Eysenbach, G., Henderson, J., Levinson, A., Robb, J., Sharpe, S., Voineskos, A., & Wiljer, D. (2018). The optimization of an eHealth solution (thought spot) with transition-aged youth in postsecondary settings: Participatory design research. *Journal of Medical Internet Research*, *20*(3). https://doi.org/10.2196/jmir.8102	Exclusion Criteria 5: this study focuses on eHealth solution.
41.	Halici Page, M., & Mede, E. (2018). Comparing task-based instruction and traditional instruction on task engagement and vocabulary development in secondary language education. *The Journal of Educational Research*, *111*(3), 371–381. https://doi.org/10.1080/00220671.2017.1391163	Exclusion Criteria 5: this study focuses on vocabulary development and task engagement.
42.	Kelley, P. W., Kenny, D. J., Gordon, D. R., & Benner, P. (2015). The evolution of case management for service members injured in Iraq and Afghanistan. *Qualitative Health Research*, *25*(3), 426–439. https://doi.org/10.1177/1049732314553228	Exclusion Criteria 5: this study focuses on the case management of veterans.
43.	Trulsson, U., Johansson, M., Jansson, G., Wiberg, A., & Hallberg, L. R.-M. (2003). Struggling for a New Self: In-depth Interviews with 21 Patients with Hyperacusis after an Acute Head Trauma. *Journal of Health Psychology*, *8*(4), 403–412. https://doi.org/10.1177/13591053030084001	Exclusion Criteria 5: this study focuses on patients with hyperacusis.
44.	Kean, S. (2010). The experience of ambiguous loss in families of brain injured ICU patients. *Nursing in Critical Care*, *15*(2), 66–75. https://doi.org/10.1111/j.1478-5153.2010.00379.x	Exclusion Criteria 5: this study focuses on ambiguous loss.
45.	Liang, P., Liddle, J., Fleming, J., & Gustafsson, L. (2016). Family members’ narratives of lifespace: Mapping changes before and after a brain injury causing driving disruption. *Australian Occupational Therapy Journal*, *63*(3), 164–174. https://doi.org/10.1111/1440-1630.12258	Exclusion Criteria 5: this study focuses on driving disruption.
46.	Liang, P., Fleming, J., Gustafsson, L., & Liddle, J. (2017). Occupational experience of caregiving during driving disruption following an acquired brain injury. *British Journal of Occupational Therapy, 80*(1), 30-38.	Exclusion Criteria 5: this study focuses on driving disruption.
47.	Moore, M., Kiatchai, T., Ayyagari, R. C., & Vavilala, M. S. (2017). Targeted areas for improving health literacy after traumatic brain injury. *Brain injury*, *31*(13-14), 1876-1881.	Exclusion Criteria 5: this study focuses on health literacy.
48.	Wongvatunyu, S., & Porter, E. J. (2008). Helping young adult children with	Exclusion Criteria 6:

	Excluded studies	Exclusion Criteria
	traumatic brain injury: The life-world of mothers. *Qualitative Health Research*, *18*(8), 1062-1074.	this study focuses on adults with TBI.
49.	Nalder, E., Fleming, J., Cornwell, P., Shields, C., & Foster, M. (2013). Reflections on life: Experiences of individuals with brain injury during the transition from hospital to home. *Brain Injury*, *27*(11), 1294-1303.	Exclusion Criteria 5: this study focuses on the transition from hospital to home.
50.	Swaine, B. R., Gagnon, I., Champagne, F., Lefebvre, H., Friedman, D., Atkinson, J., & Feldman, D. (2008). Identifying the specific needs of adolescents after a mild traumatic brain injury: A service provider perspective. *Brain injury*, *22*(7-8), 581-588.	Exclusion Criteria 6: this study focuses on adolescents with a mild ABI.
51.	Robson, T., Ziviani, J., & Spina, S. (2005). Personal experiences of families of children with a traumatic brain injury in the transition from hospital to home. *Brain Impairment*, *6*(1), 45-55.	Exclusion Criteria 5: this study focuses on the transition from hospital to home.
52.	Self, M., Driver, S., Stevens, L., & Warren, A. M. (2013). Physical activity experiences of individuals living with a traumatic brain injury: a qualitative research exploration. *Adapted Physical Activity Quarterly*, *30*(1), 20-39.	Exclusion Criteria 5: this study focuses on physical activity experiences.
53.	Eames, V., Shippen, C., & Sharp, H. (2016). The Team of Life: A narrative approach to building resilience in UK school children. *Educational and Child Psychology*, *33*(2), 57-68.	Exclusion Criteria 5: this study focuses on building resilience.
54.	Vassilyadi, M., Duquette, C., Shamji, M. F., Orders, S., & Dagenais, S. (2009). Evaluation of ThinkFirst for kids injury prevention curriculum for grades 7/8. *Canadian journal of neurological sciences*, *36*(6), 761-768.	Exclusion Criteria 5: this study focuses on the ThinkFirst programme.
55.	Damianakis, T., Climans, R., & Marziali, E. (2008). Social workers' experiences of virtual psychotherapeutic caregivers groups for Alzheimer's, Parkinson's, stroke, frontotemporal dementia, and traumatic brain injury. *Social Work with Groups*, *31*(2), 99-116.	Exclusion Criteria 5: this study focuses on virtual psychotherapeutic caregivers groups.
56.	Tamplin, J., Baker, F. A., Jones, B., Way, A., & Lee, S. (2013). "Stroke a Chord": The effect of singing in a community choir on mood and social engagement for people living with aphasia following a stroke. *NeuroRehabilitation*, *32*(4), 929-941.	Exclusion Criteria 5: this study focuses on the experience of singing in a community choir.
57.	Linden, M. A., & Boylan, A. M. (2010). "To be accepted as normal": Public understanding and misconceptions concerning survivors of brain injury. *Brain Injury*, *24*(4), 642-650.	Exclusion Criteria 5: this study focuses on public understanding and misconceptions.
58.	Moog, M., Quintner, J., Hall, T., & Zusman, M. (2002). The late whiplash syndrome: a psychophysical study. *European Journal of Pain*, *6*(4), 283-294.	Exclusion Criteria 5: this study focuses on late whiplash syndrome.
59.	Lannin, N. A., Coulter, M., Laver, K., Hyett, N., Ratcliffe, J., Holland, A. E., ... & Unsworth, C. A. (2021). Public perspectives on acquired brain injury rehabilitation and components of care: A Citizens' Jury. *Health Expectations*, *24*(2), 352-362.	Exclusion Criteria 5: this study focuses on public perspectives of ABI.
60.	Mulligan, T., Barker-Collo, S., Gibson, K., & Jones, K. (2021). You only get one brain. Adult reflections on acute and ongoing symptom experiences after traumatic brain injury in adolescence. *Brain injury*, *35*(10), 1308-1315.	Exclusion Criteria 6: this study focuses on adults with TBI.
61.	Donnelly, K. Z., Baker, K., Pierce, R., St. Ivany, A. R., Barr, P. J., & Bruce, M. L. (2021). A retrospective study on the acceptability, feasibility, and effectiveness of LoveYourBrain Yoga for people with traumatic brain injury	Exclusion Criteria 5: this study focuses on the LoveYourBrain

	Excluded studies	Exclusion Criteria
	and caregivers. *Disability and rehabilitation*, *43*(12), 1764-1775.	programme.
62.	Pritchard, E., Tsindos, T., & Ayton, D. (2019). Practitioner perspectives on the nexus between acquired brain injury and family violence. *Health & social care in the community*, *27*(5), 1283-1294.	Exclusion Criteria 5: this study focuses on links between ABI and family violence.

Table B.2

List of Excluded Studies: excluded following initial abstract screening

	Excluded studies	Exclusion Criteria
1.	Wade, S. L., Raj, S. P., Moscato, E. L., & Narad, M. E. (2019). Clinician perspectives delivering telehealth interventions to children/families impacted by pediatric traumatic brain injury. *Rehabilitation Psychology, 64*(3), 298–306. https://doi.org/10.1037/rep0000268	Exclusion Criteria 7: this study focuses on the perspectives of psychologists and doctoral students.
2.	Kirk, S., Fallon, D., Fraser, C., Robinson, G., & Vassallo, G. (2015). Supporting parents following childhood traumatic brain injury: A qualitative study to examine information and emotional support needs across key care transitions. *Child: Care, Health and Development*, *41*(2), 303–313. https://doi.org/10.1111/cch.12173	Exclusion Criteria 5: this study focuses on the hospital to home transition.
3.	Fisher, A., Bellon, M., Lawn, S., & Lennon, S. (2021). Family perspectives on the acceptability and usefulness of the FAB positive behaviour support program: A pilot study. *Brain Injury, 35*(5), 609–619. https://doi.org/10.1080/02699052.2021.1894479	Exclusion Criteria 5: this study focuses on the positive behaviour support program in the home setting
4.	Vyas, S. S., Ford, M. K., Tam, E. W. Y., Westmacott, R., Sananes, R., Beck, R., & Williams, T. S. (2021). Intervention experiences among children with congenital and neonatal conditions impacting brain development: Patterns of service utilization, barriers and future directions. *The Clinical Neuropsychologist*, *35*(5), 1009–1029. https://doi.org/10.1080/13854046.2020.1871516	Exclusion Criteria 6: the participants are aged less than 9 years.
5.	Erlick, M. R., Vavilala, M. S., Jaffe, K. M., Blayney, C. B., & Moore, M. (2021). Provider perspectives on early psychosocial interventions after pediatric severe traumatic brain injury: An implementation framework. *Journal of Neurotrauma*, *38*(4), 513–518. https://doi.org/10.1089/neu.2020.7323	Exclusion Criteria 5: this study focuses the on hospital setting
6.	Wales, L., Sidebotham, P., & Hawley, C. (2019). Self-awareness following a traumatic brain injury in childhood: A developmental perspective. *Brain Injury*, *33*(5), 633–642. https://doi.org/10.1080/02699052.2019.1566838	Exclusion Criteria 5: this study focuses on self-awareness.
7.	Kahn, L. G., Linden, M. A., McKinlay, A., Gomez, D., & Glang, A. (2018). An international perspective on educators’ perceptions of children with Traumatic Brain Injury. *NeuroRehabilitation*, *42*(3), 299–309. https://doi.org/10.3233/NRE-172380	Exclusion Criteria 5: this study focuses on what teachers perceive, believe, and know about pediatric TBI.
8.	Wade, S. L., Cassedy, A. E., Sklut, M., Taylor, H. G., McNally, K. A., Kirkwood, M. W., Stancin, T., & Kurowski, B. G. (2019). The relationship of adolescent and parent preferences for treatment modality with satisfaction, attrition, adherence, and efficacy: The coping with Head Injury through Problem-Solving (CHIPS) study. *Journal of Pediatric Psychology*, *44*(3), 388–401. https://doi.org/10.1093/jpepsy/jsy087	Exclusion Criteria 5: this study focuses on family-centred problem-solving programme.
9.	Bauer, M. E. E., Brussoni, M., & Giles, A. R. (2020). Categorizing mothers’ and fathers’ conceptualizations of children’s serious play-related injuries: “You won’t grow a finger back.” *Child: Care, Health and Development*, *46*(4), 530–536. https://doi.org/10.1111/cch.12761	Exclusion Criteria 6: the participants are aged 2 to 7 years.
10.	Mbakile-Mahlanza, L., Manderson, L., Downing, M., & Ponsford, J. (2017). Family caregiving of individuals with traumatic brain injury in Botswana. *Disability and Rehabilitation: An International, Multidisciplinary Journal*, *39*(6), 559–567. https://doi.org/10.3109/09638288.2016.1152605	Exclusion Criteria 5: this study focuses on the experience of caregiving.

	Excluded studies	Exclusion Criteria
11.	Braaf, S., Ameratunga, S., Christie, N., Teague, W., Ponsford, J., Cameron, P. A., & Gabbe, B. J. (2019). Care coordination experiences of people with traumatic brain injury and their family members in the 4-years after injury: A qualitative analysis. *Brain Injury*, *33*(5), 574–583. https://doi.org/10.1080/02699052.2019.1566835	Exclusion Criteria 5: this study focuses on the experience of care coordination.
13.	Riley, G. A., & Balloo, S. (2016). Maternal narratives about their child's identity following acquired brain injury. Cogent Psychology, 3(1). https://doi.org/10.1080/23311908.2016.1154308	Exclusion Criteria 5: this study focuses on the child's identity.
14.	Yasmin, N., Keeble, H. S., & Riley, G. A. (2020). Development and psychometric evaluation of the Birmingham Relationship Continuity Measure for acquired brain injury. *Brain Injury*, *34*(8), 1089–1099. https://doi.org/10.1080/02699052.2020.1767304	Exclusion Criteria 5: this study focuses Focus on relationship continuity.
15.	Brown, F. L., Whittingham, K., Sofronoff, K., & Boyd, R. N. (2013). Parenting a child with a traumatic brain injury: Experiences of parents and health professionals. *Brain Injury*, *27*(13–14), 1570–1582. https://doi.org/10.3109/02699052.2013.841996	Exclusion Criteria 5: this study focuses on parenting.
16.	Wongvatunyu, S., & Porter, E. J. (2005). Mothers' experience of helping young adults with traumatic brain injury. *Journal of Nursing Scholarship*, *37*(1), 48-56.	Exclusion Criteria 6: the participants are aged 20 to 36 years
17.	Letzkus, L., Addison, N., Turner, L., Conaway, M., & Quatrara, B. (2018). Paroxysmal sympathetic hyperactivity and environmental factors: A pilot study. *Journal of Neuroscience Nursing*, *50*(2), 88–92. https://doi.org/10.1097/JNN.0000000000000349	Exclusion Criteria 5: this study focuses on hyperactivity.
18.	Turner, B., Fleming, J., Ownsworth, T., & Cornwell, P. (2011). Perceptions of recovery during the early transition phase from hospital to home following acquired brain injury: A journey of discovery. Neuropsychological Rehabilitation, 21(1), 64–91. https://doi.org/10.1080/09602011.2010.527747	Exclusion Criteria 5: this study focuses the hospital to home transition.
19.	Nalder, E., Fleming, J., Cornwell, P., & Foster, M. (2012). Linked lives: The experiences of family caregivers during the transition from hospital to home following traumatic brain injury. *Brain Impairment*, *13*(1), 108–122. https://doi.org/10.1017/BrImp.2012.4	Exclusion Criteria 5: this study focuses Hospital to home transition
20.	Theadom, A., Fadyl, J., Hollands, T., Foster, A., & McPherson, K. M. (2014). Exploring participant experiences of research after traumatic brain injury. *Brain Injury*, *28*(7), 995–1002. https://doi.org/10.3109/02699052.2014.888767	Exclusion Criteria 5: this study focuses on the experience of research.
21.	Mbakile-Mahlanza, L., Manderson, L., & Ponsford, J. (2015). The experience of traumatic brain injury in Botswana. *Neuropsychological Rehabilitation*, *25*(6), 936–958. https://doi.org/10.1080/09602011.2014.999000	Exclusion Criteria 5: this study focuses on general life experiences.
22.	Paget, A., Mallewa, M., Chinguo, D., Mahebere-Chirambo, C., & Gladstone, M. (2016). "It means you are grounded"—Caregivers' perspectives on the rehabilitation of children with neurodisability in Malawi. *Disability and Rehabilitation: An International, Multidisciplinary Journal*, *38*(3), 223–234. https://doi.org/10.3109/09638288.2015.1035458	Exclusion Criteria 5: this study focuses on the general life experiences.
23.	Tam, S., McKay, A., Sloan, S., & Ponsford, J. (2015). The experience of challenging behaviours following severe TBI: a family perspective. *Brain Injury*, *29*(7-8), 813-821.	Exclusion Criteria 4: this study is an intervention study.
24.	Mokhosi, M. T., & Grieve, K. W. (2004). African families' perceptions of traumatic brain injury. *South African Journal of Psychology*, *34*(2), 301-317.	Exclusion Criteria 5: this study focuses on perceptions of brain injuries.
25.	Gibbs, K. A., Dickinson, A., & Rasmussen, S. (2020). Caring for children	Exclusion Criteria 7:

	Excluded studies	Exclusion Criteria
	with non-accidental head injuries: a case for a child-centered approach. *Comprehensive child and adolescent nursing*, *43*(4), 274-285.	this study focuses on the perspectives of nurses who care for children with NAHI.
26.	Keightley, M. L., King, G. E., Jang, S. H., White, R. J., Colantonio, A., Minore, J. B., ... & Longboat-White, C. H. (2011). Brain injury from a First Nations' perspective: Teachings from elders and traditional healers. *Canadian journal of occupational therapy*, *78*(4), 237-245.	Exclusion Criteria 5: this study focuses on the perspectives of elders and traditional healers.

Table B.3

List of Excluded Studies: excluded following full text screening

	Excluded studies	Exclusion Criteria
1.	Bedell, G. M., Cohn, E. S., & Dumas, H. M. (2005). Exploring Parents' Use of Strategies To Promote Social Participation of School-Age Children With Acquired Brain Injuries. *American Journal of khoury Therapy*, *59*(3), 273–284. https://doi.org/10.5014/ajot.59.3.273	Exclusion Criteria 6: this study focuses on parents' use of strategies.
2.	Gauvin-Lepage, J., & Lefebvre, H. (2010). Social inclusion of persons with moderate head injuries: The points of view of adolescents with brain injuries, their parents and professionals. Brain injury, 24(9), 1087-1097.	Exclusion Criteria 5: In the results section, one out of five themes was about the experience of school.
3.	Lemon, J., Cooper, J., Defres, S., Easton, A., Sadarangani, M., Griffiths, M. J., Pollard, A. J., Solomon, T., & Kneen, R. (2019). Understanding parental perspectives on outcomes following paediatric encephalitis: A qualitative study. *PLoS ONE*, *14*(9). https://doi.org/10.1371/journal.pone.0220042	Exclusion Criteria 5: this study focuses on general experience.
4.	Mealings, M., Douglas, J., & Olver, J. (2019). Is it me or the injury: Students' perspectives on adjusting to life after traumatic brain injury through participation in study. *Neuropsychological rehabilitation*. ?	Exclusion Criteria 6: less than half (4/12) of the individuals with ABI are aged between 10 and 19.
5.	Mealings, M., Douglas, P. J., & Olver, P. J. (2021). The student journey: Living and learning following traumatic brain injury. *Brain injury*, *35*(3), 315-334.	Exclusion Criteria 6: less than half (4/12) of the individuals with ABI are aged between 10 and 19.
6.	Prigatano, G. P., & Gray, J. A. (2007). Parental concerns and distress after paediatric traumatic brain injury: A qualitative study. *Brain Injury*, *21*(7), 721–729. https://doi.org/10.1080/02699050701481605	Exclusion Criteria 5: this study focuses on parental distress.
7.	Rotondi, A. J., Sinkule, J., Balzer, K., Harris, J., & Moldovan, R. (2007). A Qualitative Needs Assessment of Persons Who Have Experienced Traumatic Brain Injury and Their Primary Family Caregivers. *The Journal of Head Trauma Rehabilitation*, *22*(1), 14–25. https://doi.org/10.1097/00001199-200701000-00002	Exclusion Criteria 6: the participants are aged above 18 years.
8.	Roscigno, C. I., & Roton, K. M. (2011). Parents' experiences following children's moderate to severe traumatic brain injury: A clash of cultures. Qualitative health research, 21(10), 1413-1426.	Exclusion Criteria 5: In the results section, only two subthemes out of 16 was about the experience of school.
9.	Roscigno, C. I., Swanson, K. M., Vavilala, M. S., & Solchany, J. (2011). Children's longing for everydayness: Life following traumatic brain injury in the USA. *Brain Injury*, *25*(9), 882–894. https://doi.org/10.3109/02699052.2011.581638	Exclusion Criteria 5: the focus of the study was on everyday experiences.
10.	Wharewera-Mika, J., Cooper, E., Kool, B., Pereira, S., & Kelly, P. (2016). Caregivers' voices: The experiences of caregivers of children who sustained serious accidental and non-accidental head injury in early childhood. *Clinical child psychology and psychiatry*, *21*(2), 268-286.	Exclusion Criteria 5: this study focuses on caregiver's general experiences.
11.	Buckeridge, K., Clarke, C., & Sellers, D. (2020). Adolescents' experiences of communication following acquired brain injury. *International journal of language & communication disorders*, *55*(1), 97-109.	Exclusion Criteria 5: In the results section, one out theme out of three was about the experience of school.

Appendix C

Mapping the Field: Key Features of Each Study

Study and location	Purpose of the study	Sample	Age of person with ABI	Information about person with ABI	Theoretical perspective	Design	Measures	Data analysis
Bate et al. (2021) UK	"To explore educators' experiences of facilitating the return and reintegration of a child to mainstream school, following a severe ABI" p.2	Post-primary teacher n=1 Primary teacher n=1 SENCO n=5 LSA n=2 Head of year n=1	7 – 12 years	• Severe ABI (more than 28 days in hospital) • Attend mainstream state primary or post-primary school • Back in school 6 to 18 months	Critical Realist ontological position	Qualitative exploratory study	Semi-structured interviews	Thematic analysis (Braun and Clarke, 2006)
Jacobs-Nzuzi Khuabi et al. (2019) South Africa	"To explore the perspectives on and the experiences of high school learners and their relevant stakeholders regarding school re-entry and school participation post TBI withing a developing context" p. 2	Adolescent n=7 Young adult n=1 Parent n=ns Teacher/ principal n=ns	15 – 20 years	• Mild, moderate or severe TBI (medical records) • Onset of TBI occurred within adolescence • Back at school at least 3 months • No history of learning support	Interpretivist (constructivist) paradigm	Qualitative multi-case study	Semi-structured interviews Observation Documentation review	Inductive and comparative analytic method adapted from Merriam and Tisdell (2016)
Mealings and Douglas (2010) Australia	"To explore the adolescent insider's experiences of returning to school and to draw from their perspectives…. what they consider is important in getting back to school and what constitutes success at school" p. 4	Adolescents n=3	13 – 17 years	• Severe TBI (PTA > 1 week) • Attend mainstream secondary school • Back at school at least 6 months	Social Interactionism	Qualitative exploratory study	Semi-structured interviews	Grounded theory Browne (2004)

Study and location	Purpose of the study	Sample	Age of person with ABI	Information about person with ABI	Theoretical perspective	Design	Measures	Data analysis
Mealings et al. (2017) Australia	To "explore issues identified by students with TBI that affect educational participation beyond their academic performance, offer a framework based on research evidence to guide the practice of SLPs and explore strategies that may expand the traditional roles of SLPs to support students beyond academic performance" p. 441	Adolescents n=3	13 – 17 years	• Severe TBI (PTA > 1 week) • Attend mainstream secondary school • Back at school at least 6 months	ns	Secondary analysis of a qualitative exploratory study	Semi-structured interviews	Grounded theory Browne (2004)
Rødset (2008) Norway	To "to examine the adolescents' own experiences in a coping perspective, after being discharged from the rehabilitation hospital" p. 91	Adolescents n=6	ns	• Severe TBI (GCS < 9) • No pre-injury history of learning disability or psychiatric diagnosis • Moderate to mild neuropsychological effects • Good oral communication skills and good insight into their situation • Attended the same rehabilitation hospital as the other participants	Phenomenological-hermeneutic approach	Retrospective in-depth study	Semi-structured interviews	Kvale's (2001) guidelines for text analysis

Study and location	Purpose of the study	Sample	Age of person with ABI	Information about person with ABI	Theoretical perspective	Design	Measures	Data analysis
Roscigno et al. (2015) USA	To identify "what school reintegration factors that parents appraised as important to their family; what contextual factors made parents' appraisals similar or different; and how parents perceived that various educational policies and practices affected their family roles, relationships and management of their child's condition	Parents n=42	6 – 18 years	• Moderate to severe TBI (GCS < 12) • 4 and 36 months post-injury	ns	Secondary analysis of data from a longitudinal study	Semi-structured interviews Two interviews 12 to 15 months apart	Content analysis within case and across case
Sharp et al. (2006) Australia	Experience of adolescents and their parents of the return to school, especially how schooling was affected by TBI and the impact of supports	Adolescents n=8 Parents n=10	14 – 19 years	• Severe ABI (GCS = 3-8 and/or PTA> 1 week)	Person-environment fit theory	Longitudinal	Semi-structured interviews	Grounded theory (Straus and Corbin, 1998)

Note. GCS = Glasgow Coma Scale; PTA = Post Traumatic Amnesia; ns = not specified by author

Appendix D

WoE A Criteria and Ratings

Table D.1

WoE A Criteria for Qualitative studies (adapted from Letts et al., 2007)

		Bate et al. (2021)	Jacobs-Nzuzi Khuabi et al. (2019)	Mealings & Douglas (2010)	Mealings et al. (2017)	Rødset (2008)	Roscigno et al. (2015)	Sharp et al. (2006)
1.	Was the design appropriate to the study question?	✓	✓	✓	✓	✓	✓	✓
2.	Was a theoretical perspective identified?	✓	✓	✓	✗	✓	✗	✓
3.	Are the methods congruent with the philosophical underpinnings and purpose?	✓	✓	✓	✓	✓	✓	✓
4.	Was the process of purposeful selection described?	✗	✓	✗	✗	✗	✗	✗
5.	Was sampling done until redundancy in data was reached?	ns	✓	✗	✗	ns	✓	ns
6.	Was informed consent gained?	✓	✓	✓	ns	✓	ns	✓
7.	Was a clear and complete description of the site provided?	✓	✓	✓	✗	✓	✗	✓
8.	Was a clear and complete description of participants provided?	✓	✗	✓	✓	✗	✓	✓
9.	Was a clear and complete description of the researcher’s role and relationships with participants provided?	✗	✗	✗	✗	✗	✗	✗
10.	Identification with assumptions and biases of researcher?	✗	✗	✗	✗	✗	✗	✗
11.	Was procedural rigor used in data collection strategies?	✓	✓	✓	ns	✓	✓	✓
12.	Data analyses were inductive?	✓	✓	✓	✓	✓	✓	✓
13.	Findings were consistent and reflective of data?	✓	✓	✓	✓	✓	✓	✓
14.	Decision trail developed?	ns	✓	ns	ns	✗	✓	ns
15.	Processs of analysing data was described adequately?	✓	✓	✓	✓	✓	✓	✓
16.	Did a meaningful picture of the phenonmen emerge?	✓	✓	✓	✓	✓	✓	✓
17.	Evidence of trustworthiness: credibility?	✓	✓	✓	✓	✗	✓	✓
18.	Evidence of trustworthiness: transferability?	✓	✗	✓	✗	✗	✗	✓
19.	Evidence of trustworthiness: dependability?	✗	✓	✗	✗	✗	✓	✗
20.	Evidence of trustworthiness: confirmability?	✗	✓	✗	✓	✗	✗	✓
	Total	13	16	13	9	10	12	14

ns = not specified by author

Scoring: Low = ≤ 10, Medium = 11-15, High ≥ 16

Table D.2

Basic Trustworthiness Criteria Lincoln & Guba (1985)

Criteria	Technique
Credibility	Peer debriefing Member checks Journaling Prolonged engagement
Transferability	Thick description Journaling
Dependability	Inquiry audit with audit trail
Confirmability	Triangulation Journaling

Table D.3

Trustworthiness Techniques in the included studies

Study	Credibility	Transferability	Dependability	Confirmability
Bate et al. (2021)	Discussion with peer researcher Inter-coder reliability	Thick descriptions of both site and participants		
Jacobs-Nzuzi Khuabi et al. (2019)	Peer examination Member checking Structural coherence	--	Audit trail	Data triangulation Source triangulation
Mealings & Douglas (2010)	Interviews were independently coded by the second author.	Thick descriptions of both site and participants		
Mealings et al. (2017)	Multiple coders Consultation with professional forums	--		Data triangulation with field notes
Rødset (2008)	-	-	-	-
Roscigno et al. (2015)	Independent coders Peer debriefing Member checks	--	Audit trail	
Sharp et al. (2006)	Peer debriefing Prolonged engagement with the researcher	Thick descriptions of both site and participants		Reflective journal Source triangulation

Table D.4

Weight of Evidence A (WoE A) Ratings

Study	Score	Overall WoE A
Bate et al. (2021)	13	2 (Medium)
Jacobs-Nzuzi Khuabi et al. (2019)	16	3 (High)
Mealings & Douglas (2010)	13	2 (Medium)
Mealings et al. (2017)	9	1 (Low)
Rødset (2008)	10	1 (Low)
Roscigno et al.(2015)	12	2 (Medium)
Sharp et al. (2006)	14	2 (Medium)

Scoring: Low = ≤ 10, Medium = 11-15, High ≥ 16

Appendix E

WoE B Criteria and Ratings

Table E.1

WoE B Criteria

	Quality rating			
Criteria	Low (1)	Medium (2)	High (3)	Rationale
Study design	Case study	Qualitative studies or mixed design with a strong qualitative element	Qualitative syntheses or systematic review of qualitative studies	The review question asks about different stakeholders' experiences of a specific phenomenon . This question is best answered using a hierarchy of evidence regarding people's experiences, such as one proposed by French et al. (2008) (see Keetley et al., 2019).
Analysis of data	Secondary analysis of data (more than three years)	Secondary analysis of data (within 3 years)	Primary analysis of data	Three of the studies involved the re-analysis of data used in a previous study.

Table E.2

Weight of Evidence B (WoE B) Ratings

Study	Study design	Analysis of data	Overall WoE B
Bate et al. (2021)	2	3	2.5 (High)
Jacobs-Nzuzi Khuabi et al. (2019)	2	3	2.5 (High)
Mealings & Douglas (2010)	2	3	2.5 (High)
Mealings et al. (2017)	2	1	1.5 (Low)
Rødset (2008)	2	3	2.5 (High)
Roscigno et al. (2015)	2	1	1.5 (Low)
Sharp et al. (2006)	2	3	2.5 (High)

Low = ≤ 1.69, Medium = 1.70 – 2.29, High ≥ 2.3

Appendix F

WoE C Criteria and Ratings

Table F.1

WoE C Criteria

	Quality rating			
Criteria	Low (1)	Medium (2)	High (3)	Rationale
Focus on the experience of school	Between 50% and 74% of the results section is about the experience of schools following ABI.	Between 75% and 89% of the results section is about the experience of school following ABI.	Between 90% and 100% of the results section is about the experience of school following ABI.	The review question asks about the experience of school.
Sample	Between 30% and 49% of the sample are adolescents with ABI or parents of adolescents with ABI or teachers of adolescents with ABI	Between 50% and 89% of the sample are adolescents with ABI, or parents of adolescents with ABI or teachers of adolescents with ABI and also, includes another stakeholder	Between 90% and 100% of the sample size are adolescents with an ABI, parents of adolescents with ABI and/or teachers of adolescents with ABI	The review question asks about the experiences of adolescents with an ABI, their parents and teachers.

Table F.2

Weight of Evidence C (WoE C) Ratings

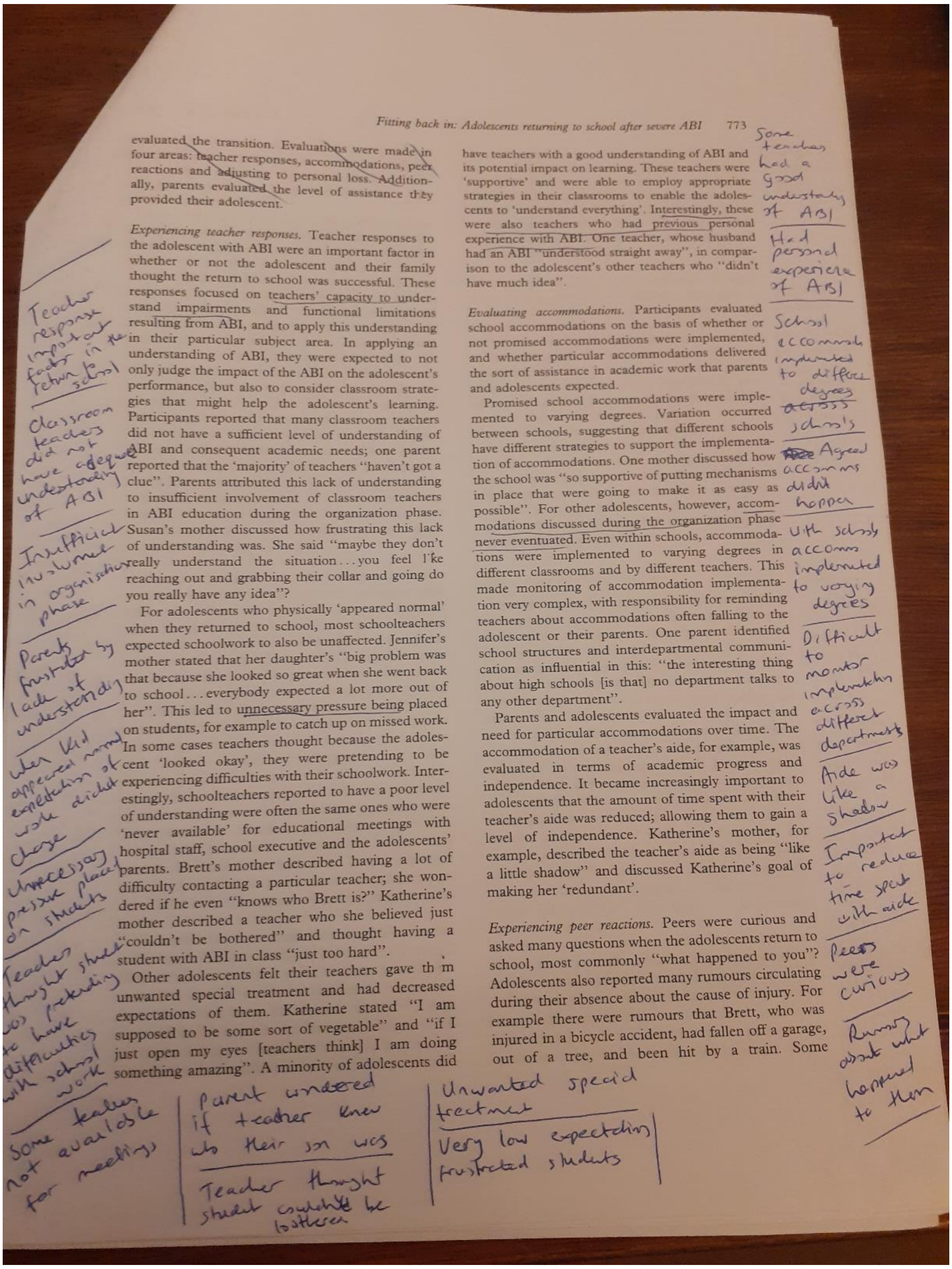
Studies	Focus on school	Sample	Overall WoE C
Bate et al. (2021)	3	1	2 (Medium)
Jacobs-Nzuzi Khuabi et al. (2019)	3	2	2.5 (High)
Mealings & Douglas (2010)	3	3	3 (High)
Mealings et al. (2017)	3	3	3 (High)
Rødset (2008)	2	3	2.5 (High)
Roscigno et al. (2015)	3	3	3 (High)
Sharp et al. (2006)	3	2	2.5 (High)

Low = ≤ 1.69, Medium = 1.70 – 2.29, High ≥ 2.3

Appendix G

Sample of Thematic Synthesis

Step 1: Line by line coding for a section of one study



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~~evaluated the transition. Evaluations were made in four areas: teacher responses, accommodations, peer reactions and adjusting to personal loss. Additionally, parents evaluated the level of assistance they provided their adolescent.~~

Experiencing teacher responses. Teacher responses to the adolescent with ABI were an important factor in whether or not the adolescent and their family thought the return to school was successful. These responses focused on teachers' capacity to understand impairments and functional limitations resulting from ABI, and to apply this understanding in their particular subject area. In applying an understanding of ABI, they were expected to not only judge the impact of the ABI on the adolescent's performance, but also to consider classroom strategies that might help the adolescent's learning. Participants reported that many classroom teachers did not have a sufficient level of understanding of ABI and consequent academic needs; one parent reported that the 'majority' of teachers "haven't got a clue". Parents attributed this lack of understanding to insufficient involvement of classroom teachers in ABI education during the organization phase. Susan's mother discussed how frustrating this lack of understanding was. She said "maybe they don't really understand the situation . . . you feel like reaching out and grabbing their collar and going do you really have any idea"?

For adolescents who physically 'appeared normal' when they returned to school, most schoolteachers expected schoolwork to also be unaffected. Jennifer's mother stated that her daughter's "big problem was that because she looked so great when she went back to school . . . everybody expected a lot more out of her". This led to unnecessary pressure being placed on students, for example to catch up on missed work. In some cases teachers thought because the adolescent 'looked okay', they were pretending to be experiencing difficulties with their schoolwork. Interestingly, schoolteachers reported to have a poor level of understanding were often the same ones who were 'never available' for educational meetings with hospital staff, school executive and the adolescents' parents. Brett's mother described having a lot of difficulty contacting a particular teacher; she wondered if he even "knows who Brett is?" Katherine's mother described a teacher who she believed just "couldn't be bothered" and thought having a student with ABI in class "just too hard".

Other adolescents felt their teachers gave them unwanted special treatment and had decreased expectations of them. Katherine stated "I am supposed to be some sort of vegetable" and "if I just open my eyes [teachers think] I am doing something amazing". A minority of adolescents did have teachers with a good understanding of ABI and its potential impact on learning. These teachers were 'supportive' and were able to employ appropriate strategies in their classrooms to enable the adolescents to 'understand everything'. Interestingly, these were also teachers who had previous personal experience with ABI. One teacher, whose husband had an ABI "understood straight away", in comparison to the adolescent's other teachers who "didn't have much idea".

Evaluating accommodations. Participants evaluated school accommodations on the basis of whether or not promised accommodations were implemented, and whether particular accommodations delivered the sort of assistance in academic work that parents and adolescents expected.

Promised school accommodations were implemented to varying degrees. Variation occurred between schools, suggesting that different schools have different strategies to support the implementation of accommodations. One mother discussed how the school was "so supportive of putting mechanisms in place that were going to make it as easy as possible". For other adolescents, however, accommodations discussed during the organization phase never eventuated. Even within schools, accommodations were implemented to varying degrees in different classrooms and by different teachers. This made monitoring of accommodation implementation very complex, with responsibility for reminding teachers about accommodations often falling to the adolescent or their parents. One parent identified school structures and interdepartmental communication as influential in this: "the interesting thing about high schools [is that] no department talks to any other department".

Parents and adolescents evaluated the impact and need for particular accommodations over time. The accommodation of a teacher's aide, for example, was evaluated in terms of academic progress and independence. It became increasingly important to adolescents that the amount of time spent with their teacher's aide was reduced; allowing them to gain a level of independence. Katherine's mother, for example, described the teacher's aide as being "like a little shadow" and discussed Katherine's goal of making her 'redundant'.

Experiencing peer reactions. Peers were curious and asked many questions when the adolescents return to school, most commonly "what happened to you"? Adolescents also reported many rumours circulating during their absence about the cause of injury. For example there were rumours that Brett, who was injured in a bicycle accident, had fallen off a garage, out of a tree, and been hit by a train. Some

Teacher response important factor in the return to school

Classroom teachers did not have adequate understanding of ABI

Insufficient involvement in organisation phase

Parents frustrated by lack of understanding

When kid appeared normal expectation of work didn't change

Unnecessary pressure placed on students

Teachers thought student was pretending to have difficulties with school work

Some teachers not available for meetings

Parent wondered if teacher knew who their son was

Teacher thought student couldn't be bothered

Unwanted special treatment

Very low expectations frustrated students

Some teachers had a good understanding of ABI

Had personal experience of ABI

School accommodations implemented to different degrees across schools

Agreed accomms didn't happen

Within schools accomms implemented to varying degrees

Difficult to monitor implementation across different departments

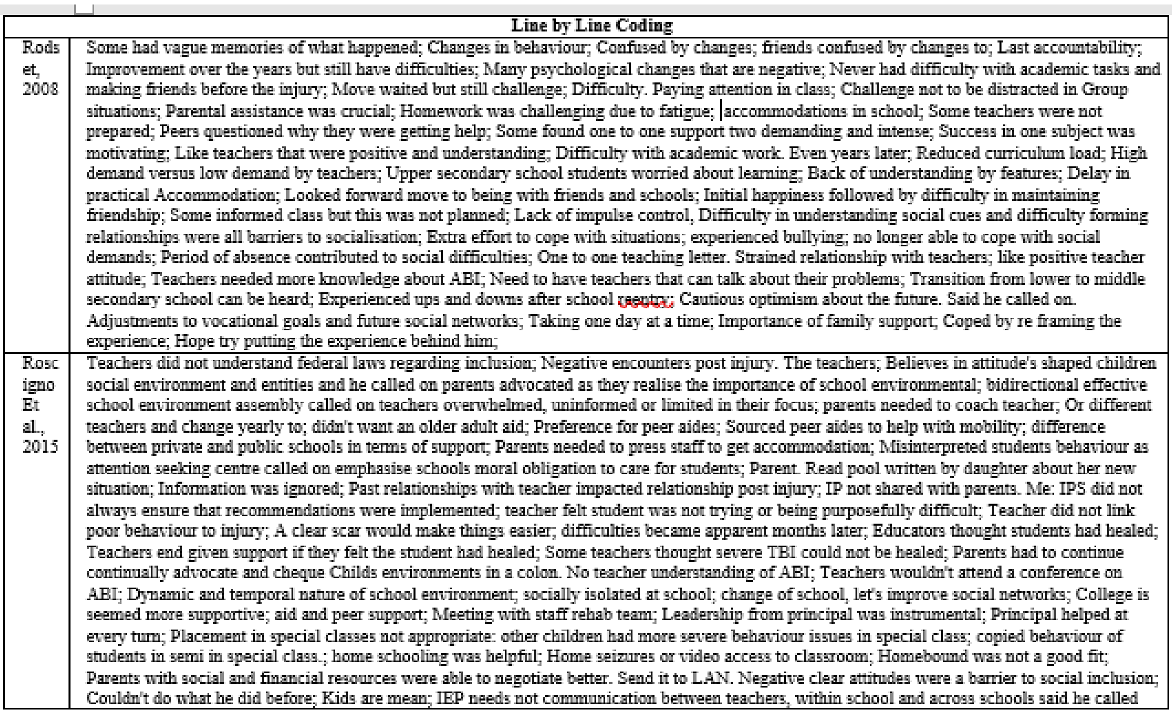
Aide was like a shadow

Important to reduce time spent with aide

Peers were curious

Rumours about what happened to them

Step 1: Line by line codes for all studies

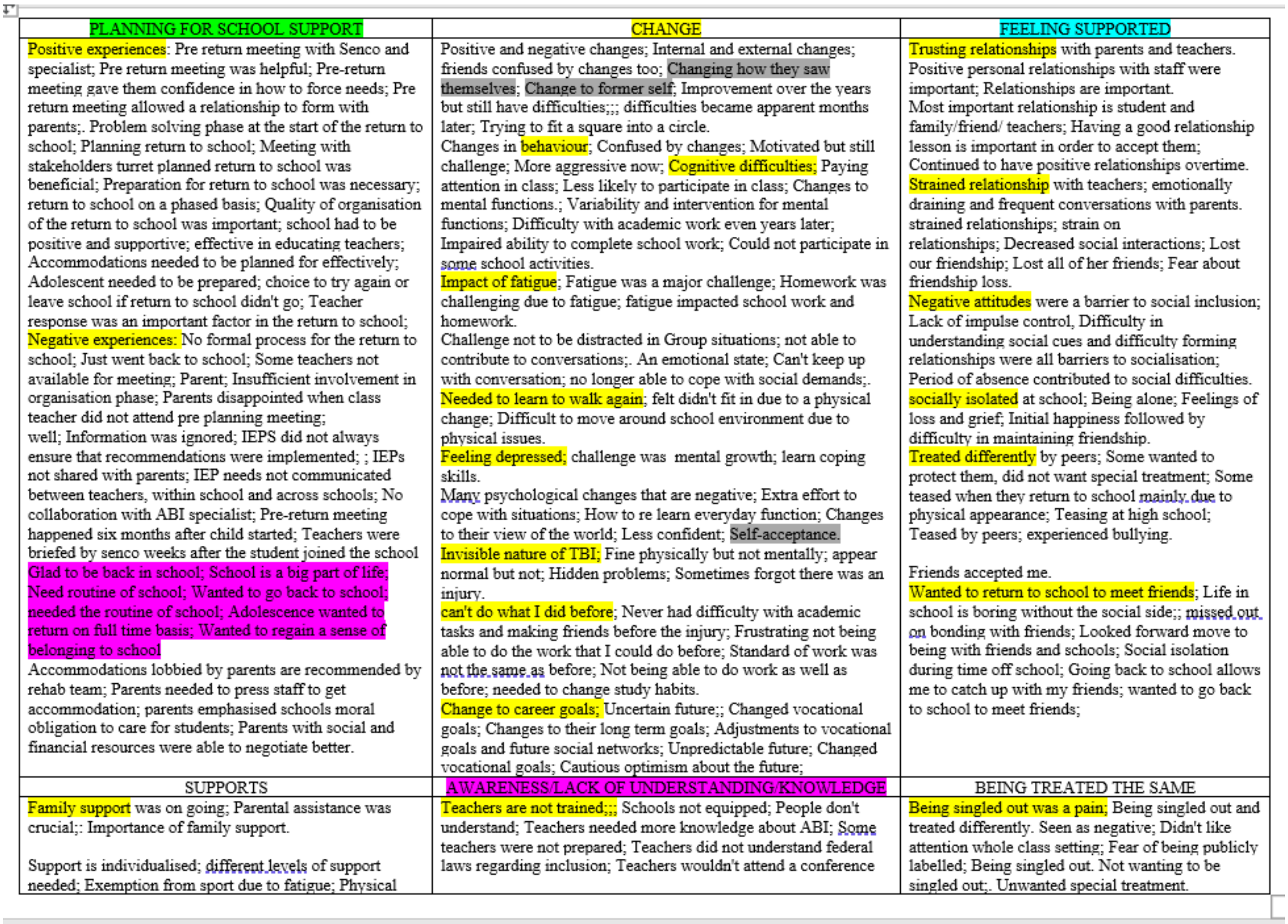


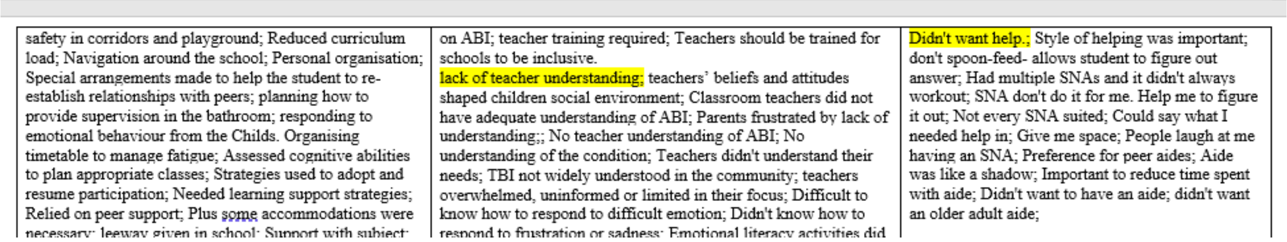
Line by Line Coding	
Rods et, 2008	Some had vague memories of what happened; Changes in behaviour; Confused by changes; friends confused by changes to; Last accountability; Improvement over the years but still have difficulties; Many psychological changes that are negative; Never had difficulty with academic tasks and making friends before the injury; Move waited but still challenge; Difficulty. Paying attention in class; Challenge not to be distracted in Group situations; Parental assistance was crucial; Homework was challenging due to fatigue; accommodations in school; Some teachers were not prepared; Peers questioned why they were getting help; Some found one to one support two demanding and intense; Success in one subject was motivating; Like teachers that were positive and understanding; Difficulty with academic work. Even years later; Reduced curriculum load; High demand versus low demand by teachers; Upper secondary school students worried about learning; Back of understanding by features; Delay in practical Accommodation; Looked forward move to being with friends and schools; Initial happiness followed by difficulty in maintaining friendship; Some informed class but this was not planned; Lack of impulse control, Difficulty in understanding social cues and difficulty forming relationships were all barriers to socialisation; Extra effort to cope with situations; experienced bullying; no longer able to cope with social demands; Period of absence contributed to social difficulties; One to one teaching letter. Strained relationship with teachers; like positive teacher attitude; Teachers needed more knowledge about ABI; Need to have teachers that can talk about their problems; Transition from lower to middle secondary school can be heard; Experienced ups and downs after school reentry; Cautious optimism about the future. Said he called on. Adjustments to vocational goals and future social networks; Taking one day at a time; Importance of family support; Coped by re framing the experience; Hope try putting the experience behind him;
Roscigno Et al., 2015	Teachers did not understand federal laws regarding inclusion; Negative encounters post injury. The teachers; Believes in attitude's shaped children social environment and entities and he called on parents advocated as they realise the importance of school environmental; bidirectional effective school environment assembly called on teachers overwhelmed, uninformed or limited in their focus; parents needed to coach teacher; Or different teachers and change yearly to; didn't want an older adult aid; Preference for peer aides; Sourced peer aides to help with mobility; difference between private and public schools in terms of support; Parents needed to press staff to get accommodation; Misinterpreted students behaviour as attention seeking centre called on emphasise schools moral obligation to care for students; Parent. Read pool written by daughter about her new situation; Information was ignored; Past relationships with teacher impacted relationship post injury; IP not shared with parents. Me: IPS did not always ensure that recommendations were implemented; teacher felt student was not trying or being purposefully difficult; Teacher did not link poor behaviour to injury; A clear scar would make things easier; difficulties became apparent months later; Educators thought students had healed; Teachers end given support if they felt the student had healed; Some teachers thought severe TBI could not be healed; Parents had to continue continually advocate and cheque Childs environments in a colon. No teacher understanding of ABI; Teachers wouldn't attend a conference on ABI; Dynamic and temporal nature of school environment; socially isolated at school; change of school, let's improve social networks; College is seemed more supportive; aid and peer support; Meeting with staff rehab team; Leadership from principal was instrumental; Principal helped at every turn; Placement in special classes not appropriate: other children had more severe behaviour issues in special class; copied behaviour of students in semi in special class.; home schooling was helpful; Home seizures or video access to classroom; Homebound was not a good fit; Parents with social and financial resources were able to negotiate better. Send it to LAN. Negative clear attitudes were a barrier to social inclusion; Couldn't do what he did before; Kids are mean; IEP needs not communication between teachers, within school and across schools said he called

	on teachers didn't know about the injury or the delay; parents got sick of fighting for resources and accommodations that he called on mixture of feeling worn down and being empowered by their beliefs; Collaborative and supportive school helped family and children to have hope; culture of we are the same but different; Putting down was not allowed;
Sharp et al. 2006	Time off school; Influenced by recovery., inpatient reputation and secondary injuries; Social isolation during time off school; Wanted to regain a sense of belonging to school; Difficulty catching up on return; Left school as pressure to catch up with too much; noticeable problems; Difficult to move around school environment due to physical issues; Concerned about what others would think of their appearance or speech; felt didn't fit in. With a physical change; Hidden problems; Sometimes forgot there was an injury; Fatigue was a major challenge; Cognitive difficulties; fatigue impacted school work and homework; done got upset easily; Less confident; Feeling depressed; Less likely to participate in class; responsive teachers influential in the return to school; Negative response from teachers was depressing; Relief when staff are positive; Fear that student will be left to vegetate in the mainstream classroom; Parents told Son was virtually unemployable; Negative comments can provide motivation; Preparation for return to school was necessary; Educating the teachers; Making teachers aware of the injuries and their impact; Parents disappointed when class teacher did not attend pre planning meeting; teachers make students on a daily basis; Accommodations lobbied by parents are recommended by rehab team; return to school on a phased basis; Adolescence wanted to return on full time basis; Reduced curriculum load; Decision regarding. Decision regarding subjects was made by teachers and parents not adolescent; Decision made on the difficulty of subject and exam requirements; Unpredictable nature of TBI made subject choice more difficult;; Exemption from sport due to fatigue; educating their peers; Recommended by Rehab team; Some schools did not educate.; Preparing the adolescent; catch up and work; Visits from principal and teachers; Visit by adolescent to school during rehabilitation; Some parents left work or reduced working hours; Some parents left organisation to rehab team; Some parents took responsibility to educate teachers and to organise. They return to school; Being back at school; Teacher response. Was an important factor in the return to school; Classroom teachers did not have adequate understanding of ABI; Insufficient involvement in organisation phase; Parents frustrated by lack of understanding; when student appeared, normal expectation of work didn't change; Unnecessary pressure placed on students; Teachers taught students was pretending to have difficulties with school work; Some teachers not available for meeting; Parent wondered if teacher knew who their son was; Teacher thought student. Couldn't be bothered; Unwanted special treatment; Very low expectations frustrated students; Some teachers had a good understanding of ABI had personal experience of ABI; Student accommodations implemented to different degrees across schools; agreed accommodation sometimes doesn't happen; Implementation of accommodations varied within schools; Difficult to monitor information across different departments; Aid was like a shadow; Important to reduce time spent with pressure Peers were curious; Rumours. Spread about what happened to them; adolescent wanted to publicly announce what happened to them; Treated differently by peers; Some wanted to protect them, did not want special treatment; Some teased when they return to school mainly due to physical appearance; High academic achievers. Experienced negative reactions regarding accommodation; Personal last; needed to change study habits; Had to adjust to decrease greed; Fear about friendship last; Unpredictable future; Changed vocational goals; Parental lemon how. Help to give at homework time; Parents had to remind about homework tasks; Pitting back in; Desire to prove that they were the same; Challenge as they were no longer the same; Missed work and had difficulty; Trying to fit a square into a circle; Quality of organisation of the return to school was important; school had to be positive and supportive; effective in educating teachers; Accommodations needed to be planned for affectively; Adolescent needed to be prepared; Parents had to decide about their level of involvement; choice to try again or leave school if return to school didn't go well;

Step 2: Development of descriptive themes (highlighted in yellow)

Step 3: Development of analytic themes (multi-coloured titles)

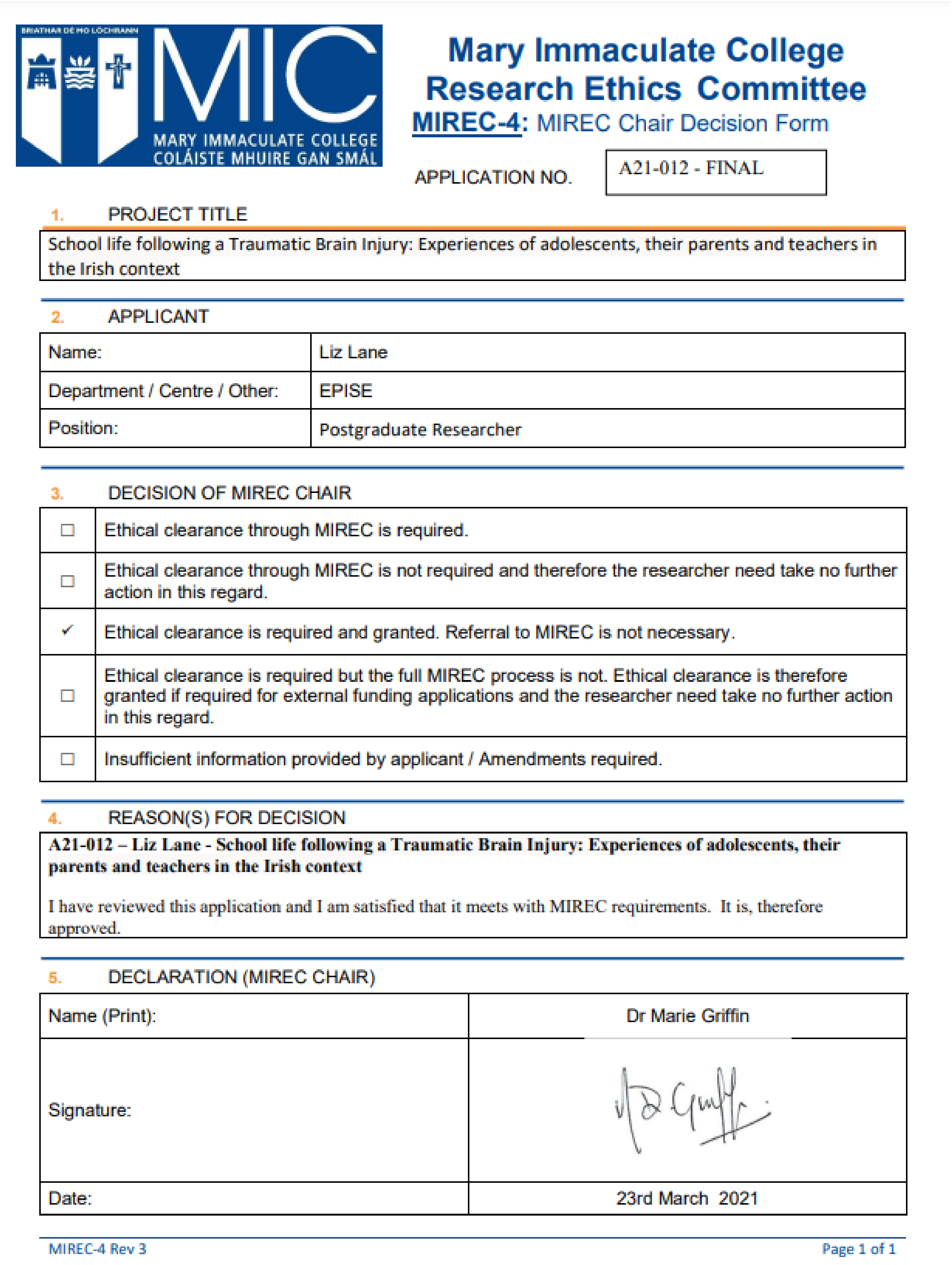




PLANNING FOR SCHOOL SUPPORT	CHANGE	FEELING SUPPORTED
Positive experiences: Pre return meeting with Senco and specialist; Pre return meeting was helpful; Pre-return meeting gave them confidence in how to force needs; Pre return meeting allowed a relationship to form with parents;. Problem solving phase at the start of the return to school; Planning return to school; Meeting with stakeholders turret planned return to school was beneficial; Preparation for return to school was necessary; return to school on a phased basis; Quality of organisation of the return to school was important; school had to be positive and supportive; effective in educating teachers; Accommodations needed to be planned for effectively; Adolescent needed to be prepared; choice to try again or leave school if return to school didn't go; Teacher response was an important factor in the return to school; Negative experiences: No formal process for the return to school; Just went back to school; Some teachers not available for meeting; Parent; Insufficient involvement in organisation phase; Parents disappointed when class teacher did not attend pre planning meeting; well; Information was ignored; IEPS did not always ensure that recommendations were implemented; ; IEPs not shared with parents; IEP needs not communicated between teachers, within school and across schools; No collaboration with ABI specialist; Pre-return meeting happened six months after child started; Teachers were briefed by senco weeks after the student joined the school Glad to be back in school; School is a big part of life; Need routine of school; Wanted to go back to school; needed the routine of school; Adolescence wanted to return on full time basis; Wanted to regain a sense of belonging to school Accommodations lobbied by parents are recommended by rehab team; Parents needed to press staff to get accommodation; parents emphasised schools moral obligation to care for students; Parents with social and financial resources were able to negotiate better.	Positive and negative changes; Internal and external changes; friends confused by changes too; Changing how they saw themselves; Change to former self; Improvement over the years but still have difficulties;;; difficulties became apparent months later; Trying to fit a square into a circle. Changes in behaviour; Confused by changes; Motivated but still challenge; More aggressive now; Cognitive difficulties; Paying attention in class; Less likely to participate in class; Changes to mental functions.; Variability and intervention for mental functions; Difficulty with academic work even years later; Impaired ability to complete school work; Could not participate in some school activities. Impact of fatigue; Fatigue was a major challenge; Homework was challenging due to fatigue; fatigue impacted school work and homework. Challenge not to be distracted in Group situations; not able to contribute to conversations;. An emotional state; Can't keep up with conversation; no longer able to cope with social demands;. Needed to learn to walk again; felt didn't fit in due to a physical change; Difficult to move around school environment due to physical issues. Feeling depressed; challenge was mental growth; learn coping skills. Many psychological changes that are negative; Extra effort to cope with situations; How to re learn everyday function; Changes to their view of the world; Less confident; Self-acceptance. Invisible nature of TBI; Fine physically but not mentally; appear normal but not; Hidden problems; Sometimes forgot there was an injury. can't do what I did before; Never had difficulty with academic tasks and making friends before the injury; Frustrating not being able to do the work that I could do before; Standard of work was not the same as before; Not being able to do work as well as before; needed to change study habits. Change to career goals; Uncertain future;; Changed vocational goals; Changes to their long term goals; Adjustments to vocational goals and future social networks; Unpredictable future; Changed vocational goals; Cautious optimism about the future;	Trusting relationships with parents and teachers. Positive personal relationships with staff were important; Relationships are important. Most important relationship is student and family/friend/ teachers; Having a good relationship lesson is important in order to accept them; Continued to have positive relationships overtime. Strained relationship with teachers; emotionally draining and frequent conversations with parents. strained relationships; strain on relationships; Decreased social interactions; Lost our friendship; Lost all of her friends; Fear about friendship loss. Negative attitudes were a barrier to social inclusion; Lack of impulse control, Difficulty in understanding social cues and difficulty forming relationships were all barriers to socialisation; Period of absence contributed to social difficulties. socially isolated at school; Being alone; Feelings of loss and grief; Initial happiness followed by difficulty in maintaining friendship. Treated differently by peers; Some wanted to protect them, did not want special treatment; Some teased when they return to school mainly due to physical appearance; Teasing at high school; Teased by peers; experienced bullying. Friends accepted me. Wanted to return to school to meet friends; Life in school is boring without the social side;; missed out on bonding with friends; Looked forward move to being with friends and schools; Social isolation during time off school; Going back to school allows me to catch up with my friends; wanted to go back to school to meet friends;
SUPPORTS	AWARENESS/LACK OF UNDERSTANDING/KNOWLEDGE	BEING TREATED THE SAME
Family support was on going; Parental assistance was crucial;: Importance of family support. Support is individualised; different levels of support needed; Exemption from sport due to fatigue; Physical safety in corridors and playground; Reduced curriculum load; Navigation around the school; Personal organisation; Special arrangements made to help the student to re-establish relationships with peers; planning how to provide supervision in the bathroom; responding to emotional behaviour from the Childs. Organising timetable to manage fatigue; Assessed cognitive abilities to plan appropriate classes; Strategies used to adopt and resume participation; Needed learning support strategies; Relied on peer support; Plus some accommodations were necessary; leeway given in school; Support with subject;	Teachers are not trained;;; Schools not equipped; People don't understand; Teachers needed more knowledge about ABI; Some teachers were not prepared; Teachers did not understand federal laws regarding inclusion; Teachers wouldn't attend a conference on ABI; teacher training required; Teachers should be trained for schools to be inclusive. lack of teacher understanding; teachers' beliefs and attitudes shaped children social environment; Classroom teachers did not have adequate understanding of ABI; Parents frustrated by lack of understanding;; No teacher understanding of ABI; No understanding of the condition; Teachers didn't understand their needs; TBI not widely understood in the community; teachers overwhelmed, uninformed or limited in their focus; Difficult to know how to respond to difficult emotion; Didn't know how to respond to frustration or sadness; Emotional literacy activities did	Being singled out was a pain; Being singled out and treated differently. Seen as negative; Didn't like attention whole class setting; Fear of being publicly labelled; Being singled out. Not wanting to be singled out;. Unwanted special treatment. Didn't want help.; Style of helping was important; don't spoon-feed- allows student to figure out answer; Had multiple SNAs and it didn't always workout; SNA don't do it for me. Help me to figure it out; Not every SNA suited; Could say what I needed help in; Give me space; People laugh at me having an SNA; Preference for peer aides; Aide was like a shadow; Important to reduce time spent with aide; Didn't want to have an aide; didn't want an older adult aide;

Appendix H

Ethical Approval from Mary Immaculate College



BRIATHAR DÉ MO LOCHRANN
MIC
MARY IMMACULATE COLLEGE
COLÁISTE MHUIRE GAN SMÁL

Mary Immaculate College
Research Ethics Committee
MIREC-4: MIREC Chair Decision Form

APPLICATION NO. A21-012 - FINAL

1. PROJECT TITLE

School life following a Traumatic Brain Injury: Experiences of adolescents, their parents and teachers in the Irish context

2. APPLICANT

Name:	Liz Lane
Department / Centre / Other:	EPISE
Position:	Postgraduate Researcher

3. DECISION OF MIREC CHAIR

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

4. REASON(S) FOR DECISION

A21-012 – Liz Lane - School life following a Traumatic Brain Injury: Experiences of adolescents, their parents and teachers in the Irish context

I have reviewed this application and I am satisfied that it meets with MIREC requirements. It is, therefore approved.

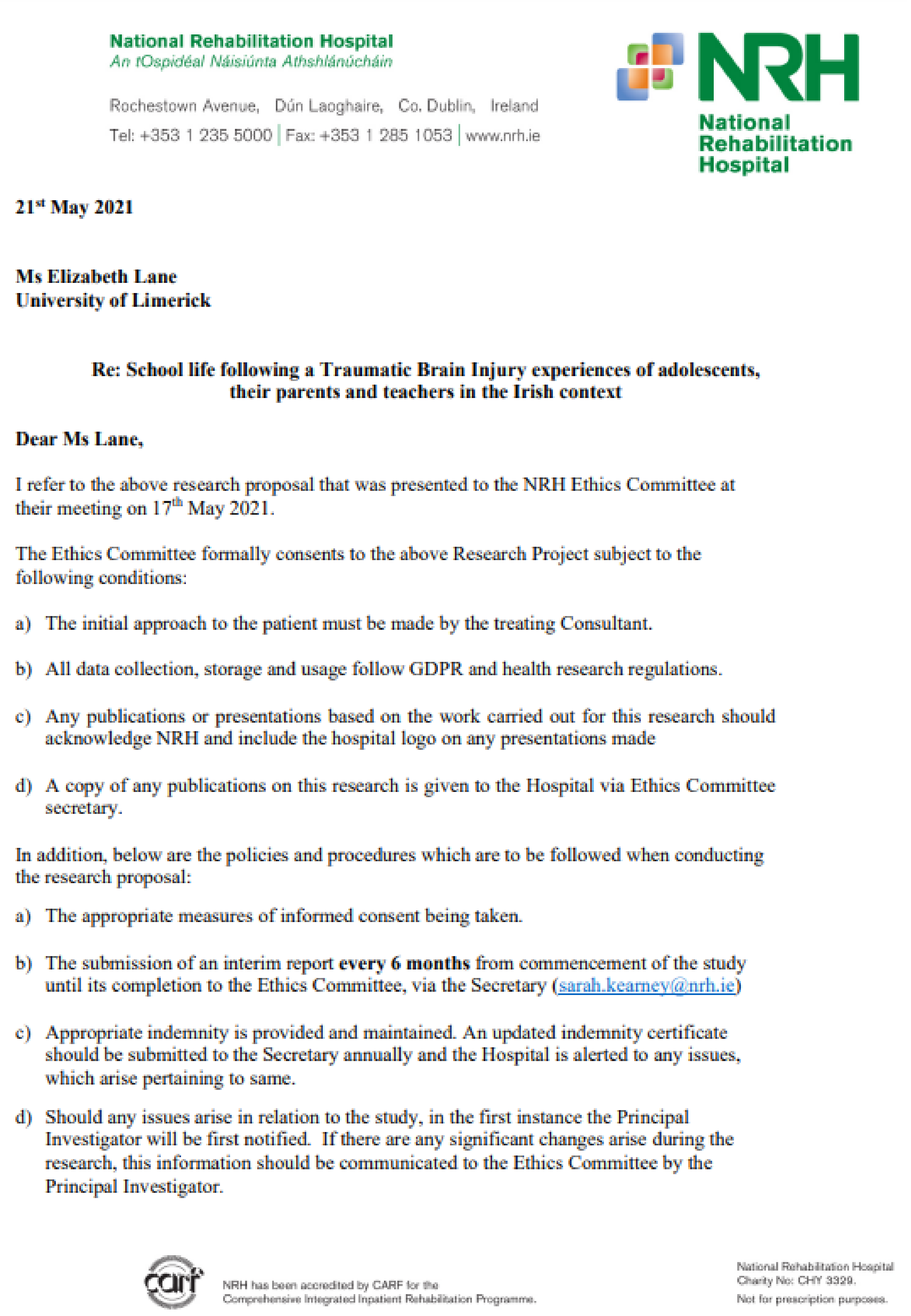
5. DECLARATION (MIREC CHAIR)

Name (Print):	Dr Marie Griffin
Signature:	
Date:	23rd March 2021

MIREC-4 Rev 3 Page 1 of 1

Appendix I

Ethical Approval from Gatekeeper NRH



National Rehabilitation Hospital
An tOspidéal Náisiúnta Athshlánúcháin

Rochestown Avenue, Dún Laoghaire, Co. Dublin, Ireland
Tel: +353 1 235 5000 | Fax: +353 1 285 1053 | www.nrh.ie

NRH
National
Rehabilitation
Hospital

21st May 2021

Ms Elizabeth Lane
University of Limerick

Re: School life following a Traumatic Brain Injury experiences of adolescents, their parents and teachers in the Irish context

Dear Ms Lane,

I refer to the above research proposal that was presented to the NRH Ethics Committee at their meeting on 17th May 2021.

The Ethics Committee formally consents to the above Research Project subject to the following conditions:

a) The initial approach to the patient must be made by the treating Consultant.

b) All data collection, storage and usage follow GDPR and health research regulations.

c) Any publications or presentations based on the work carried out for this research should acknowledge NRH and include the hospital logo on any presentations made

d) A copy of any publications on this research is given to the Hospital via Ethics Committee secretary.

In addition, below are the policies and procedures which are to be followed when conducting the research proposal:

a) The appropriate measures of informed consent being taken.

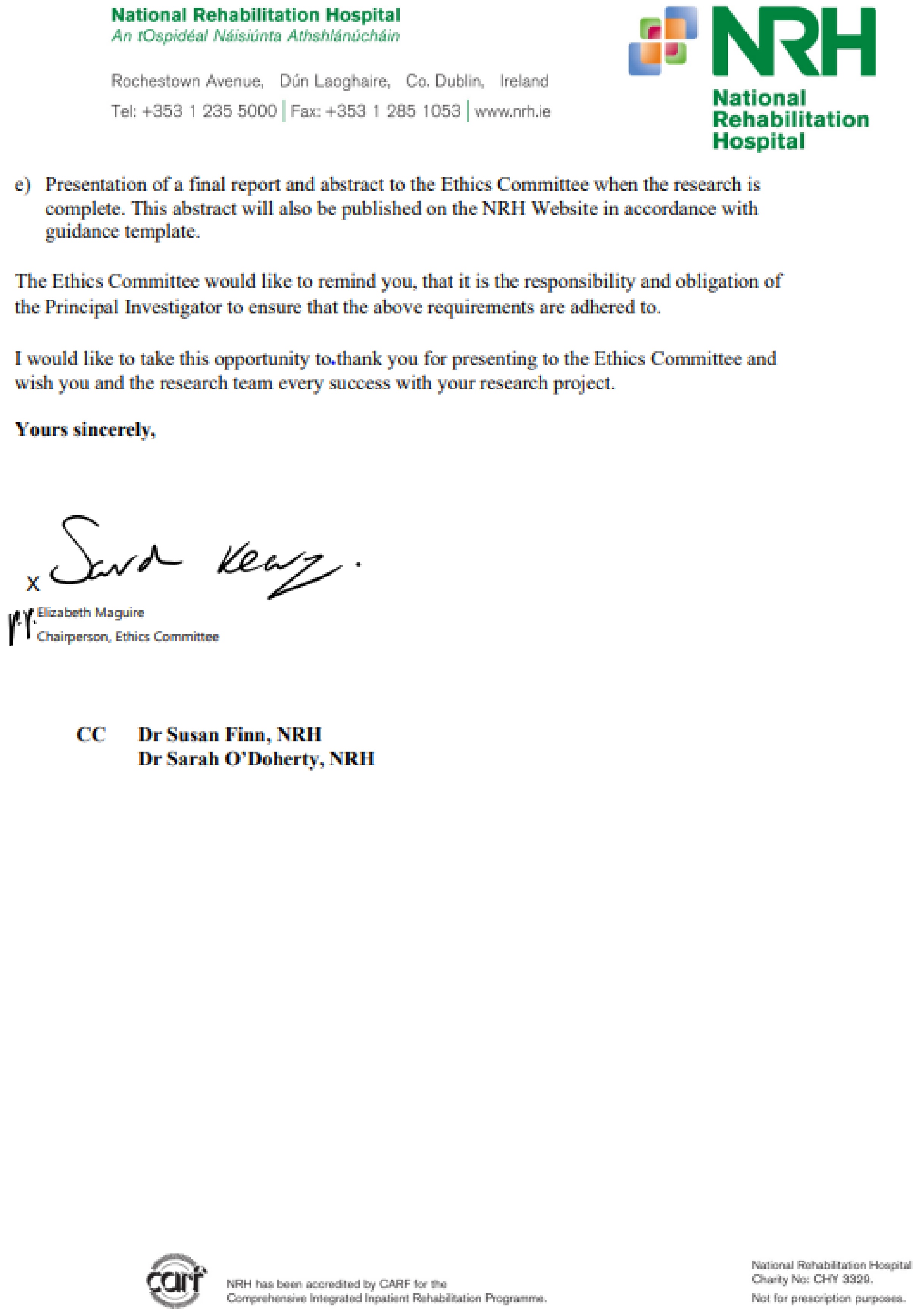
b) The submission of an interim report **every 6 months** from commencement of the study until its completion to the Ethics Committee, via the Secretary (sarah.kearney@nrh.ie)

c) Appropriate indemnity is provided and maintained. An updated indemnity certificate should be submitted to the Secretary annually and the Hospital is alerted to any issues, which arise pertaining to same.

d) Should any issues arise in relation to the study, in the first instance the Principal Investigator will be first notified. If there are any significant changes arise during the research, this information should be communicated to the Ethics Committee by the Principal Investigator.

NRH has been accredited by CARF for the Comprehensive Integrated Inpatient Rehabilitation Programme.

National Rehabilitation Hospital
Charity No: CHY 3329.
Not for prescription purposes.



National Rehabilitation Hospital
An tOspidéal Náisiúnta Athshlánúcháin

Rochestown Avenue, Dún Laoghaire, Co. Dublin, Ireland
Tel: +353 1 235 5000 | Fax: +353 1 285 1053 | www.nrh.ie

NRH
National Rehabilitation Hospital

e) Presentation of a final report and abstract to the Ethics Committee when the research is complete. This abstract will also be published on the NRH Website in accordance with guidance template.

The Ethics Committee would like to remind you, that it is the responsibility and obligation of the Principal Investigator to ensure that the above requirements are adhered to.

I would like to take this opportunity to thank you for presenting to the Ethics Committee and wish you and the research team every success with your research project.

Yours sincerely,

X Sarah Keary.

p.p. Elizabeth Maguire
Chairperson, Ethics Committee

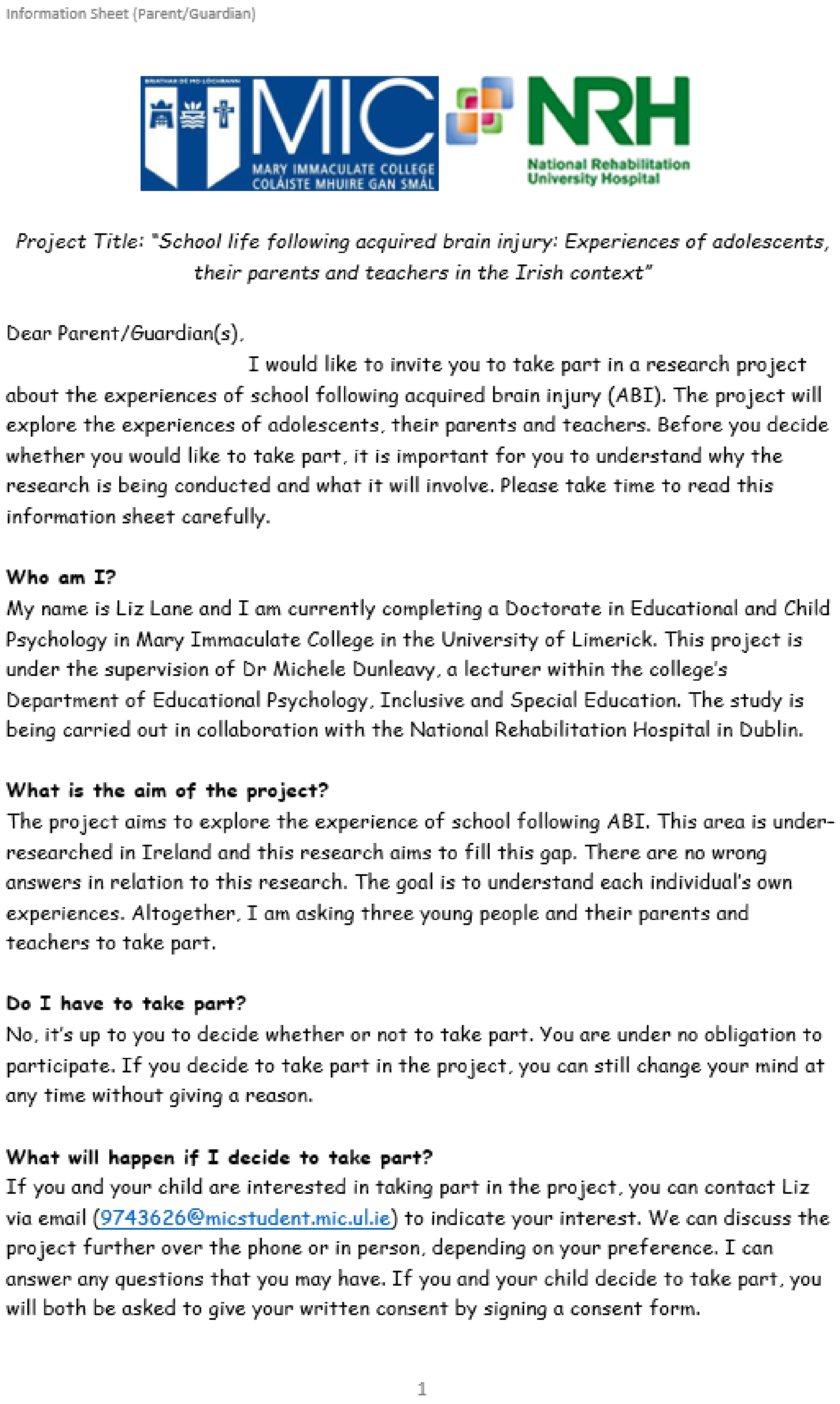
CC Dr Susan Finn, NRH
Dr Sarah O'Doherty, NRH

NRH has been accredited by CARF for the Comprehensive Integrated Inpatient Rehabilitation Programme.

National Rehabilitation Hospital
Charity No: CHY 3329.
Not for prescription purposes.

Appendix J

Information sheets for Parents, Adolescents and Teachers



Information Sheet (Parent/Guardian)

Project Title: "School life following acquired brain injury: Experiences of adolescents, their parents and teachers in the Irish context"

Dear Parent/Guardian(s),

I would like to invite you to take part in a research project about the experiences of school following acquired brain injury (ABI). The project will explore the experiences of adolescents, their parents and teachers. Before you decide whether you would like to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read this information sheet carefully.

Who am I?

My name is Liz Lane and I am currently completing a Doctorate in Educational and Child Psychology in Mary Immaculate College in the University of Limerick. This project is under the supervision of Dr Michele Dunleavy, a lecturer within the college's Department of Educational Psychology, Inclusive and Special Education. The study is being carried out in collaboration with the National Rehabilitation Hospital in Dublin.

What is the aim of the project?

The project aims to explore the experience of school following ABI. This area is under-researched in Ireland and this research aims to fill this gap. There are no wrong answers in relation to this research. The goal is to understand each individual's own experiences. Altogether, I am asking three young people and their parents and teachers to take part.

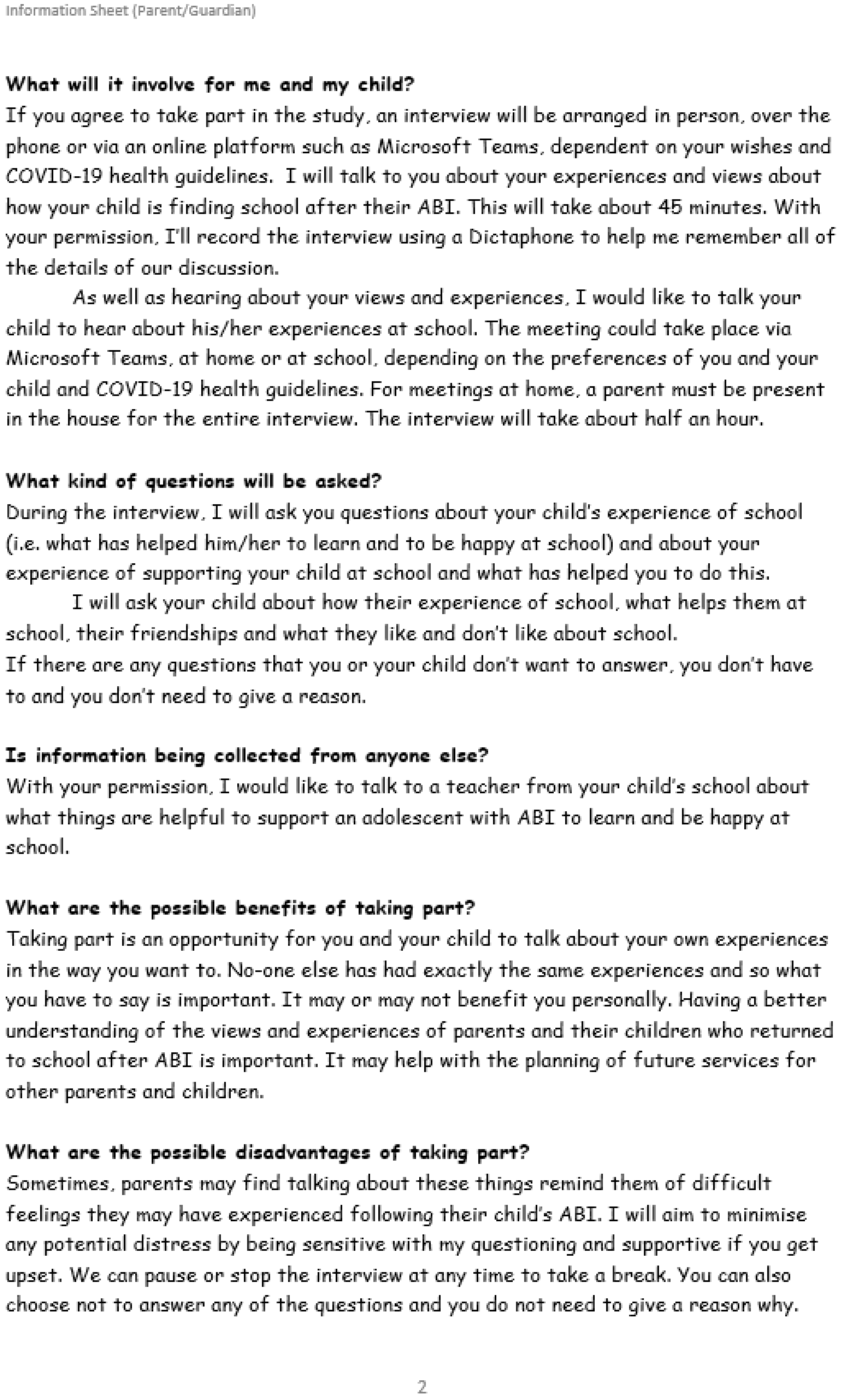
Do I have to take part?

No, it's up to you to decide whether or not to take part. You are under no obligation to participate. If you decide to take part in the project, you can still change your mind at any time without giving a reason.

What will happen if I decide to take part?

If you and your child are interested in taking part in the project, you can contact Liz via email (9743626@micstudent.mic.ul.ie) to indicate your interest. We can discuss the project further over the phone or in person, depending on your preference. I can answer any questions that you may have. If you and your child decide to take part, you will both be asked to give your written consent by signing a consent form.

1



What will it involve for me and my child?

If you agree to take part in the study, an interview will be arranged in person, over the phone or via an online platform such as Microsoft Teams, dependent on your wishes and COVID-19 health guidelines. I will talk to you about your experiences and views about how your child is finding school after their ABI. This will take about 45 minutes. With your permission, I'll record the interview using a Dictaphone to help me remember all of the details of our discussion.

As well as hearing about your views and experiences, I would like to talk your child to hear about his/her experiences at school. The meeting could take place via Microsoft Teams, at home or at school, depending on the preferences of you and your child and COVID-19 health guidelines. For meetings at home, a parent must be present in the house for the entire interview. The interview will take about half an hour.

What kind of questions will be asked?

During the interview, I will ask you questions about your child's experience of school (i.e. what has helped him/her to learn and to be happy at school) and about your experience of supporting your child at school and what has helped you to do this.

I will ask your child about how their experience of school, what helps them at school, their friendships and what they like and don't like about school.

If there are any questions that you or your child don't want to answer, you don't have to and you don't need to give a reason.

Is information being collected from anyone else?

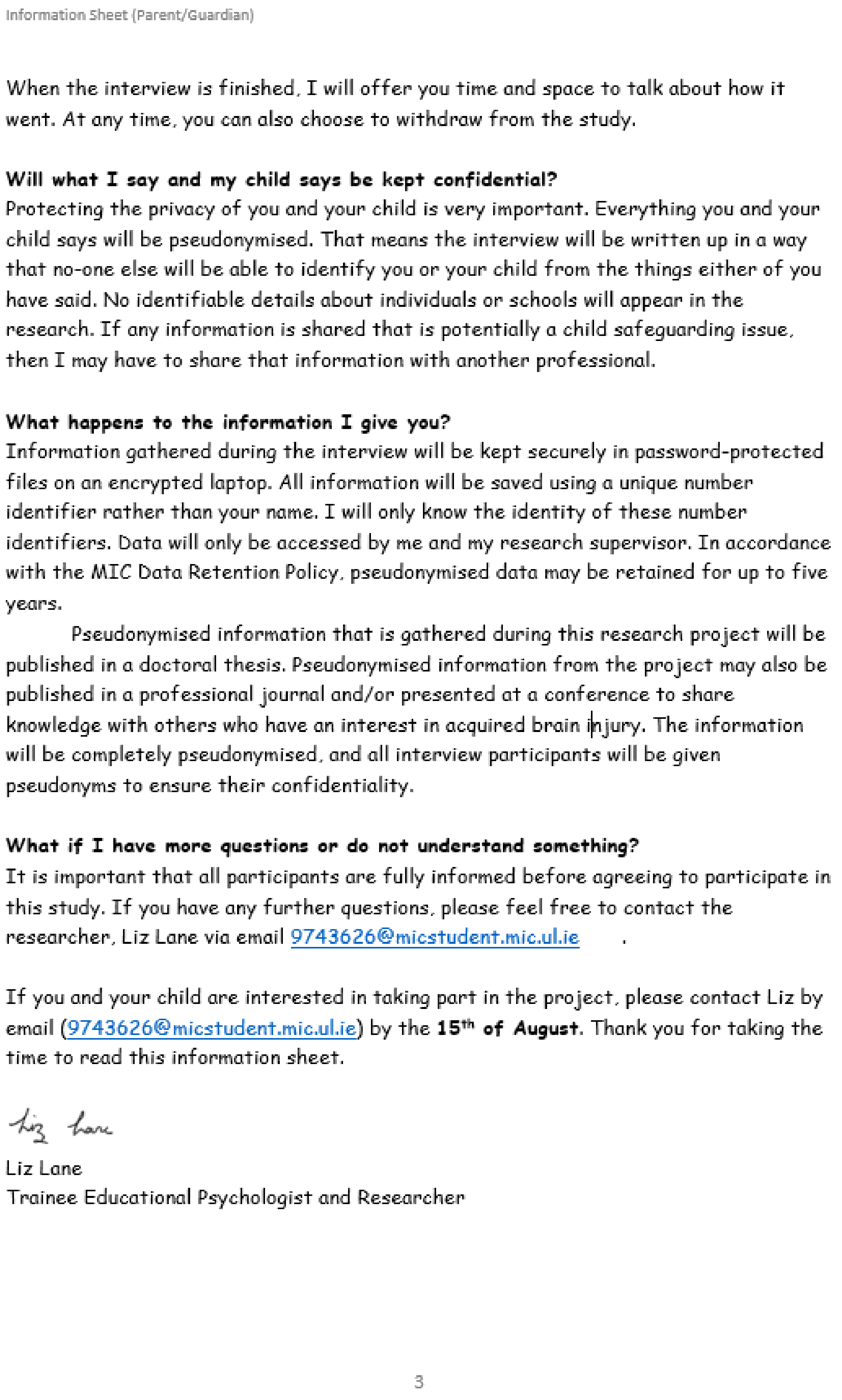
With your permission, I would like to talk to a teacher from your child's school about what things are helpful to support an adolescent with ABI to learn and be happy at school.

What are the possible benefits of taking part?

Taking part is an opportunity for you and your child to talk about your own experiences in the way you want to. No-one else has had exactly the same experiences and so what you have to say is important. It may or may not benefit you personally. Having a better understanding of the views and experiences of parents and their children who returned to school after ABI is important. It may help with the planning of future services for other parents and children.

What are the possible disadvantages of taking part?

Sometimes, parents may find talking about these things remind them of difficult feelings they may have experienced following their child's ABI. I will aim to minimise any potential distress by being sensitive with my questioning and supportive if you get upset. We can pause or stop the interview at any time to take a break. You can also choose not to answer any of the questions and you do not need to give a reason why.



When the interview is finished, I will offer you time and space to talk about how it went. At any time, you can also choose to withdraw from the study.

Will what I say and my child says be kept confidential?
Protecting the privacy of you and your child is very important. Everything you and your child says will be pseudonymised. That means the interview will be written up in a way that no-one else will be able to identify you or your child from the things either of you have said. No identifiable details about individuals or schools will appear in the research. If any information is shared that is potentially a child safeguarding issue, then I may have to share that information with another professional.

What happens to the information I give you?
Information gathered during the interview will be kept securely in password-protected files on an encrypted laptop. All information will be saved using a unique number identifier rather than your name. I will only know the identity of these number identifiers. Data will only be accessed by me and my research supervisor. In accordance with the MIC Data Retention Policy, pseudonymised data may be retained for up to five years.

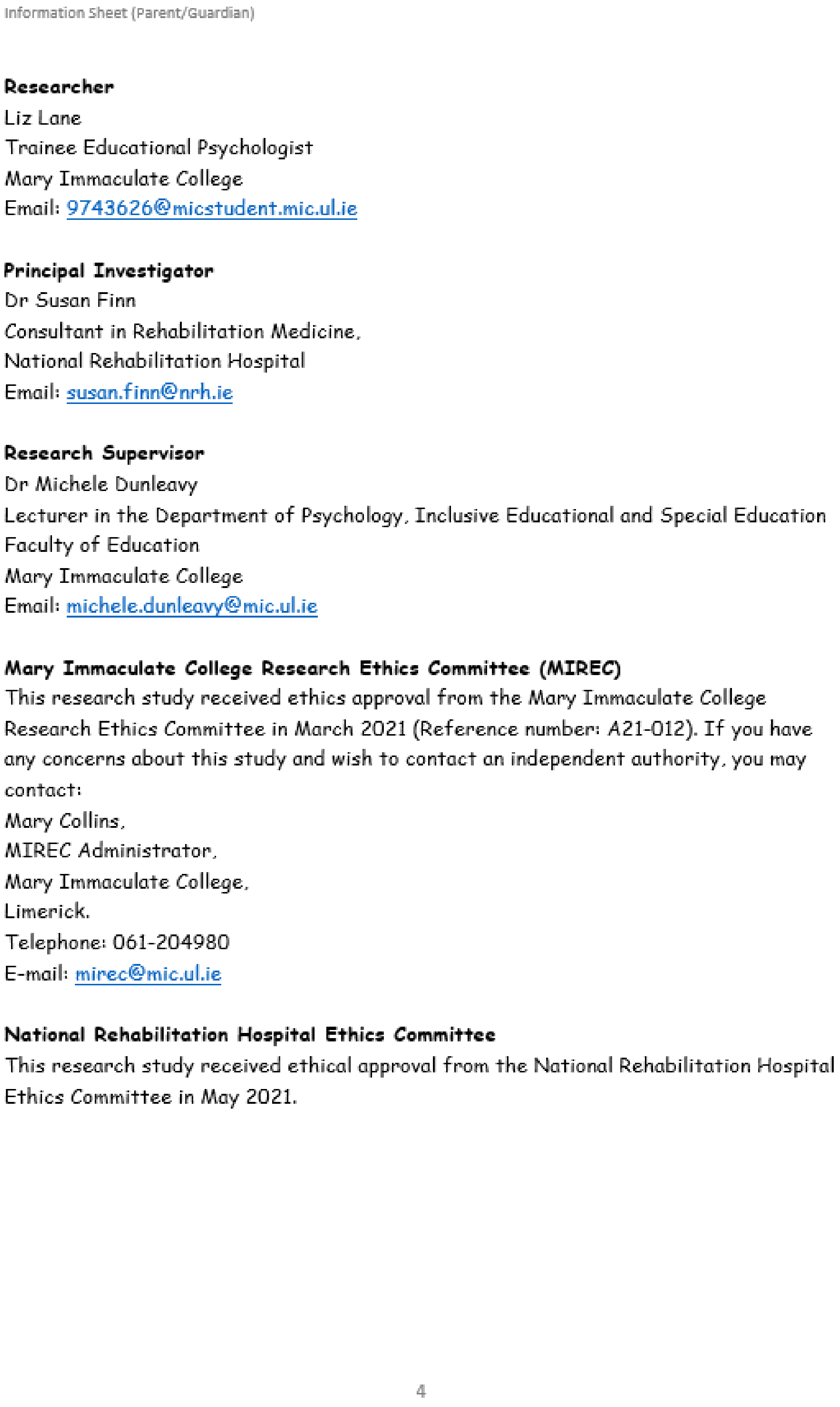
Pseudonymised information that is gathered during this research project will be published in a doctoral thesis. Pseudonymised information from the project may also be published in a professional journal and/or presented at a conference to share knowledge with others who have an interest in acquired brain injury. The information will be completely pseudonymised, and all interview participants will be given pseudonyms to ensure their confidentiality.

What if I have more questions or do not understand something?
It is important that all participants are fully informed before agreeing to participate in this study. If you have any further questions, please feel free to contact the researcher, Liz Lane via email 9743626@micstudent.mic.ul.ie .

If you and your child are interested in taking part in the project, please contact Liz by email (9743626@micstudent.mic.ul.ie) by the **15th of August**. Thank you for taking the time to read this information sheet.

Liz Lane

Liz Lane
Trainee Educational Psychologist and Researcher



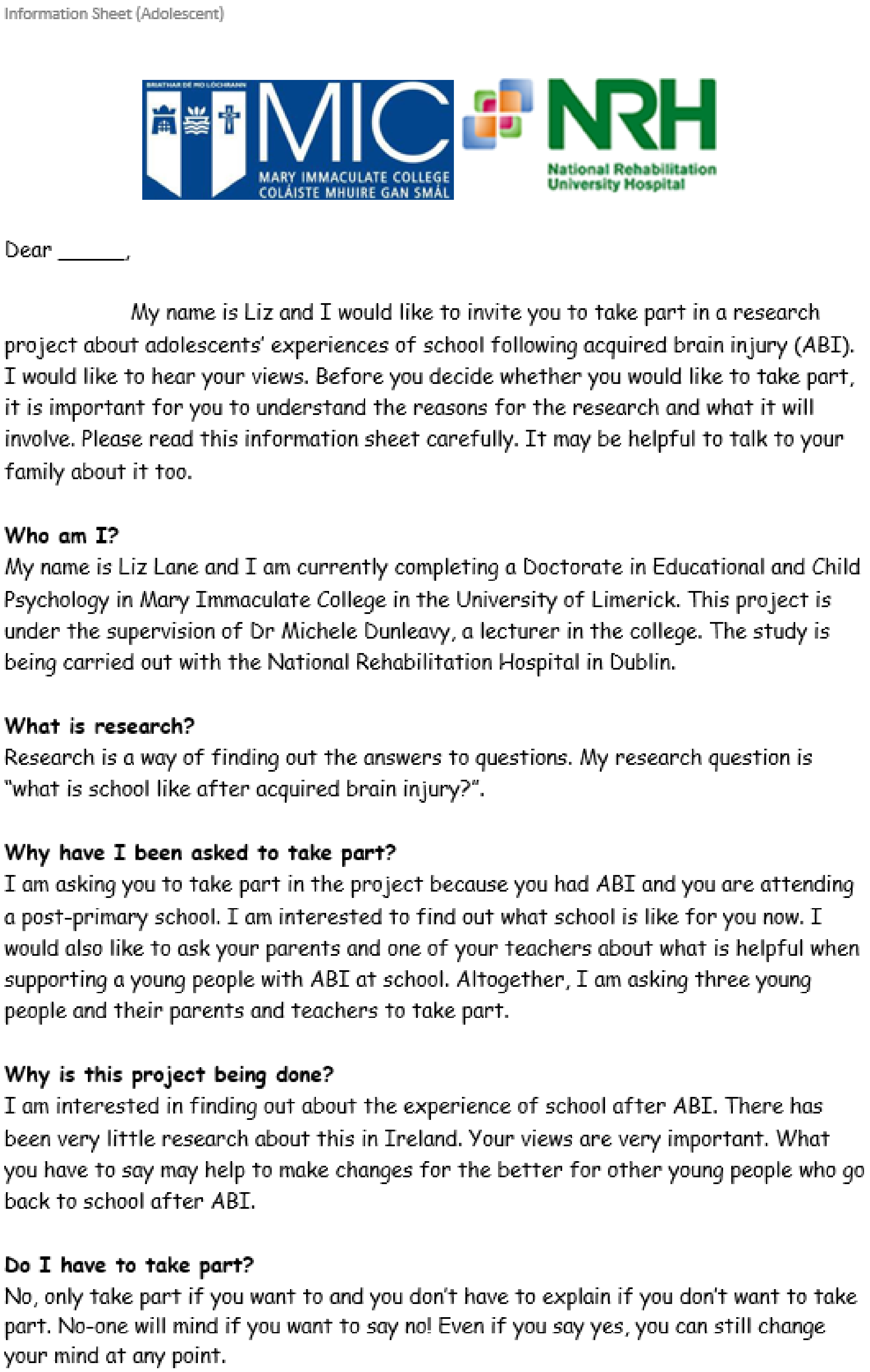
Researcher
Liz Lane
Trainee Educational Psychologist
Mary Immaculate College
Email: 9743626@micstudent.mic.ul.ie

Principal Investigator
Dr Susan Finn
Consultant in Rehabilitation Medicine,
National Rehabilitation Hospital
Email: susan.finn@nrh.ie

Research Supervisor
Dr Michele Dunleavy
Lecturer in the Department of Psychology, Inclusive Educational and Special Education
Faculty of Education
Mary Immaculate College
Email: michele.dunleavy@mic.ul.ie

Mary Immaculate College Research Ethics Committee (MIREC)
This research study received ethics approval from the Mary Immaculate College Research Ethics Committee in March 2021 (Reference number: A21-012). If you have any concerns about this study and wish to contact an independent authority, you may contact:
Mary Collins,
MIREC Administrator,
Mary Immaculate College,
Limerick.
Telephone: 061-204980
E-mail: mirec@mic.ul.ie

National Rehabilitation Hospital Ethics Committee
This research study received ethical approval from the National Rehabilitation Hospital Ethics Committee in May 2021.



Information Sheet (Adolescent)

MIC MARY IMMACULATE COLLEGE COLÁISTE MHUIRE GAN SMÁL

NRH National Rehabilitation University Hospital

Dear ______,

My name is Liz and I would like to invite you to take part in a research project about adolescents' experiences of school following acquired brain injury (ABI). I would like to hear your views. Before you decide whether you would like to take part, it is important for you to understand the reasons for the research and what it will involve. Please read this information sheet carefully. It may be helpful to talk to your family about it too.

Who am I?

My name is Liz Lane and I am currently completing a Doctorate in Educational and Child Psychology in Mary Immaculate College in the University of Limerick. This project is under the supervision of Dr Michele Dunleavy, a lecturer in the college. The study is being carried out with the National Rehabilitation Hospital in Dublin.

What is research?

Research is a way of finding out the answers to questions. My research question is "what is school like after acquired brain injury?".

Why have I been asked to take part?

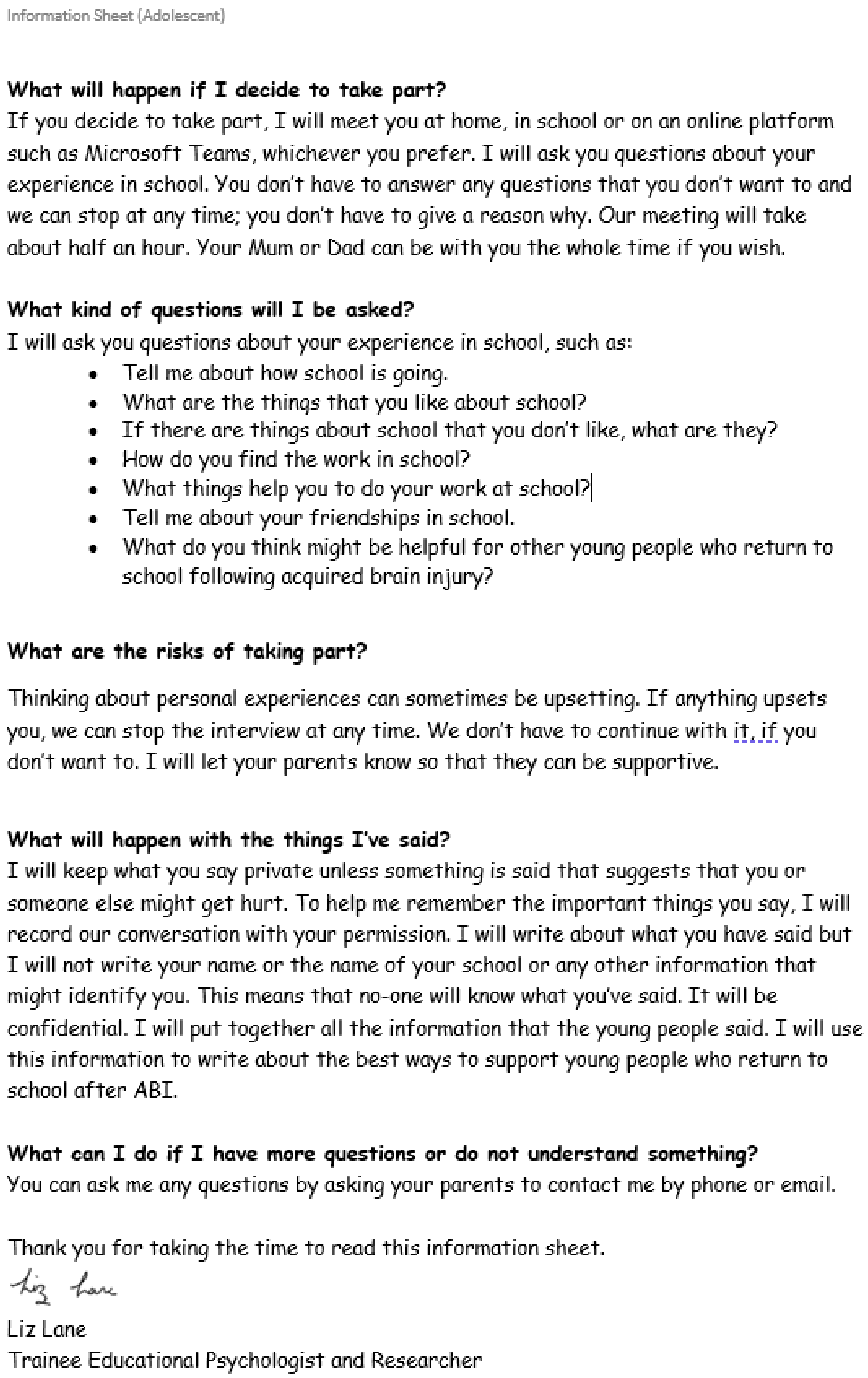
I am asking you to take part in the project because you had ABI and you are attending a post-primary school. I am interested to find out what school is like for you now. I would also like to ask your parents and one of your teachers about what is helpful when supporting a young people with ABI at school. Altogether, I am asking three young people and their parents and teachers to take part.

Why is this project being done?

I am interested in finding out about the experience of school after ABI. There has been very little research about this in Ireland. Your views are very important. What you have to say may help to make changes for the better for other young people who go back to school after ABI.

Do I have to take part?

No, only take part if you want to and you don't have to explain if you don't want to take part. No-one will mind if you want to say no! Even if you say yes, you can still change your mind at any point.



Information Sheet (Adolescent)

What will happen if I decide to take part?

If you decide to take part, I will meet you at home, in school or on an online platform such as Microsoft Teams, whichever you prefer. I will ask you questions about your experience in school. You don't have to answer any questions that you don't want to and we can stop at any time; you don't have to give a reason why. Our meeting will take about half an hour. Your Mum or Dad can be with you the whole time if you wish.

What kind of questions will I be asked?

I will ask you questions about your experience in school, such as:

- Tell me about how school is going.
- What are the things that you like about school?
- If there are things about school that you don't like, what are they?
- How do you find the work in school?
- What things help you to do your work at school?
- Tell me about your friendships in school.
- What do you think might be helpful for other young people who return to school following acquired brain injury?

What are the risks of taking part?

Thinking about personal experiences can sometimes be upsetting. If anything upsets you, we can stop the interview at any time. We don't have to continue with it, if you don't want to. I will let your parents know so that they can be supportive.

What will happen with the things I've said?

I will keep what you say private unless something is said that suggests that you or someone else might get hurt. To help me remember the important things you say, I will record our conversation with your permission. I will write about what you have said but I will not write your name or the name of your school or any other information that might identify you. This means that no-one will know what you've said. It will be confidential. I will put together all the information that the young people said. I will use this information to write about the best ways to support young people who return to school after ABI.

What can I do if I have more questions or do not understand something?

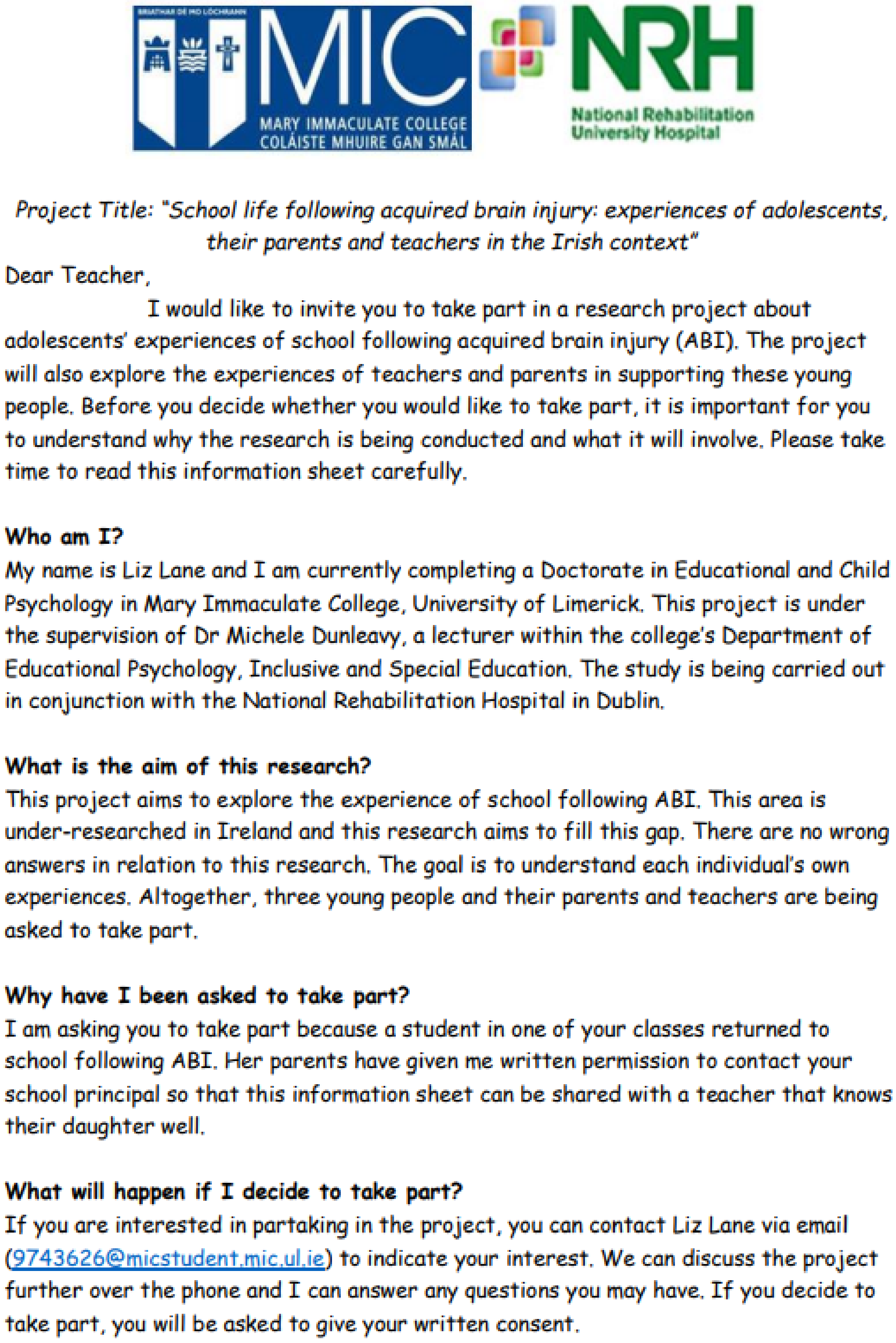
You can ask me any questions by asking your parents to contact me by phone or email.

Thank you for taking the time to read this information sheet.

Liz Lane

Liz Lane
Trainee Educational Psychologist and Researcher

Information Sheet (Teacher)



Project Title: "School life following acquired brain injury: experiences of adolescents, their parents and teachers in the Irish context"

Dear Teacher,

I would like to invite you to take part in a research project about adolescents' experiences of school following acquired brain injury (ABI). The project will also explore the experiences of teachers and parents in supporting these young people. Before you decide whether you would like to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read this information sheet carefully.

Who am I?

My name is Liz Lane and I am currently completing a Doctorate in Educational and Child Psychology in Mary Immaculate College, University of Limerick. This project is under the supervision of Dr Michele Dunleavy, a lecturer within the college's Department of Educational Psychology, Inclusive and Special Education. The study is being carried out in conjunction with the National Rehabilitation Hospital in Dublin.

What is the aim of this research?

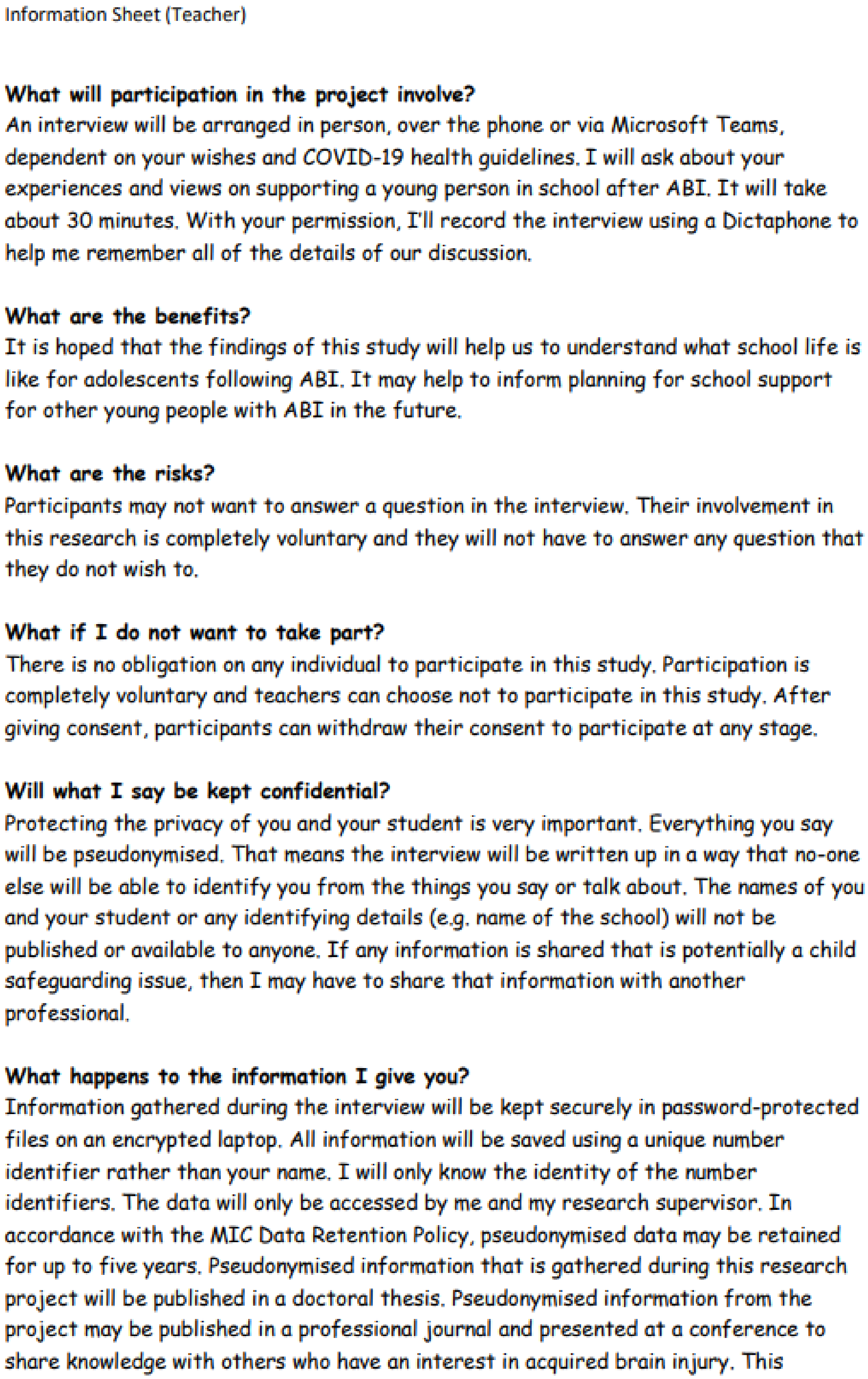
This project aims to explore the experience of school following ABI. This area is under-researched in Ireland and this research aims to fill this gap. There are no wrong answers in relation to this research. The goal is to understand each individual's own experiences. Altogether, three young people and their parents and teachers are being asked to take part.

Why have I been asked to take part?

I am asking you to take part because a student in one of your classes returned to school following ABI. Her parents have given me written permission to contact your school principal so that this information sheet can be shared with a teacher that knows their daughter well.

What will happen if I decide to take part?

If you are interested in partaking in the project, you can contact Liz Lane via email (9743626@micstudent.mic.ul.ie) to indicate your interest. We can discuss the project further over the phone and I can answer any questions you may have. If you decide to take part, you will be asked to give your written consent.



Information Sheet (Teacher)

What will participation in the project involve?
An interview will be arranged in person, over the phone or via Microsoft Teams, dependent on your wishes and COVID-19 health guidelines. I will ask about your experiences and views on supporting a young person in school after ABI. It will take about 30 minutes. With your permission, I'll record the interview using a Dictaphone to help me remember all of the details of our discussion.

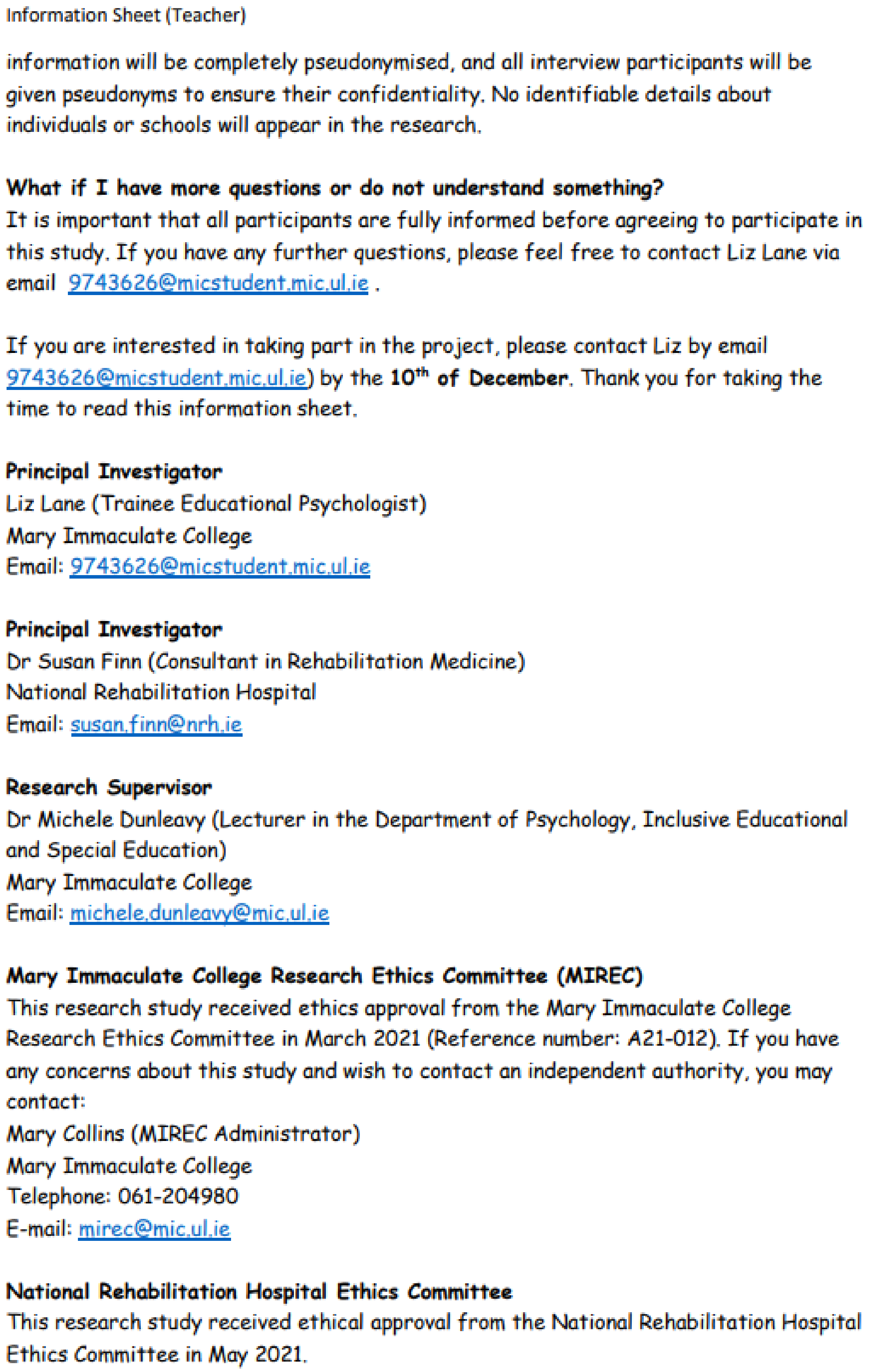
What are the benefits?
It is hoped that the findings of this study will help us to understand what school life is like for adolescents following ABI. It may help to inform planning for school support for other young people with ABI in the future.

What are the risks?
Participants may not want to answer a question in the interview. Their involvement in this research is completely voluntary and they will not have to answer any question that they do not wish to.

What if I do not want to take part?
There is no obligation on any individual to participate in this study. Participation is completely voluntary and teachers can choose not to participate in this study. After giving consent, participants can withdraw their consent to participate at any stage.

Will what I say be kept confidential?
Protecting the privacy of you and your student is very important. Everything you say will be pseudonymised. That means the interview will be written up in a way that no-one else will be able to identify you from the things you say or talk about. The names of you and your student or any identifying details (e.g. name of the school) will not be published or available to anyone. If any information is shared that is potentially a child safeguarding issue, then I may have to share that information with another professional.

What happens to the information I give you?
Information gathered during the interview will be kept securely in password-protected files on an encrypted laptop. All information will be saved using a unique number identifier rather than your name. I will only know the identity of the number identifiers. The data will only be accessed by me and my research supervisor. In accordance with the MIC Data Retention Policy, pseudonymised data may be retained for up to five years. Pseudonymised information that is gathered during this research project will be published in a doctoral thesis. Pseudonymised information from the project may be published in a professional journal and presented at a conference to share knowledge with others who have an interest in acquired brain injury. This



Information Sheet (Teacher)

information will be completely pseudonymised, and all interview participants will be given pseudonyms to ensure their confidentiality. No identifiable details about individuals or schools will appear in the research.

What if I have more questions or do not understand something?
It is important that all participants are fully informed before agreeing to participate in this study. If you have any further questions, please feel free to contact Liz Lane via email 9743626@micstudent.mic.ul.ie .

If you are interested in taking part in the project, please contact Liz by email 9743626@micstudent.mic.ul.ie) by the **10th of December**. Thank you for taking the time to read this information sheet.

Principal Investigator
Liz Lane (Trainee Educational Psychologist)
Mary Immaculate College
Email: 9743626@micstudent.mic.ul.ie

Principal Investigator
Dr Susan Finn (Consultant in Rehabilitation Medicine)
National Rehabilitation Hospital
Email: susan.finn@nrh.ie

Research Supervisor
Dr Michele Dunleavy (Lecturer in the Department of Psychology, Inclusive Educational and Special Education)
Mary Immaculate College
Email: michele.dunleavy@mic.ul.ie

Mary Immaculate College Research Ethics Committee (MIREC)
This research study received ethics approval from the Mary Immaculate College Research Ethics Committee in March 2021 (Reference number: A21-012). If you have any concerns about this study and wish to contact an independent authority, you may contact:
Mary Collins (MIREC Administrator)
Mary Immaculate College
Telephone: 061-204980
E-mail: mirec@mic.ul.ie

National Rehabilitation Hospital Ethics Committee
This research study received ethical approval from the National Rehabilitation Hospital Ethics Committee in May 2021.

Appendix K

Consent forms for Parents, Adolescents and Teachers

Consent form for parents

Parent/Guardian Consent Form for Semi-Structured Interview

Project Title: "School life following acquired brain injury: experiences of adolescents, their parents and teachers in the Irish context"

Dear Participant,

As outlined in the participant information sheet, the current study will explore the experiences of adolescents, their parents and teachers of school following acquired brain injury.

Should you consent to participating in this study, please read the statements below. If you agree to them, please tick ✓ the boxes and sign and date the bottom of this consent form.

1.	I have read and understood the information sheet.	
2.	I understand what the project is about, how data will be collected and what the results will be used for.	
3.	I am aware that my information will be kept confidential.	
4.	I am aware of what I will be asked to do, and of any risks and benefits of the study.	
5.	I am choosing to take part in this interview, and I know that I can stop taking part at any stage without giving any reason to the researchers.	
6.	I am aware that the interview sessions will be audio recorded and I agree to this.	
7.	I understand what will happen to the recordings and data once the study is finished.	
8.	I give permission to the researcher (Liz Lane) to contact my child's school principal in order to recruit a teacher to partake in the study.	
9.	I agree to the statements above and I consent to taking part in this research study.	

Signature of parent:		Date:
Signature of researcher:		Date:

Consent Form for Adolescents

Project Title: "School life following acquired brain injury: experiences of adolescents, their parents and teachers in the Irish context"

Dear Participant,

My project will explore the experiences of adolescents of school following acquired brain injury. I would like to hear your views.

Please read the sentences below and put a tick ✓ to say yes **or** an X to say no in each box.

1.	Has the project been explained to you?	
2.	Have you asked all the questions you want?	
3.	Do you know that you can stop taking part at any time without giving any reason to the researcher?	
4.	Do you know that the interview will be audio recorded and you are ok with this?	
5.	Do you know that you can refuse to answer any questions you want during the interview?	
6.	Do you understand that what you say may be written for others to see? But no information will be written that could identify you.	
7.	Have all of your questions been answered properly so you understand the project?	

Please tick ✓ in one of the following boxes.

I **want** to take part in the project.	
I **do not want** to take part in the project.	

Put a tick ✓ to say yes **or** an X to say no.

I give my permission for you to talk to my one of my teachers about how they help/helped me at school.	

Signature of the adolescent:		Date:	
Signature of the parent/guardian:		Date:	
Signature of the researcher:		Date:	

Consent form for teachers

Teacher Consent Form for Semi-Structured Interview

Project Title: "School life following acquired brain injury: experiences of adolescents, their parents and teachers in the Irish context"

Dear Participant,

As outlined in the participant information sheet, the current study will explore the experiences of adolescents, their parents and teachers of school following acquired brain injury.

Should you consent to participating in this study, please read the statements below. If you agree to them, please tick ✓ the boxes and sign and date the bottom of this consent form.

1.	I have read and understood the information sheet.	
2.	I understand what the project is about, how data will be collected and what the results will be used for.	
3.	I am aware that my information will be kept confidential.	
4.	I am aware of what I will be asked to do, and of any risks and benefits of the study.	
5.	I am choosing to take part in this interview, and I know that I can stop taking part at any stage without giving any reason to the researchers.	
6.	I am aware that the interview sessions will be audio recorded and I agree to this.	
7.	I understand what will happen to the recordings and data once the study is finished.	
8.	I agree to the statements above and I consent to taking part in this research study.	

Signature of teacher:		Date:
Signature of researcher:		Date:

Appendix L

Guidelines for Parent Permission (Lambert & Glacken, 2011, p. 786)

Parent permission	
P:	Permission for researcher to invite child to participate in research
E:	Ensure parent is aware of the need for the child to decide to participate, or not
R:	Right to refuse permission to approach children is stressed; no pressure is applied
M:	Mindful of obvious and subtle signs of parent refusal
I:	Involve parents in the process of informing the child about the research project
S:	Seek parent’s understanding of what the research entails for his/her child
S:	Source for parents to ventilate their concerns/views considered
I:	Individualised process; adequate time for discussion according to parent needs
O:	Offer adequate and appropriate information
N:	Negotiated at outset and re-negotiated as deemed appropriate

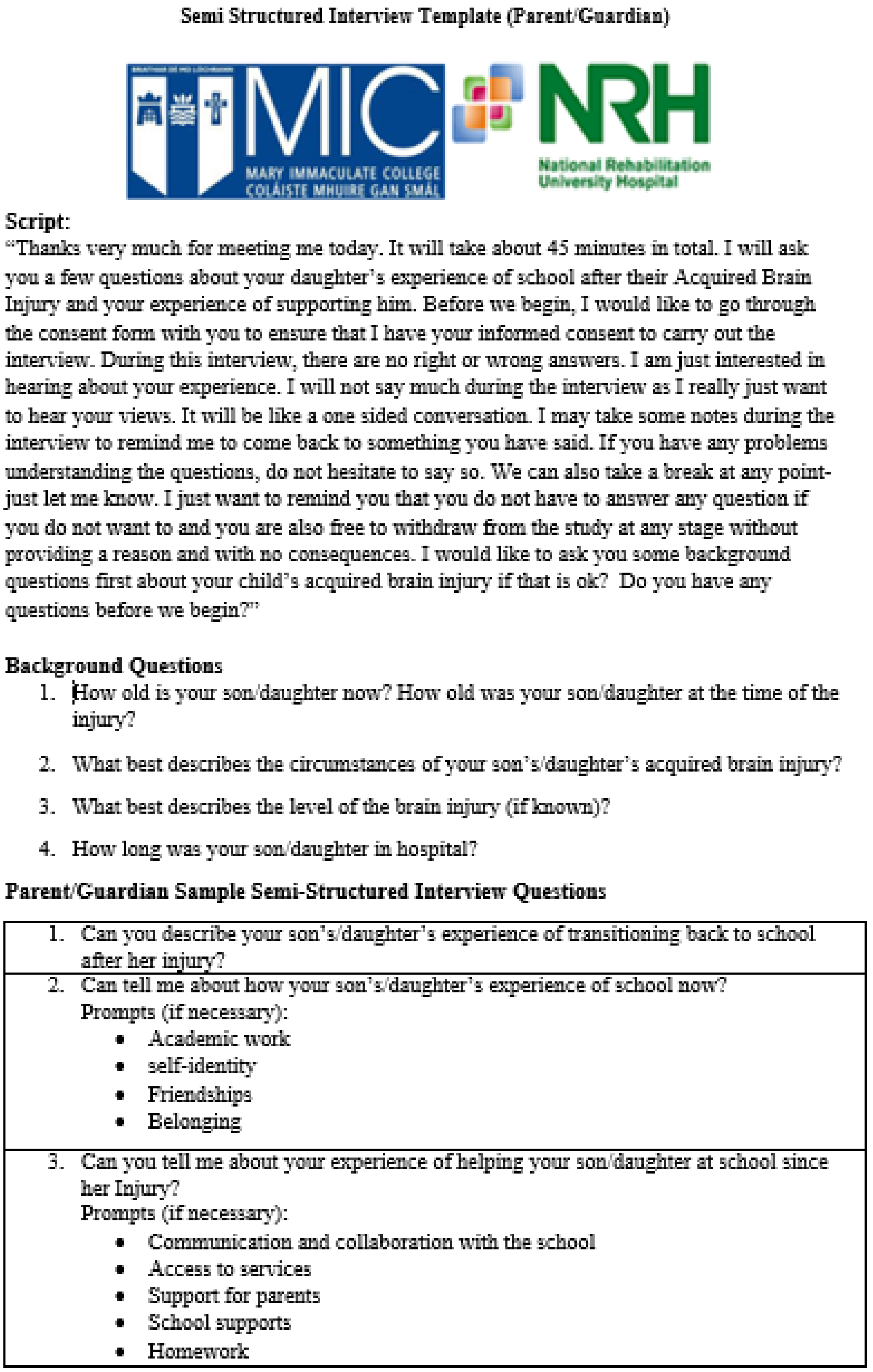
Appendix M

Elements of Assent (Lambert & Glacken, 2011, p. 787)

Assent	
A:	Assess child's capacity/readiness to assent and engage with child to build rapport
S:	Supply child with adequate and comprehensible verbal and written information
S:	Search for signs of refusal (subtle or obvious) and ensure no pressure is applied
E:	Evaluate evidence of the child's understanding through questions and feedback
N:	Negotiate assent continuously
T:	Time is allocated for the child to think about whether to participate, or not

Appendix N

Interview Schedules for Parents, Adolescents and Teachers



Semi Structured Interview Template (Parent/Guardian)

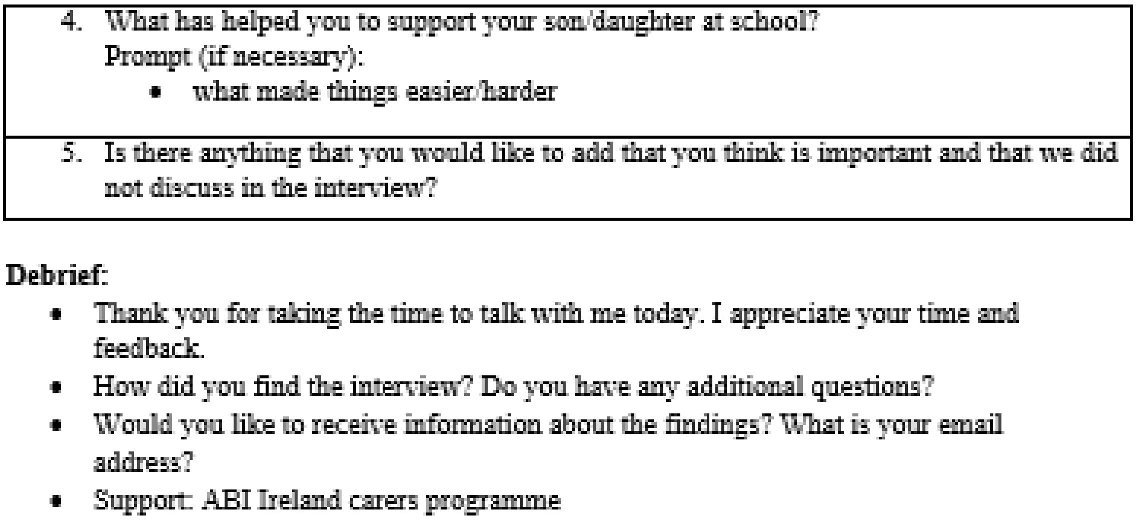
Script:
"Thanks very much for meeting me today. It will take about 45 minutes in total. I will ask you a few questions about your daughter's experience of school after their Acquired Brain Injury and your experience of supporting him. Before we begin, I would like to go through the consent form with you to ensure that I have your informed consent to carry out the interview. During this interview, there are no right or wrong answers. I am just interested in hearing about your experience. I will not say much during the interview as I really just want to hear your views. It will be like a one sided conversation. I may take some notes during the interview to remind me to come back to something you have said. If you have any problems understanding the questions, do not hesitate to say so. We can also take a break at any point- just let me know. I just want to remind you that you do not have to answer any question if you do not want to and you are also free to withdraw from the study at any stage without providing a reason and with no consequences. I would like to ask you some background questions first about your child's acquired brain injury if that is ok? Do you have any questions before we begin?"

Background Questions

1. How old is your son/daughter now? How old was your son/daughter at the time of the injury?
2. What best describes the circumstances of your son's/daughter's acquired brain injury?
3. What best describes the level of the brain injury (if known)?
4. How long was your son/daughter in hospital?

Parent/Guardian Sample Semi-Structured Interview Questions

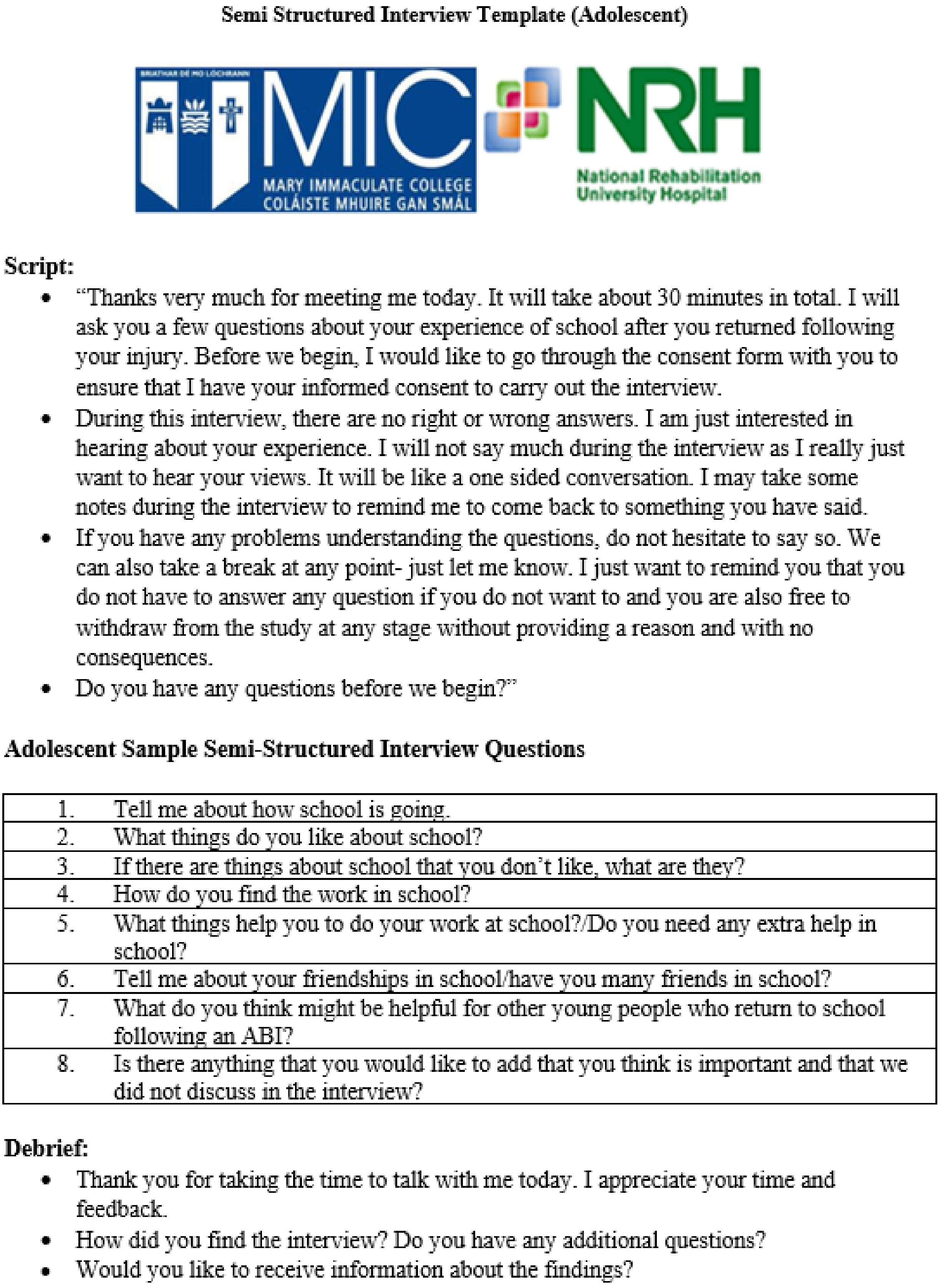
1. Can you describe your son's/daughter's experience of transitioning back to school after her injury?
2. Can tell me about how your son's/daughter's experience of school now? Prompts (if necessary): • Academic work • self-identity • Friendships • Belonging
3. Can you tell me about your experience of helping your son/daughter at school since her Injury? Prompts (if necessary): • Communication and collaboration with the school • Access to services • Support for parents • School supports • Homework



4. What has helped you to support your son/daughter at school? Prompt (if necessary): • what made things easier/harder
5. Is there anything that you would like to add that you think is important and that we did not discuss in the interview?

Debrief:

- Thank you for taking the time to talk with me today. I appreciate your time and feedback.
- How did you find the interview? Do you have any additional questions?
- Would you like to receive information about the findings? What is your email address?
- Support: ABI Ireland carers programme



Semi Structured Interview Template (Adolescent)

Script:

- "Thanks very much for meeting me today. It will take about 30 minutes in total. I will ask you a few questions about your experience of school after you returned following your injury. Before we begin, I would like to go through the consent form with you to ensure that I have your informed consent to carry out the interview.
- During this interview, there are no right or wrong answers. I am just interested in hearing about your experience. I will not say much during the interview as I really just want to hear your views. It will be like a one sided conversation. I may take some notes during the interview to remind me to come back to something you have said.
- If you have any problems understanding the questions, do not hesitate to say so. We can also take a break at any point- just let me know. I just want to remind you that you do not have to answer any question if you do not want to and you are also free to withdraw from the study at any stage without providing a reason and with no consequences.
- Do you have any questions before we begin?"

Adolescent Sample Semi-Structured Interview Questions

1.	Tell me about how school is going.
2.	What things do you like about school?
3.	If there are things about school that you don't like, what are they?
4.	How do you find the work in school?
5.	What things help you to do your work at school?/Do you need any extra help in school?
6.	Tell me about your friendships in school/have you many friends in school?
7.	What do you think might be helpful for other young people who return to school following an ABI?
8.	Is there anything that you would like to add that you think is important and that we did not discuss in the interview?

Debrief:

- Thank you for taking the time to talk with me today. I appreciate your time and feedback.
- How did you find the interview? Do you have any additional questions?
- Would you like to receive information about the findings?

Semi Structured Interview Template (Teacher)

Script

- "Thanks very much for meeting me today. It will take about 30 minutes in total. I will ask you a few questions about your experience of supporting a student that returned following acquired brain injury. Before we begin, I would like to go through the consent form with you to ensure that I have your informed consent to carry out the interview.
- During this interview, there are no right or wrong answers. I am just interested in hearing about your experience. I will not say much during the interview as I really just want to hear your views. It will be like a one sided conversation. I may take some notes during the interview to remind me to come back to something you have said.
- If you have any problems understanding the questions, do not hesitate to say so. We can also take a break at any point- just let me know. I just want to remind you that you do not have to answer any question if you do not want to and you are also free to withdraw from the study at any stage without providing a reason and with no consequences. Do you have any questions before we begin?"

Teacher Sample Semi-Structured Interview Questions

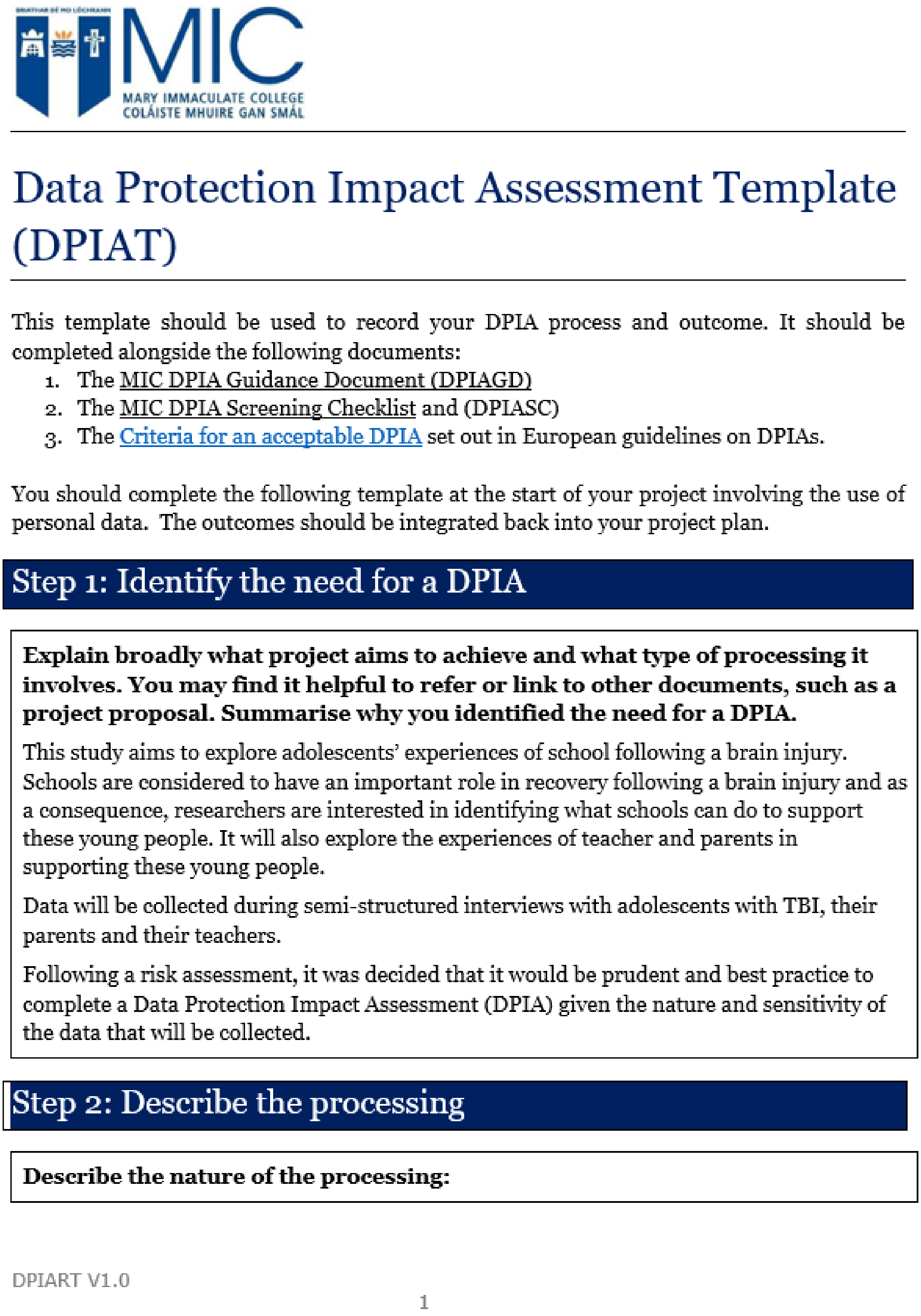
1. What subject do you teach? How many years teaching? How long have you been teaching (participant)?
2. Can you tell me about your experience of supporting ___ at school since his/her ABI?
   Prompts (if necessary):
   - Teaching methods
   - Differentiation
   - Accommodations
   - Homework
   - Communication and collaboration with home
   - School supports
   - Access to services
   - Training
   - Support from SEN department
3. What has helped you to support ___ at school?
   Prompt (if necessary): what made things easier/harder
4. Is there anything that you would like to add that you think is important and that we did not discuss in the interview?

Debrief

- Thank you for taking the time to talk with me today. I appreciate your time and feedback.
- How did you find the interview? Do you have any additional questions?
- Would you like to receive information about the findings?

Appendix 0

Data Protection Impact Assessment (DIPA)



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Data Protection Impact Assessment Template (DPIAT)

This template should be used to record your DPIA process and outcome. It should be completed alongside the following documents:

1. The MIC DPIA Guidance Document (DPIAGD)
2. The MIC DPIA Screening Checklist and (DPIASC)
3. The Criteria for an acceptable DPIA set out in European guidelines on DPIAs.

You should complete the following template at the start of your project involving the use of personal data. The outcomes should be integrated back into your project plan.

Step 1: Identify the need for a DPIA

Explain broadly what project aims to achieve and what type of processing it involves. You may find it helpful to refer or link to other documents, such as a project proposal. Summarise why you identified the need for a DPIA.

This study aims to explore adolescents' experiences of school following a brain injury. Schools are considered to have an important role in recovery following a brain injury and as a consequence, researchers are interested in identifying what schools can do to support these young people. It will also explore the experiences of teacher and parents in supporting these young people.

Data will be collected during semi-structured interviews with adolescents with TBI, their parents and their teachers.

Following a risk assessment, it was decided that it would be prudent and best practice to complete a Data Protection Impact Assessment (DPIA) given the nature and sensitivity of the data that will be collected.

Step 2: Describe the processing

Describe the nature of the processing:

DPIART V1.0

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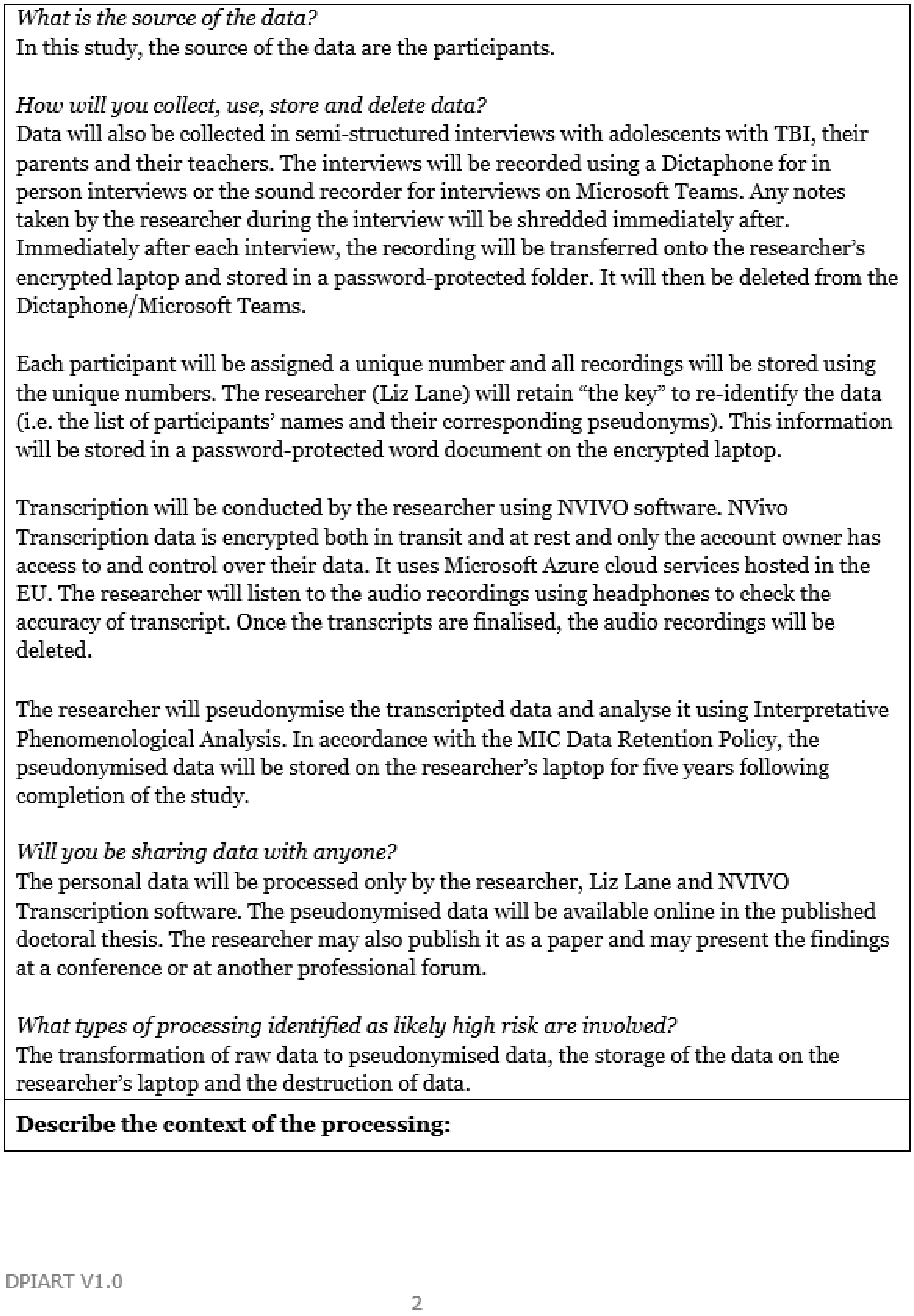


What is the source of the data?
In this study, the source of the data are the participants.

How will you collect, use, store and delete data?
Data will also be collected in semi-structured interviews with adolescents with TBI, their parents and their teachers. The interviews will be recorded using a Dictaphone for in person interviews or the sound recorder for interviews on Microsoft Teams. Any notes taken by the researcher during the interview will be shredded immediately after. Immediately after each interview, the recording will be transferred onto the researcher's encrypted laptop and stored in a password-protected folder. It will then be deleted from the Dictaphone/Microsoft Teams.

Each participant will be assigned a unique number and all recordings will be stored using the unique numbers. The researcher (Liz Lane) will retain "the key" to re-identify the data (i.e. the list of participants' names and their corresponding pseudonyms). This information will be stored in a password-protected word document on the encrypted laptop.

Transcription will be conducted by the researcher using NVIVO software. NVivo Transcription data is encrypted both in transit and at rest and only the account owner has access to and control over their data. It uses Microsoft Azure cloud services hosted in the EU. The researcher will listen to the audio recordings using headphones to check the accuracy of transcript. Once the transcripts are finalised, the audio recordings will be deleted.

The researcher will pseudonymise the transcripted data and analyse it using Interpretative Phenomenological Analysis. In accordance with the MIC Data Retention Policy, the pseudonymised data will be stored on the researcher's laptop for five years following completion of the study.

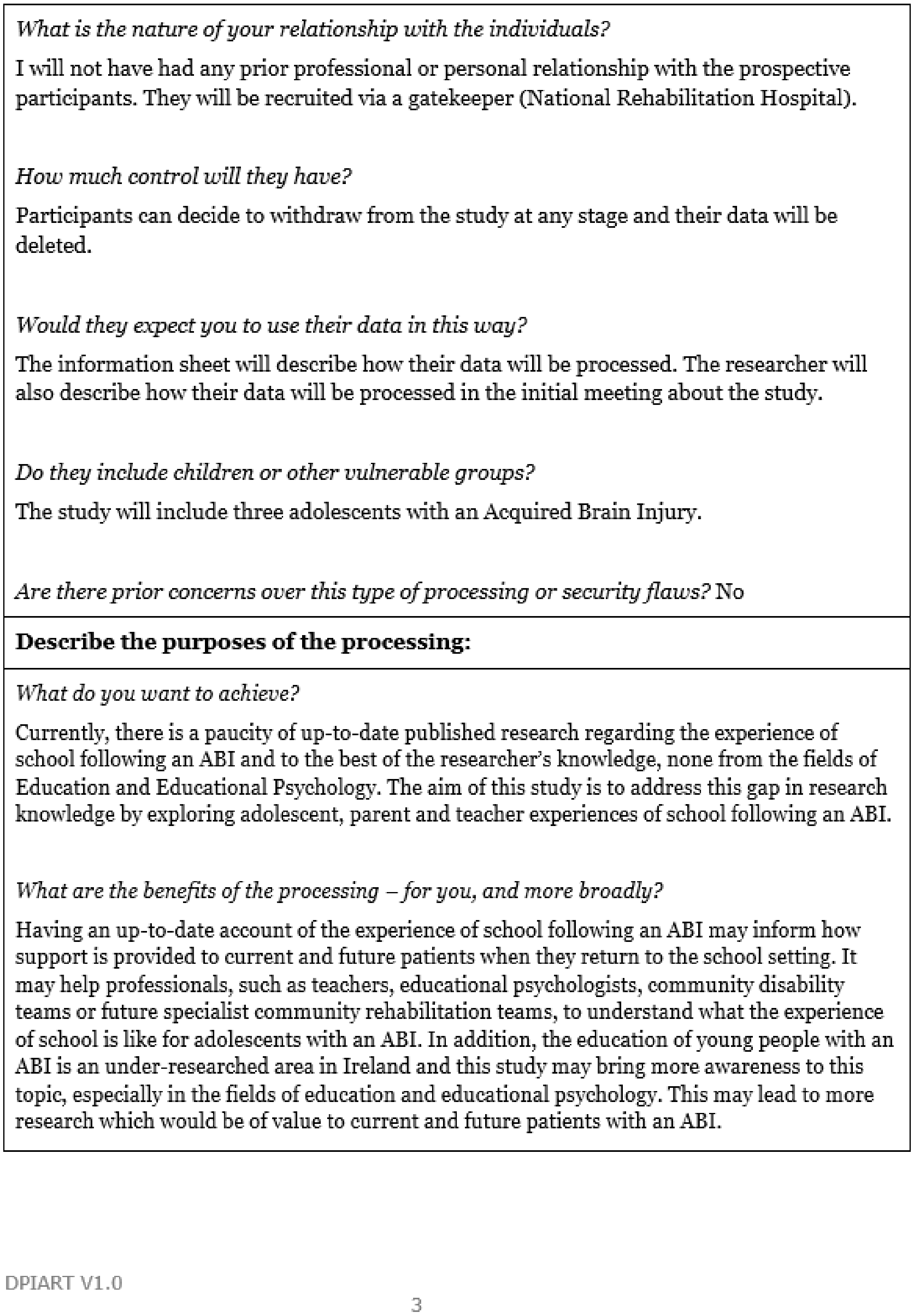
Will you be sharing data with anyone?
The personal data will be processed only by the researcher, Liz Lane and NVIVO Transcription software. The pseudonymised data will be available online in the published doctoral thesis. The researcher may also publish it as a paper and may present the findings at a conference or at another professional forum.

What types of processing identified as likely high risk are involved?
The transformation of raw data to pseudonymised data, the storage of the data on the researcher's laptop and the destruction of data.

Describe the context of the processing:

DPIART V1.0

2



What is the nature of your relationship with the individuals?

I will not have had any prior professional or personal relationship with the prospective participants. They will be recruited via a gatekeeper (National Rehabilitation Hospital).

How much control will they have?

Participants can decide to withdraw from the study at any stage and their data will be deleted.

Would they expect you to use their data in this way?

The information sheet will describe how their data will be processed. The researcher will also describe how their data will be processed in the initial meeting about the study.

Do they include children or other vulnerable groups?

The study will include three adolescents with an Acquired Brain Injury.

Are there prior concerns over this type of processing or security flaws? No

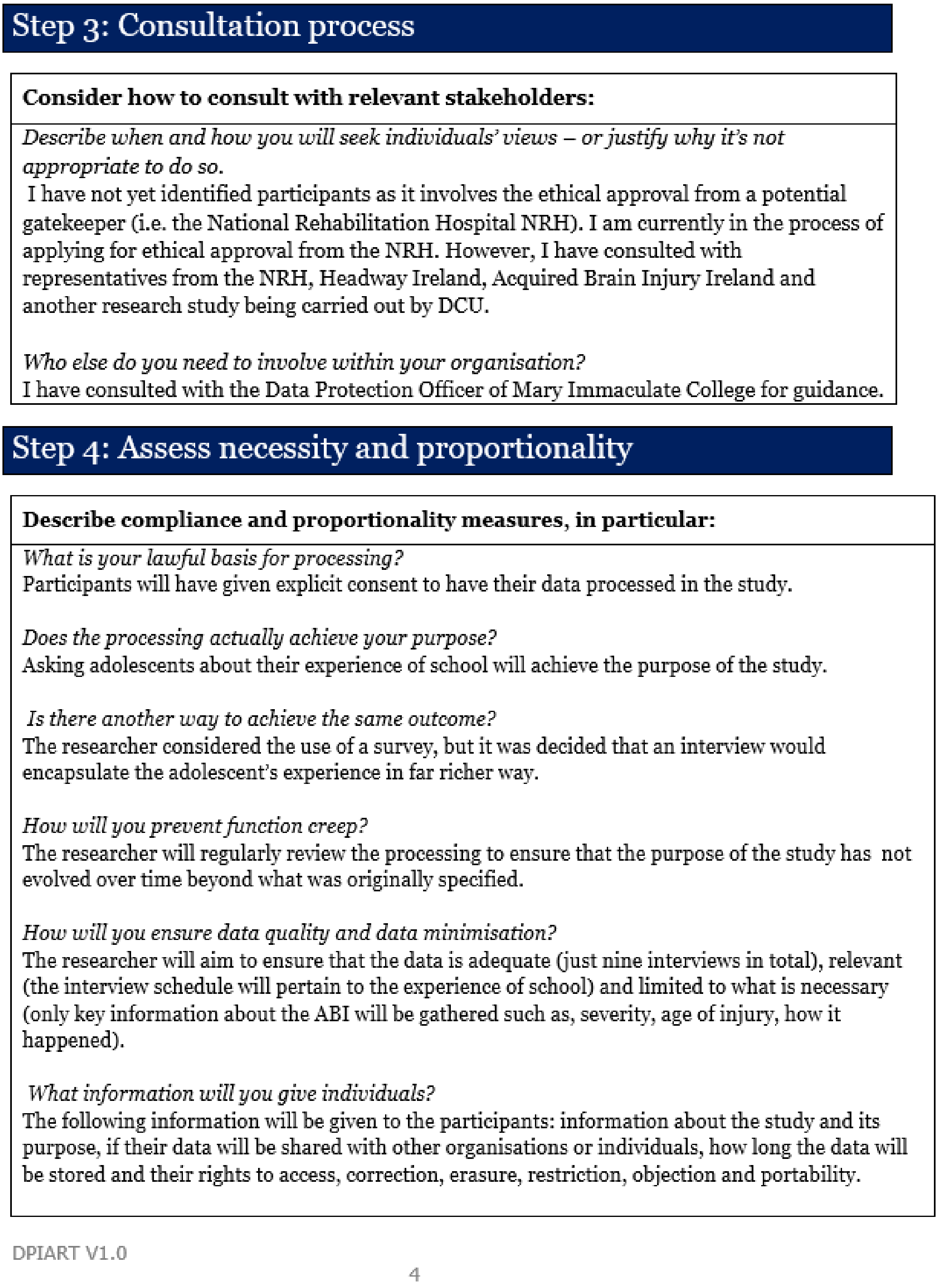
Describe the purposes of the processing:

What do you want to achieve?

Currently, there is a paucity of up-to-date published research regarding the experience of school following an ABI and to the best of the researcher's knowledge, none from the fields of Education and Educational Psychology. The aim of this study is to address this gap in research knowledge by exploring adolescent, parent and teacher experiences of school following an ABI.

What are the benefits of the processing – for you, and more broadly?

Having an up-to-date account of the experience of school following an ABI may inform how support is provided to current and future patients when they return to the school setting. It may help professionals, such as teachers, educational psychologists, community disability teams or future specialist community rehabilitation teams, to understand what the experience of school is like for adolescents with an ABI. In addition, the education of young people with an ABI is an under-researched area in Ireland and this study may bring more awareness to this topic, especially in the fields of education and educational psychology. This may lead to more research which would be of value to current and future patients with an ABI.



Step 3: Consultation process

Consider how to consult with relevant stakeholders:

Describe when and how you will seek individuals' views – or justify why it's not appropriate to do so.
I have not yet identified participants as it involves the ethical approval from a potential gatekeeper (i.e. the National Rehabilitation Hospital NRH). I am currently in the process of applying for ethical approval from the NRH. However, I have consulted with representatives from the NRH, Headway Ireland, Acquired Brain Injury Ireland and another research study being carried out by DCU.

Who else do you need to involve within your organisation?
I have consulted with the Data Protection Officer of Mary Immaculate College for guidance.

Step 4: Assess necessity and proportionality

Describe compliance and proportionality measures, in particular:

What is your lawful basis for processing?
Participants will have given explicit consent to have their data processed in the study.

Does the processing actually achieve your purpose?
Asking adolescents about their experience of school will achieve the purpose of the study.

Is there another way to achieve the same outcome?
The researcher considered the use of a survey, but it was decided that an interview would encapsulate the adolescent's experience in far richer way.

How will you prevent function creep?
The researcher will regularly review the processing to ensure that the purpose of the study has not evolved over time beyond what was originally specified.

How will you ensure data quality and data minimisation?
The researcher will aim to ensure that the data is adequate (just nine interviews in total), relevant (the interview schedule will pertain to the experience of school) and limited to what is necessary (only key information about the ABI will be gathered such as, severity, age of injury, how it happened).

What information will you give individuals?
The following information will be given to the participants: information about the study and its purpose, if their data will be shared with other organisations or individuals, how long the data will be stored and their rights to access, correction, erasure, restriction, objection and portability.

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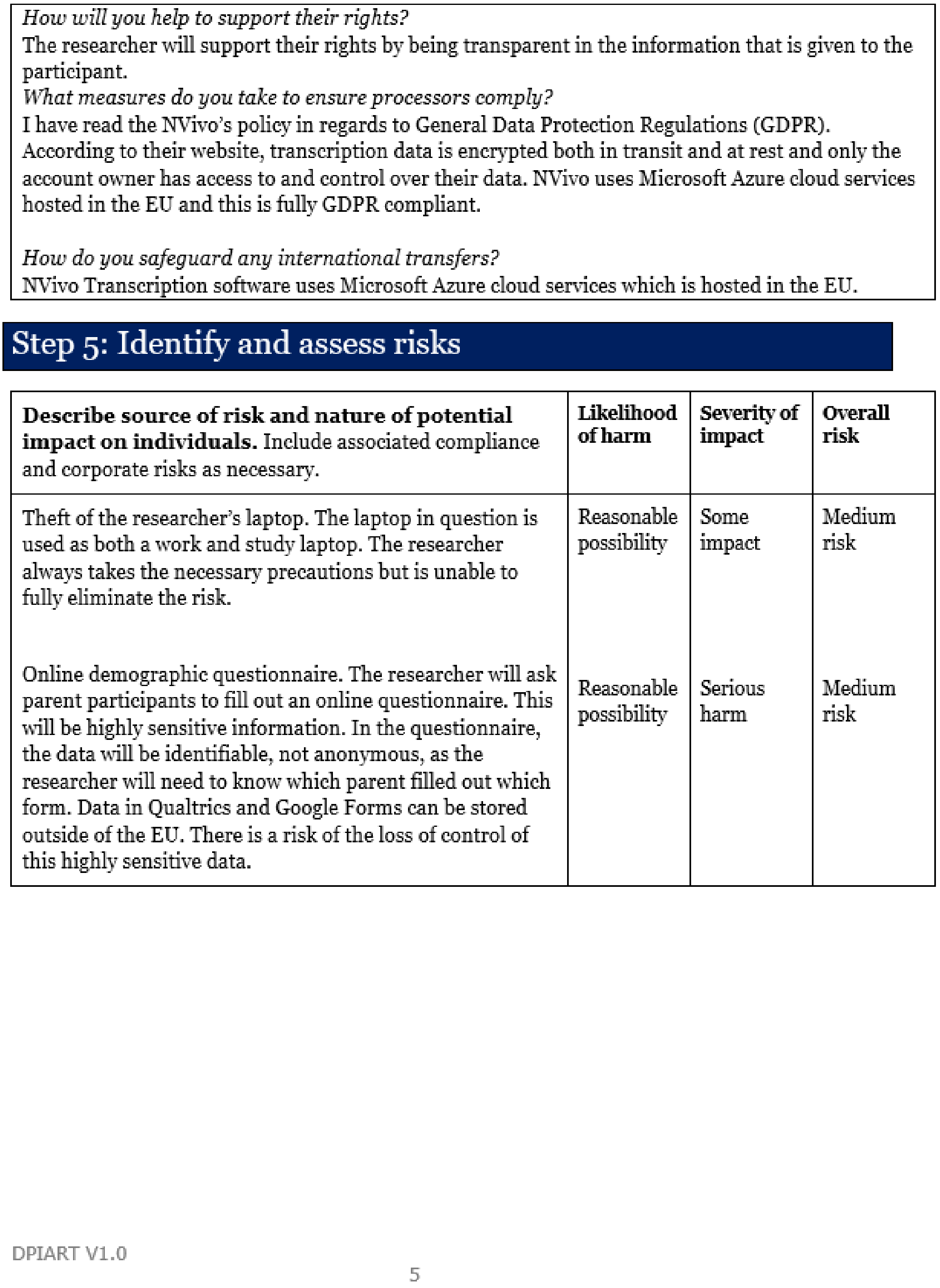
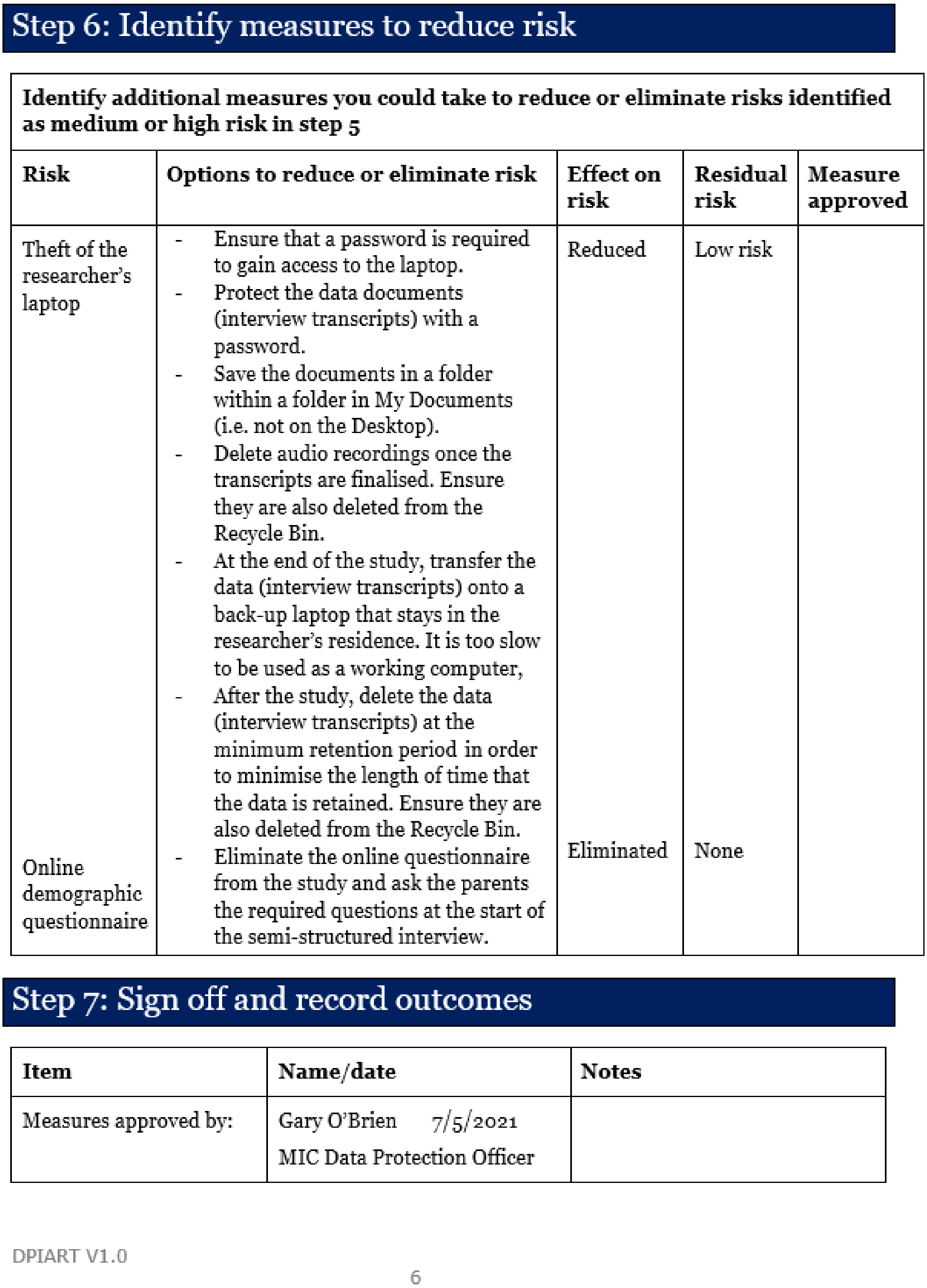


How will you help to support their rights?
The researcher will support their rights by being transparent in the information that is given to the participant.
What measures do you take to ensure processors comply?
I have read the NVivo's policy in regards to General Data Protection Regulations (GDPR). According to their website, transcription data is encrypted both in transit and at rest and only the account owner has access to and control over their data. NVivo uses Microsoft Azure cloud services hosted in the EU and this is fully GDPR compliant.

How do you safeguard any international transfers?
NVivo Transcription software uses Microsoft Azure cloud services which is hosted in the EU.

Step 5: Identify and assess risks

Describe source of risk and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary.	**Likelihood of harm**	**Severity of impact**	**Overall risk**
Theft of the researcher's laptop. The laptop in question is used as both a work and study laptop. The researcher always takes the necessary precautions but is unable to fully eliminate the risk.	Reasonable possibility	Some impact	Medium risk
Online demographic questionnaire. The researcher will ask parent participants to fill out an online questionnaire. This will be highly sensitive information. In the questionnaire, the data will be identifiable, not anonymous, as the researcher will need to know which parent filled out which form. Data in Qualtrics and Google Forms can be stored outside of the EU. There is a risk of the loss of control of this highly sensitive data.	Reasonable possibility	Serious harm	Medium risk



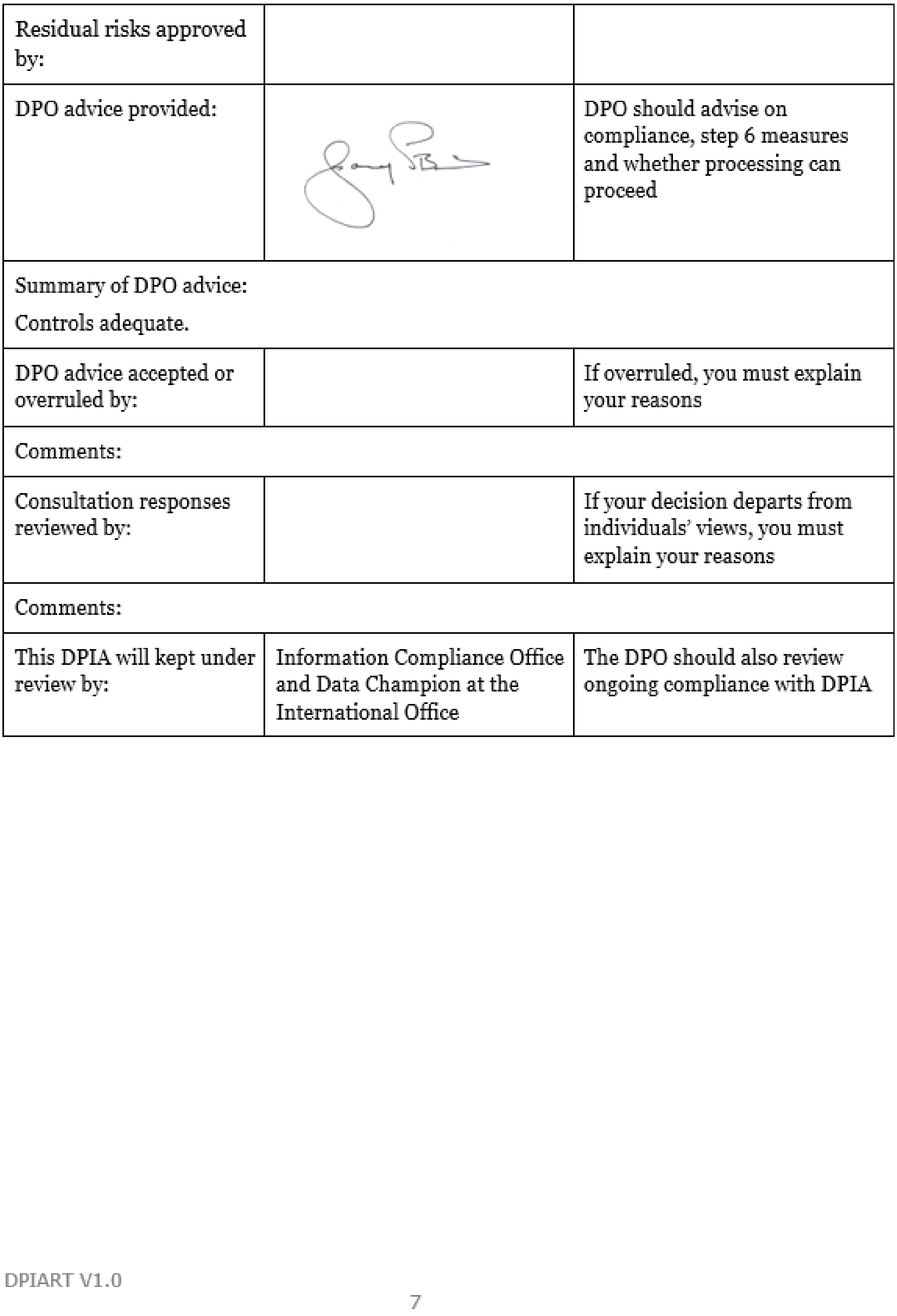
Step 6: Identify measures to reduce risk

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in step 5

Risk	**Options to reduce or eliminate risk**	**Effect on risk**	**Residual risk**	**Measure approved**
Theft of the researcher's laptop	- Ensure that a password is required to gain access to the laptop. - Protect the data documents (interview transcripts) with a password. - Save the documents in a folder within a folder in My Documents (i.e. not on the Desktop). - Delete audio recordings once the transcripts are finalised. Ensure they are also deleted from the Recycle Bin. - At the end of the study, transfer the data (interview transcripts) onto a back-up laptop that stays in the researcher's residence. It is too slow to be used as a working computer, - After the study, delete the data (interview transcripts) at the minimum retention period in order to minimise the length of time that the data is retained. Ensure they are also deleted from the Recycle Bin.	Reduced	Low risk	
Online demographic questionnaire	- Eliminate the online questionnaire from the study and ask the parents the required questions at the start of the semi-structured interview.	Eliminated	None	

Step 7: Sign off and record outcomes

Item	**Name/date**	**Notes**
Measures approved by:	Gary O'Brien 7/5/2021 MIC Data Protection Officer	



Residual risks approved by:		
DPO advice provided:		DPO should advise on compliance, step 6 measures and whether processing can proceed
Summary of DPO advice: Controls adequate.		
DPO advice accepted or overruled by:		If overruled, you must explain your reasons
Comments:		
Consultation responses reviewed by:		If your decision departs from individuals' views, you must explain your reasons
Comments:		
This DPIA will kept under review by:	Information Compliance Office and Data Champion at the International Office	The DPO should also review ongoing compliance with DPIA

Appendix P

Adolescent PETs and GETs

<table>
<tr><th colspan="2">Personal experiential themes for Brenda*</th></tr>
<tr><td>Theme 1</td><td>“See I don't like being treated differently”: Treat me the same</td></tr>
<tr><td>Theme 2</td><td>Different experiences of feeling supported within the school setting
- “The school was brilliant”: teachers were so welcoming and kind
- “I’d prefer not to have one”: Negotiated working relationship with SNA
- “Just kinda hard sometimes”: Friendships were hard</td></tr>
<tr><th colspan="2">Personal experiential themes for Mary*</th></tr>
<tr><td>Theme 1</td><td>Accepting the new normal
- Acceptance by self, teachers and friends
- “Getting on with it”</td></tr>
<tr><td>Theme 2</td><td>Identifying as a capable person
- “Well able for it”
- Needing help but not wanting it</td></tr>
<tr><td>Theme 3</td><td>Release the pressure
- Feeling under pressure
- COVID school lockdown as a pressure release</td></tr>
<tr><td>Theme 4</td><td>The Dilemma of Friendship
- “I kinda, kinda kept myself away from everyone”: Recoiled from friendships
- “You need a couple of friends to talk to”: Realising the value of friends as a support system</td></tr>
<tr><th colspan="2">Personal experiential themes for Vicki*</th></tr>
<tr><td>Theme1</td><td>Changes to me and my life
- A more confident me
- The impact of fatigue and missing schoolwork</td></tr>
<tr><td>Theme 2</td><td>“I’m the person who feels it”: Need to figure it out myself</td></tr>
<tr><td>Theme 3</td><td>“Now that I've got my really close friends”: Smaller circle of friends</td></tr>
</table>

Group experiential themes for adolescents		
Theme 1	**The new normal: things have changed but I am still capable**	- "See I don't like being treated differently": Treat me the same - Acceptance by self, teachers and friends - "Well able for it" - A more confident me
Theme 2	**Negotiation of the new normal**	- "The school was brilliant": teachers were so welcoming and kind - "I'd prefer not to have one": Negotiated working relationship with SNA - Needing help but not wanting it - "I'm the person who feels it": Need to figure it out myself
Theme 3	**Challenges of the new normal**	Friendship loss but in different forms - "Just kinda hard sometimes": Friendships were hard - "Now that I've got my really close friends": Smaller circle of friends - "I kinda, kinda kept myself away from everyone": Recoiled from friendships - "You need a couple of friends to talk to": Realising the value of friends as a support system Catching up with a moving target - Feeling under pressure - COVID school lockdown as a pressure release - The impact of fatigue and missing schoolwork

Appendix Q

Parent PETs and GETs

Personal experiential themes for Paula	
Theme 1	Feeling supported and listened to
Theme 2	Changing how I see things
Theme 3	“I just I get up and I just turn it into a positive”: Mum as an architect of the positive
Theme 4	“The social side”: “I'm finding that really, really difficult”
Personal experiential themes for Denise	
Theme 1	Mum as fighter and instigator for change
Theme 2	Mum as cheer leader: both encouraging and pushing
Theme 3	Hard work and perseverance
Personal experiential themes for Tina	
Theme 1	A difficult journey compounded by COVID 19 - Friends, fatigue and a moving target
Theme 2	Positive partnerships with professionals
Theme 3	Working within an inept system

Group experiential themes for parents		
Theme 1	**Hurdles to overcome**	“The social side”: “I'm finding that really, really, difficult” A difficult journey compounded by COVID 19 - Chasing a moving academic target - Friends - Fatigue
Theme 2	**Overcoming the hurdles**	Changing how I see things “I just I get up and I just turn it into a positive”: Mum as an architect of the positive Mum as cheer leader: both encouraging and pushing Hard work and perseverance
Theme 3	**Help and hassle along the way**	**Supported by professionals** Feeling supported and listened to Positive partnerships with professionals **Inept system** Mum as fighter and instigator for change Working within an inept system

Appendix R

Teacher PETs and GETs

Personal experiential themes for Nora	
Overarching theme: school as small and local	
Theme 1	"She doesn't want to be labeled": following her lead
Theme 2	"Nearly trying to find ways to nearly build it into the class is what worked for me": universal design
Theme 3	"Information is key": information before differentiation
Personal experiential themes for Monica	
Overarching theme: school as inclusive and "techy"	
Theme 1	"A lot of our decisions and the way we do things is based on her taking the lead": following the student's lead
Theme 2	"A perfect storm" for success: school lockdown, IT and inclusive school culture
Theme 3	"It is just about communication": recipe for success

Group experiential themes for teachers		
Overarching theme: character of the school influenced support		
Theme 1	Adolescent at the centre	"She doesn't want to be labelled": following her lead "A lot of our decisions and the way we do things is based on her taking the lead": following the student's lead
Theme 2	Not just inclusive: we are universal	"Nearly trying to find ways to nearly build it into the class is what worked for me": universal design "A perfect storm" for success: school lockdown, IT and inclusive school culture
Theme 3	Communication and information	"Information is key": information before differentiation "It is just about communication"

Appendix S

Across-group GETs

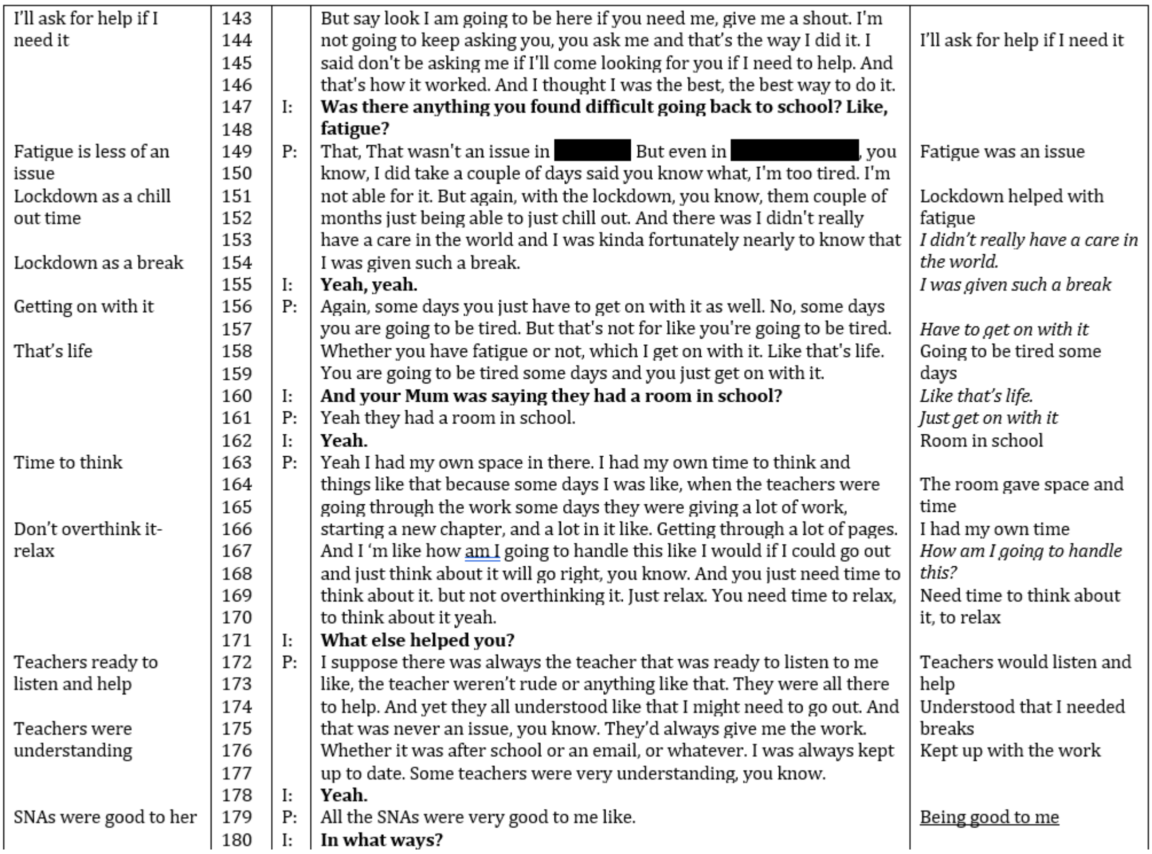
Group experiential themes	ADOLESCENT	PARENT	TEACHER
1.The new normal: Things have changed	**I have changed** Acceptance by self, teachers and friends **Friendship loss but in different forms** “Just kinda hard sometimes”: Friendships were hard/ “Now that I've got my really close friends”: Reduced circle of friends/ “I kinda, kinda kept myself away from everyone”: Recoiled from friendships/ “You need a couple of friends to talk to”: Realising the value of friends as a support system **Catching up with a moving target** Feeling under pressure/COVID school lockdown as a pressure release The impact of fatigue and missing schoolwork	**Hurdles to overcome** “The social side”: “I'm finding that really really difficult” A difficult journey compounded by COVID-19: friends, fatigue and a moving target **Overcoming the hurdles** Changing how I see things	
2. Challenging the new normal: I am still capable	“See, I don’t like being treated differently”: treat me the same “Well able for it” A more confident me	**Overcoming the hurdles** Mum as cheer leader: both encouraging and pushing	**Adolescent at the centre of everything** “She doesn't want to be labeled”: knowing the student well “A lot of our decisions and the way we do things is based on her taking the lead”: following the student’s lead
3. Negotiating The new normal with others: A multi-directional process	“The school was brilliant”: teachers were so welcoming and kind “I’d prefer not to have one”: Negotiated working relationship with SNA Needing help but not wanting it	**Supported by professionals** Feeling supported and listened to Positive partnerships with professionals **Inept system** Mum as fighter and instigator Working within an inept system: “but from a	**Not just inclusive: we are universal** Don't wrap her in cotton wool”: treat her like her peers “A perfect storm” for success: school lockdown, IT and inclusive school culture **Communication and information** “Information is key”: information before differentiation

Group experiential themes	**ADOLESCENT**	**PARENT**	**TEACHER**
	"I'm the person who feels it": Need to figure it out myself	state system, it is just not adequate"	"It is just about communication"
4.Puntuating the new normal: COVID-19	COVID school lockdown as a pressure release	A difficult journey compounded by COVID 19: "COVID was just a nightmare"	"A perfect storm" for success: school lockdown, IT and inclusive school culture

Appendix T

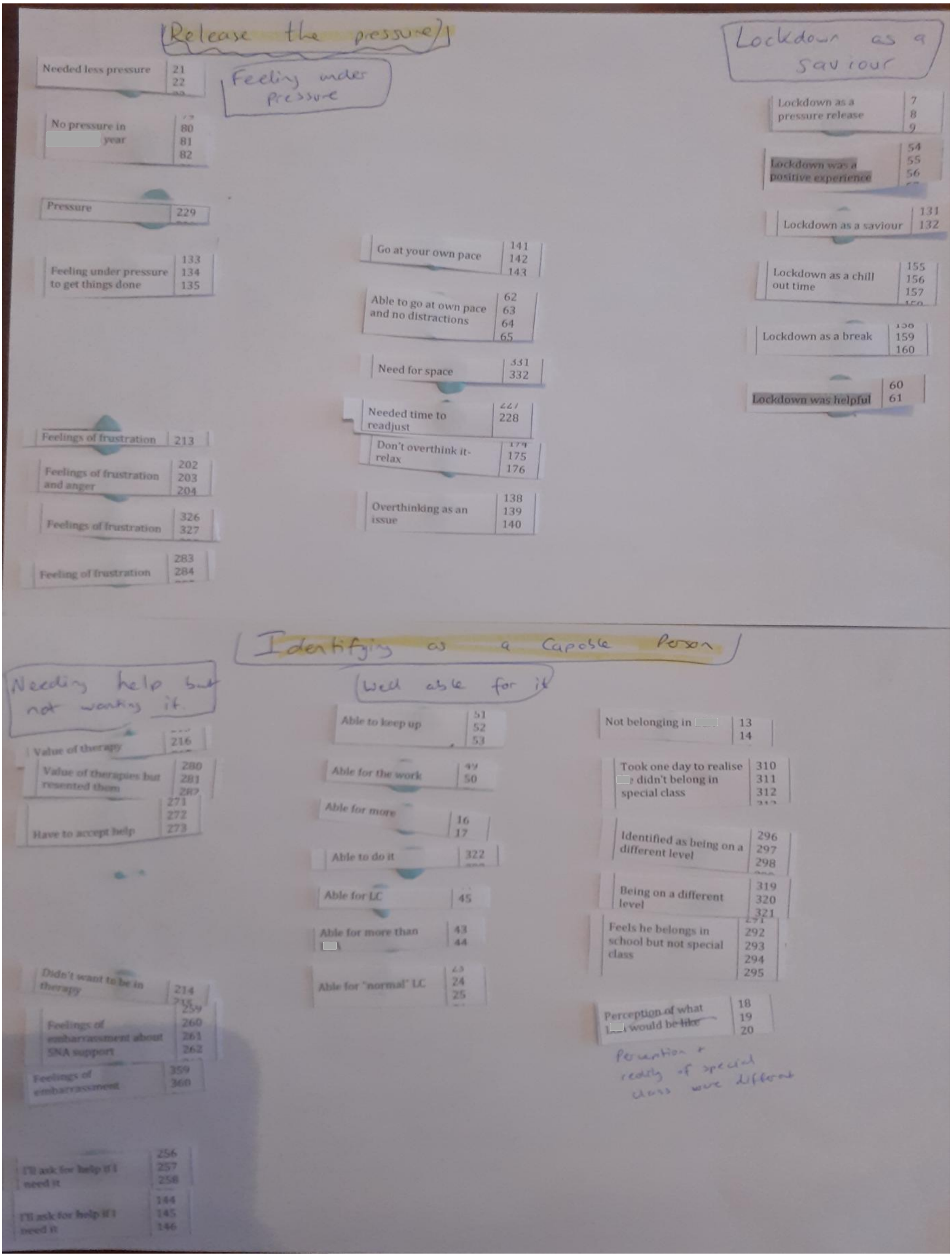
Sample Analytic Process for one Participant (Mary)

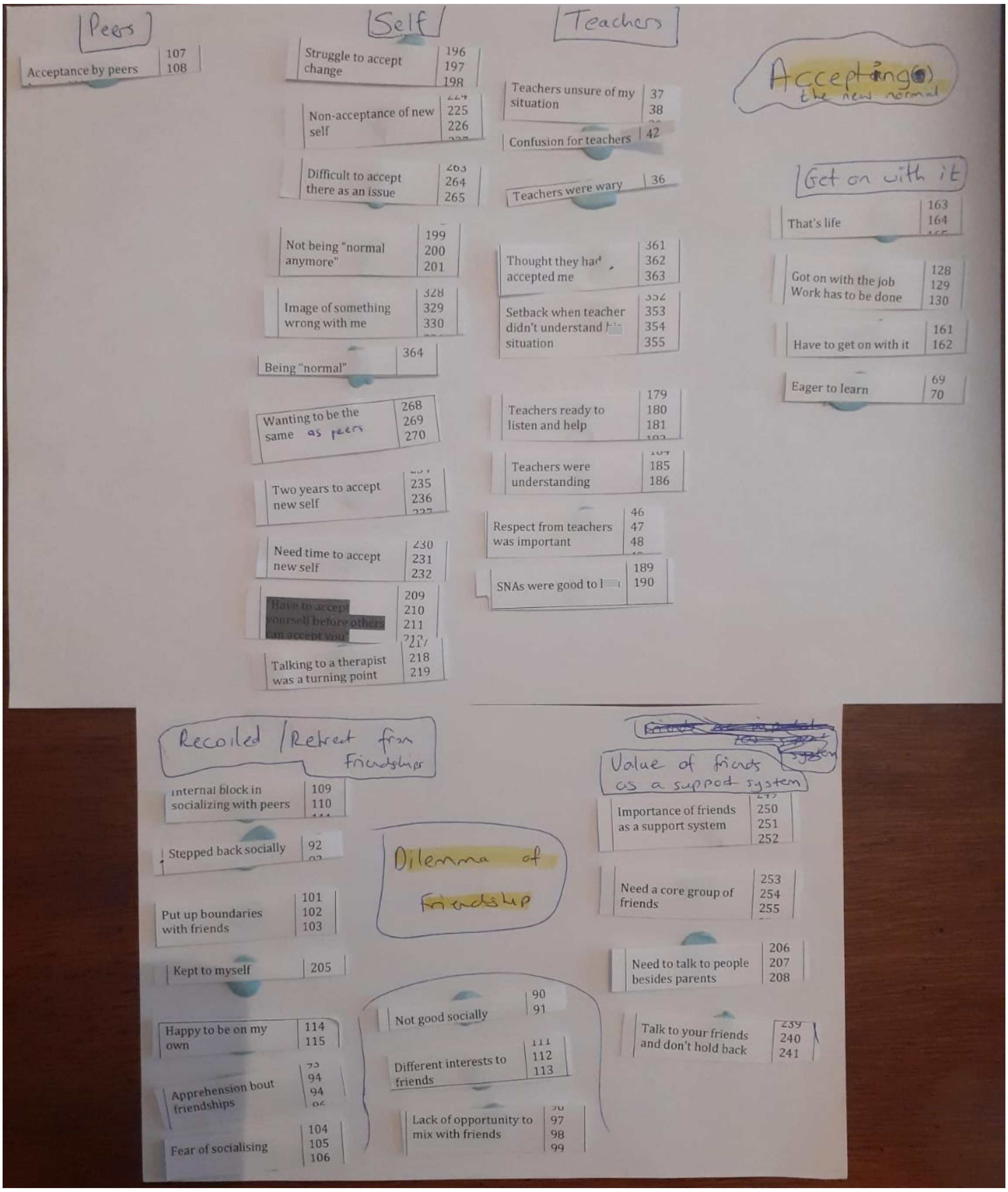
Step 1 and 2: Reading and exploratory notes (right side) and formulating experiential statements (left side)



I'll ask for help if I need it	143		But say look I am going to be here if you need me, give me a shout. I'm	
	144		not going to keep asking you, you ask me and that's the way I did it. I	I'll ask for help if I need it
	145		said don't be asking me if I'll come looking for you if I need to help. And	
	146		that's how it worked. And I thought I was the best, the best way to do it.	
	147	I:	**Was there anything you found difficult going back to school? Like,**	
	148		**fatigue?**	
Fatigue is less of an issue	149	P:	That, That wasn't an issue in [redacted] But even in [redacted], you	Fatigue was an issue
	150		know, I did take a couple of days said you know what, I'm too tired. I'm	
Lockdown as a chill out time	151		not able for it. But again, with the lockdown, you know, them couple of	Lockdown helped with fatigue
	152		months just being able to just chill out. And there was I didn't really	
	153		have a care in the world and I was kinda fortunately nearly to know that	*I didn't really have a care in the world.*
Lockdown as a break	154		I was given such a break.	
	155	I:	**Yeah, yeah.**	*I was given such a break*
Getting on with it	156	P:	Again, some days you just have to get on with it as well. No, some days	
	157		you are going to be tired. But that's not for like you're going to be tired.	*Have to get on with it*
That's life	158		Whether you have fatigue or not, which I get on with it. Like that's life.	Going to be tired some days
	159		You are going to be tired some days and you just get on with it.	
	160	I:	**And your Mum was saying they had a room in school?**	*Like that's life.*
	161	P:	Yeah they had a room in school.	*Just get on with it*
	162	I:	**Yeah.**	Room in school
Time to think	163	P:	Yeah I had my own space in there. I had my own time to think and	
	164		things like that because some days I was like, when the teachers were	The room gave space and time
	165		going through the work some days they were giving a lot of work,	
Don't overthink it- relax	166		starting a new chapter, and a lot in it like. Getting through a lot of pages.	I had my own time
	167		And I 'm like how am I going to handle this like I would if I could go out	*How am I going to handle this?*
	168		and just think about it will go right, you know. And you just need time to	
	169		think about it. but not overthinking it. Just relax. You need time to relax,	Need time to think about it, to relax
	170		to think about it yeah.	
	171	I:	**What else helped you?**	
Teachers ready to listen and help	172	P:	I suppose there was always the teacher that was ready to listen to me	Teachers would listen and help
	173		like, the teacher weren't rude or anything like that. They were all there	
	174		to help. And yet they all understood like that I might need to go out. And	Understood that I needed breaks
Teachers were understanding	175		that was never an issue, you know. They'd always give me the work.	
	176		Whether it was after school or an email, or whatever. I was always kept	Kept up with the work
	177		up to date. Some teachers were very understanding, you know.	
	178	I:	**Yeah.**	
SNAs were good to her	179	P:	All the SNAs were very good to me like.	Being good to me
	180	I:	**In what ways?**	

Step 3: Finding connections and clustering experiential statements





Peers

Acceptance by peers | 107 108

Self

Struggle to accept change | 196 197 198

Non-acceptance of new self | 225 226

Difficult to accept there as an issue | 264 265

Not being "normal anymore" | 199 200 201

Image of something wrong with me | 329 330

Being "normal" | 364

Wanting to be the same as peers | 268 269 270

Two years to accept new self | 235 236

Need time to accept new self | 231 232

"Have to accept yourself before others can accept you" | 209 210 211

Talking to a therapist was a turning point | 218 219

Teachers

Teachers unsure of my situation | 37 38

Confusion for teachers | 42

Teachers were wary | 36

Thought they had accepted me | 361 362 363

Setback when teacher didn't understand [redacted] situation | 353 354 355

Teachers ready to listen and help | 179 180 181

Teachers were understanding | 185 186

Respect from teachers was important | 46 47 48

SNAs were good to [redacted] | 189 190

Accepting the new normal

Get on with it

That's life | 163 164

Got on with the job Work has to be done | 128 129 130

Have to get on with it | 161 162

Eager to learn | 69 70

Recoiled / Retreat from Friendships

Internal block in socializing with peers | 109 110

Stepped back socially | 92

Put up boundaries with friends | 101 102 103

Kept to myself | 205

Happy to be on my own | 114 115

Apprehension bout friendships | 94 94

Fear of socialising | 104 105 106

Dilemma of Friendship

Not good socially | 90 91

Different interests to friends | 112 113

Lack of opportunity to mix with friends | 97 98 99

Value of friends as a support system

Importance of friends as a support system | 250 251 252

Need a core group of friends | 253 254 255

Need to talk to people besides parents | 206 207 208

Talk to your friends and don't hold back | 240 241

Step 4: Compiling the table of personal experiential themes

Personal experiential themes	**Line number**	**Quotes**
Theme 1- Accepting the new normal		
- Acceptance by self, teachers and friends	209	*You just have to accept yourself before anybody else can accept you*
- "You just get on with it"		
Theme 2- Identifying as a capable person	24	*Well able for it*
Support me when I need it	257	*Don't be on top of me*
Theme 3- Release the pressure		
- Feeling under pressure with schoolwork	228	*Don't rush me*
- COVID school closure as a pressure release	159	*Didn't really have a care in the world*
Theme 4- The dilemma of friendship		
- Recoiled from friendships	205	*I kinda, kinda kept myself away from everyone*
- Realising the value of friends as a support system	253	*You need a couple of friends to talk to*

Appendix U

Prevalence Table

GETs and subthemes	Adolescents			Parents			Teachers		Prevalence of each theme
	Brenda	Mary	Vicki	Paula	Denise	Tina	Monica	Nora	
The new normal: Things have changed									
- *Things have changed*	-	✓	✓	✓	✓	✓	-	-	5
- *Changed friendships*	✓	✓	✓	✓	✓	✓	-	-	6
- *Processing and managing the changes*	-	✓	-	✓	✓	✓			4
Challenging the new normal: I am still capable	✓	✓	✓	✓	✓	✓	✓	✓	8
Negotiating the new normal with others: A multi-directional process									
- *Need help but not that much: adolescents and teachers*	✓	✓	-	-	-	-	✓	✓	4
- *Working it all out together: parents and teachers*	-	-	-	✓	✓	✓	✓	✓	5
- *Fighting the system: parents and the system*	-	-	-	-	✓	✓	-	-	2
Punctuating the new normal: COVID-19	✓	✓	-	✓	✓	✓	✓	-	6
Total for each participant	4	6	3	6	7	7	4	3	

Appendix V

Questions to Encourage a Reflexive Approach to Research (Langdridge, 2007, p. 59)

Questions to encourage a reflexive approach to research

1. Why am I carrying out this study?
2. What do I hope to achieve with this research?
3. What is my relationship to the topic being investigated?
    - Am I an insider or outsider?
    - Do I empathize with the participants and their experience?
4. Who am I, and how might I influence the research I am conducting in terms of age, sex, class, ethnicity, sexuality, disability and any other relevant cultural, political or social factors?
5. How do I feel about the work?

   – Are there external pressures influencing the work?
6. How will my subject position influencing the analysis?
7. How might the outside world influencing the presentation of findings?
8. How might the findings impact on the participants?

   – Might they lead to harm and, if so, how can I justify this happening?
9. How might the findings impact on the discipline and my career in it?
    - Might they lead to personal problems, and how prepared am I to deal with these should they arise?
10. How might the findings impact on wider understandings of the topic?
    - How might your colleagues respond to the research?
    - What would the newspapers make of the research?
    - Does the research have any implications for future funding (of similar research and/or related organizations)?
    - What political implications might arise as a result of the research?