

EXPLORING THE K-12 SCHOOL EXPERIENCES THAT
CONTRIBUTE TO RESILIENCE IN ADULTHOOD AS DESCRIBED BY
RESILIENT ADULTS WITH ADVERSE CHILDHOOD EXPERIENCES:
A PHENOMENOLOGY

by

Susannah Wyndi Bradley

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

The purpose of this transcendental phenomenological study is to describe the K-12 school experiences that contributed to resilience in adulthood for individuals with adverse childhood experiences (ACEs). The theory guiding this study is Abraham Maslow's hierarchy of needs as it explains how students' achievement and engagement in learning, as well as their barriers to the same are related to students' unmet basic needs, the pursuit of safety, and feelings of fear and mistrust. The research questions will explore how resilient adults with ACEs describe the K-12 classroom experiences that contributed to their resilience in adulthood, the classrooms where they were most and least successful, and the academic practices that were the most impactful for their success. A purposeful sampling method was used to select 13 participants who were resilient as Oklahomans (where ACEs are high), have a degree or serve as a manager, and are wounded healers (ACE score of at least four with significant altruism). Data was collected from writing prompt responses, and interview and focus group transcripts. Moustakas' transcendental phenomenological research design was utilized to analyze the data, leading to the identification of factors in K-12 school experiences that contributed to resilience in adulthood for individuals with ACEs. The rich description of the shared experiences that emerged as the essence of the phenomenon include a sense of safety, structure as security, connection and community, affirmation, hope and a reason to continue, and distraction and escape. School building blocks of resilience were identified including safety as the foundation of all other building blocks, structure, connection, engagement, and hope. Because resilient adults are a novel source of data, an adult resilience scale developed that can be used for future research.

Keywords: adverse childhood experiences, trauma-informed practice, school success, Maslow's hierarchy of needs, resilience, childhood trauma, protective factors.

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Dedication

This research is dedicated to my husband, the most courageous and beautiful person I have ever known.

Acknowledgments

Thank you, Bryan for believing in me since that day in 1984 that I told you what I was going to do. You make it possible for me to pursue purpose with eternal value. My greatest joy is breathing the same air as you. You are my hero, my inspiration, and my love!

Thank you, Dad for showing me that my experiences, passion, and strengths are relative to my purpose. Thank you for encouraging me to cooperate with GOD's design. Your consistent support as I pursued my PhD encouraged me and kept me moving forward. I love you!

Thank you, Jane, Anna, and Gary. Your friendship, prayers, encouragement, and love have been and are priceless! I love you!

Thank you, Linda, Jennifer, Stephanie, Paula, Diana, Angie, and David for all the ways that you kept things going! The last few years would have been impossible without you. _|||
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Thank you to all the participants in my study who I have collectively named, The Hope Brain Trust. I have been humbled and honored to do this research and I am deeply grateful for your willingness to look back to find the power that can be gleaned from your experience. I am in awe of you. It is my hope that through this dissertation, and the work that follows, schools will become more powerful in generating and cultivating resilience, teachers will become agents of hope, and our world will become a safer home for all children. May your resilience bring hope and healing to countless others who see you as the evidence that their tomorrow can be better than today! You have a voice. I hear you. You are extraordinary! You are beautiful!

Most of all, I thank GOD for His faithfulness and for the hope I have in Jesus.
The best is yet to come!

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List of Abbreviations

Adverse Childhood Experiences (ACEs)

Attachment, Regulation, and Competency (ARC)

Association of Christian Schools International (ACSI)

Benevolent Childhood Experiences (BCE)

Center for Disease Control and Prevention (CDC)

Healthy Environments and Response to Trauma in Schools (HEARTS)

Institutional Review Board (IRB)

Positive Childhood Experiences (PCEs)

Post-Traumatic Stress Disorder (PTSD)

Social-Emotional Learning (SEL)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Trauma-Informed Care (TIC)

Trauma-Informed Elementary School (TIES)

Trust-Based Relational Intervention (TBRI)

CHAPTER ONE: INTRODUCTION

Overview

This transcendental phenomenological study describes the K-12 school experiences that contributed to resilience in adulthood for individuals with adverse childhood experiences (ACEs). This chapter begins with an examination and description of the background of the research problem through historical, social, and theoretical contexts. Within theoretical contexts, theories relevant to resilience in individuals with ACEs are discussed, including attachment theory, ecological systems theory, the theory of cognitive development, resilience theory, and a theory of human motivation. The known negative implications of ACEs are described. In addition to a description of the financial costs of ACEs and the negative physical and mental health outcomes of ACEs, the negative impact for students is described. The question remains as to what educational practices and school experiences lead to student resilience, the capacity to mitigate the negative outcomes of ACEs. Next, the purpose of the study is laid out, followed by an explanation of the empirical significance, the theoretical significance, and the practical significance of the study. The research questions, definitions of key terms, and a summary complete this chapter.

Background

A landmark study published in 1998, known as the ACE Study, continues to influence and initiate research across multiple disciplines regarding the outcomes of trauma. The historical understanding and the framework used to examine the problem of adverse childhood experiences began with the original ACE study. The literature reveals that the social contexts of the problems of ACEs include poor academic performance, physical and mental health problems, criminality, and an exponentially growing excessive economic burden on humanity (Centers for Disease

Control and Prevention [CDC], 2022). Finally, the theoretical context of the research problem is examined through the lens of Maslow's hierarchy of needs (1943).

Historical Context

An understanding of the ACE Study and the findings is necessary to understand the problem addressed by this research. In addition, the ACE scale developed in the original ACE Study and used in thousands of subsequent studies will be utilized in this study. The landmark ACE study completed by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) pursued evidence that adult obesity was more likely for individuals who suffered trauma in the form of adverse childhood experiences (CDC, 2022; Felitti et al., 1998). The study coined the acronym ACE and created the ACE scale that allocates one point for each category of trauma in the form of adverse childhood experiences endured by an individual before the age of 18 (CDC, 2022; Felitti et al., 1998). The longitudinal study followed more than 17,000 participants and discovered a graded profound dose-response between the number of trauma ACE categories an individual experienced and the risky behaviors and negative health outcomes as an adult (Felitti et al., 1998).

The ACE categories are household substance abuse, household mental illness, incarcerated family member, caregiver treated violently, parental divorce, physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect (CDC, 2022; Felitti et al., 1998). The ACE study and subsequent studies provide evidence that as an individual's ACE score increases, so does the likelihood of cancer, heart disease, HIV, diabetes, depression, anxiety, criminality, and early death (CDC, 2022; Felitti et al., 1998). The ACE scale continues to be utilized in research and by government agencies, public policy, and health and well-being settings. To gain an understanding of issues regarding childhood trauma; one should develop a

capacity to dialogue about the framework and findings of the original ACE study. Current ACE rankings done by the United Health Foundation reveal that 20.5% of American children have an ACE score of at least two (America's Health Rankings, 2019). Current research reveals that a child of an adult who has had adverse childhood experiences is likely to grow up in a home where adversities continue and are compounding (CDC, 2022). Therefore, the opportunity cost of continued negligence in responding to ACEs will be compounded ACEs for future generations. Addressing adversity in childhood during primary and secondary education, before students end up in our justice system, on unemployment, or in social service programs would benefit our society now and in the future.

Social Context

The original ACE study provided the framework for thousands of subsequent research studies regarding the implications of an ACE score. These subsequent studies utilize the original ACE questionnaire, or a shortened ACE quiz developed to provide the participants' ACE scores. One such study published in 2018 included a large, diverse sample from 23 states. The study showed that almost 25% of respondents had an ACE score of at least three (Merrick et al., 2018). A more recent cross-sectional study, considered the most expansive epidemiological study of ACEs and adult health outcomes ever conducted, supported and further extended the known negative ACE outcomes finding that childhood adversity impacts adult diseases, hospitalization, quality of life, and life span (Martin-Higarza et al., 2020).

Studies have found that ACEs result in poor academic performance, learning disabilities, and delayed brain development (Grasmick, 2017; Purvis et al., 2015; Reid et al., 2018). Learning challenges emerge when students who experience persistent traumatic home environments interpret the classroom environment within the context of an ongoing state of fight, flight, or

freeze (Bailey, 2015; Barsky, 2017; Purvis et al., 2015). In addition, the prefrontal lobe where learning happens is not available for students who remain in homes where ACEs are ongoing (Bailey, 2015; Barsky, 2017; Purvis et al., 2015). Furthermore, ACEs diminish a student's capacity to self-regulate and hinder executive function leading to inappropriate behaviors in the classroom (Grasmick, 2017; Parris et al., 2015; Reid et al., 2018). Trauma activates the neurological structures of the brain for fight, flight, or freeze responses until the person who has suffered trauma feels safe and has attained self-regulation (Zaleski et al., 2016). It is no surprise that individuals with ACEs are less likely to finish high school, and more likely to become disabled, unemployed, and go to prison (National Child Traumatic Stress Network, 2017b).

ACEs contribute to most major chronic health issues, mental health issues, and social health issues and are responsible for most of the costs associated with health care, emergency response, mental health, and criminal justice (CDC, 2022; Peterson et al., 2018). Incarcerated males are four times more likely to have an ACE score of at least four than males who have never been accused of a crime (Reaves et al., 2013). Finally, taking only substantiated incident cases into account, the estimated US population economic burden of child maltreatment was \$428 billion in 2015 (Peterson et al., 2018). Utilizing the estimated 2.3 million nonfatal and 1670 fatal cases, the estimated economic burden was \$2 trillion (Peterson et al., 2018). The burden on the economy calls for significant measures. The opportunity cost of continued negligence in responding to ACEs with only nominal and minimalized programs will be compounded ACEs and the resulting negative outcomes for future generations.

Theoretical Context

Bowlby's (1951) attachment theory, Bronfenbrenner's (1977) ecological theory, Vygotsky's (1978) cognitive development theory, resilience theory (Garmezy, 1991), and

Maslow's (1943) hierarchy of needs provide a theoretical context for the impact of ACEs on a student's capacity to learn. The novel approach of this study will pursue the description of K-12 experiences that contribute to resilience from the perspective of resilient adults instead of the perspective of teachers and practitioners. Although, the findings will certainly benefit teachers and practitioners. Ultimately, this research will utilize Maslow's theory in that it encompasses the relevant elements of all the mentioned theories.

Attachment Theory

Attachment Theory was first described by Dr. John Bowlby (1951). Dr. Bowlby (1951) found that children are born with a need for attachment with a caregiver. A secure attachment develops when a caregiver dependably provides for all the needs of the child. Children who have had a secure attachment with a caregiver develop a greater sense of security (Bowlby, 1951). Children show extreme behaviors at separation from a caregiver with whom they have a secure attachment as a survival instinct (Bowlby, 1951). Bowlby (1951) believed that this behavior heightened survival instincts for the child's lifespan. When a child's needs are met with predictability, they develop into more secure adults (Bowlby, 1951). When a child's needs are not met, they do not develop strong needed instincts (Bowlby, 1951).

Attachment theory provides a lens to examine which experiences contribute to an individual's aptitude to move beyond the predicted outcomes of trauma. Dr. Karyn Purvis led the development of an intervention for children who have experienced trauma known as Trust-based Relational Intervention (TBRI) built on attachment theory (Purvis et al., 2015). TBRI trains teachers to understand that the unwanted behaviors of students with a history of trauma are survival-based, not willful disobedience, and healing relationships are necessary when addressing these behaviors (Crawley et al., 2020). After utilizing TBRI across a public at-risk

elementary school in Tulsa, Oklahoma, there was an 18% decrease in incident reports and a 23% decrease in office referrals (Purvis et al., 2015). TBRI addressed the educational challenges that emerge when students interpret the school environment within the context of a persistent state of fight, flight, or freeze by promoting a student's feelings of safety and connection (Purvis et al., 2015). Negative classroom behaviors, as well as barriers to learning, are related to students' unmet basic needs, their pursuit of safety, and their feelings of fear and mistrust (Parris et al., 2015; Purvis et al., 2015). This research revealed how participants' relationships and connections that developed within the school environment contributed to their feelings of safety and belonging.

Ecological Systems Theory

Ecological systems theory, also known as the human ecology theory, describes how human development can be examined within the context of different relationships within and between environmental systems including the microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1977). The microsystem is a person's immediate setting including the home, school, work, and the relationships within that setting (family, teachers, classmates, co-workers). The mesosystem is the interrelations between the microsystem settings and relationships (Bronfenbrenner, 1977). The exosystem is an extension of the mesosystem to include other social structures that impact the individual through some influence on the systems (society's institutions, local neighborhood, mass media, government, distribution of goods and services, transportations systems, etc.). Finally, the macrosystem is the overarching culture and how all these systems interact into patterns of the culture to define meaning and motivation that cannot be understood within individual systems (Bronfenbrenner, 1977).

Individuals are motivated and influenced by constructs within and between the systems in which they live (Bronfenbrenner, 1977). Individuals and caregivers prioritize according to the influences of these systems and the relationships within them (Bronfenbrenner, 1977). Participants' life experiences can be examined by dividing and examining their experiences within macrosystems, microsystems, exosystems, and mesosystems. In a nationally representative sample, Nichols et al. (2016) provided evidence that an individual's mesosystem (interrelated settings of home and school) led to poor school outcomes for individuals with incarcerated parents. Development is impacted by the ongoing relationship between the microsystem (home) and the mesosystem (school), showing schools to be a significant setting for inquiry (Nichols et al., 2016). This research focuses on the experiences within the microsystem of the school that mitigated the negative outcomes of the adverse childhood experiences that occurred within the microsystem of the home.

Cognitive Development Theory

Cognitive development theory, as presented by Vygotsky (1978), describes how learning is a product of the learner's experiences, the environment, and whatever support they receive from a more knowledgeable other. Individuals gain understanding as they build on prior knowledge and receive instruction or guidance from another with a more advanced understanding (Vygotsky, 1978). The point at the edge of an individual's competence where they receive instruction or guidance from a more knowledgeable other to gain understanding was named, 'the zone of proximal development' by Vygotsky (1978). Cognitive development is a function of the culture where language, dialogue, and interaction drive learning (Vygotsky, 1978). Meanwhile, the zone of proximal development is the place where every person is dependent on those in their environment for understanding and development to take place

(Vygotsky, 1978). It is reasonable to conclude that for individuals who are in unsupportive or abusive home environments, the need for a more knowledgeable other from outside the home is heightened.

Resilience Theory

Resilience theory must be examined simply because this research is focused on the factors that contribute to resilience. Garmezy, known as the father of resilience theory, first studied resilience in relation to psychopathology and later studied resilience in relation to developmental outcomes (Garmezy et al., 1984; Garmezy, 1991). Resilience theory shows how positive personal attributes and biological predispositions provide protective factors for individuals who have faced adversity leading to a measure of immunity against the predicted outcomes of maltreatment or childhood stress (Garmezy et al., 1984). Resilience theory focuses on an individual's intrinsic strengths and describes that these traits serve as the agents of resilience defining why some individuals do not reap the negative expected outcomes of trauma (Schauss et al., 2019). Since this research focused on experiences that contribute to resilience in adulthood, identifying intrinsic as well as extrinsic protective factors that lead to resilience, resilience theory did not serve as the primary theoretical framework.

Maslow's Hierarchy of Needs

Maslow's hierarchy of needs (Maslow, 1943; Schunk, 2020) provided the theoretical context for a student's capacity to learn, especially within the context of adverse childhood experiences. When students' basic needs of air, food, water, and shelter are met; they can move on to safety needs, then love and belonging, and only then does an individual move on to learning and achievement (Maslow, 1943; Schunk, 2020). The brain prioritizes needs and then the entire brain follows the dominating function (Bailey, 2015). This hierarchy provides insight

as to how students must have their basic needs met, feel safe, and feel that they belong before they can learn (Maslow, 1943; Purvis et al., 2015; Schunk, 2020). In addition, Maslow's hierarchy is a well-known framework among multiple disciplines, including psychology, psychiatry, sociology, and education, elevating the understanding, the relativity, and the value of the findings of this research across various fields. Therefore, Maslow's hierarchy of needs served as the theoretical framework for this research.

Problem Statement

The problem is that the impact and costs of childhood trauma in the form of adverse childhood experiences (ACEs) are profound and continuously compounding (CDC, 2022; Peterson et al., 2018; Reid et al., 2018). The weight of the known outcomes of ACEs is carried across the fields of health, psychology, law enforcement, social services, public policy, and education (Grasmick, 2017; National Child Traumatic Stress Network, 2017a). The sheer magnitude of the compounding impact on our culture, the number of people facing the negative outcomes (CDC, 2022), and the economic effects for individuals and society (Peterson et al., 2018) show that ACEs impact all people and should incite a significant intervention across humanity.

In the field of education, research reveals trauma-informed classroom practices and strategies that maximize student self-regulating skills and diminish negative classroom behaviors associated with ACEs (Purvis et al., 2015; Rishel et al., 2019). The question remains as to which educational practices and school experiences mitigate the negative outcomes of trauma and lead to enduring resilience in adulthood. Finally, quantitative studies abound, but qualitative research on school practices that lead to better outcomes is needed to provide depth of insight (Record-Lemon & Buchanan, 2017).

Purpose Statement

The purpose of this transcendental phenomenological study is to describe the K-12 school experiences that contribute to resilience in adulthood for individuals with adverse childhood experiences. Educational success and lasting employment become more and more unlikely as an individual's ACE score increases (CDC, 2022). Therefore, individuals with an ACE score of at least four who also have a college degree or are employed as a manager were the targeted resilient participants. The preferred population includes individuals who have an altruistic vocation or volunteerism. Participants' ACE scores were acquired from the CDC's ACE quiz (CDC, 2022). I analyzed participant responses to a writing prompt, as well as the transcripts of interviews and focus groups with 13 participants to identify themes in their school experiences that contributed to their resilience. The theory guiding this study is Abraham Maslow's hierarchy of needs (Maslow, 1943; Schunk, 2020) as it explains how students' engagement in learning and achievement is relative to overcoming their barriers to learning that are related to unmet basic needs, their pursuit of safety, and their feelings of fear and mistrust (Purvis et al., 2015; Parris et al., 2015).

Significance of the Study

Educators are poised to be the first responders and to foster resilience in students. No intervention conduit has a more generous allocation of time in which to implement an intervention to change the expected outcomes of ACEs. In addition, no other intervention conduit is saturated with altruistic caring adults motivated to serve as the first responders to ACEs. Educational challenges emerge when students who experience ongoing traumatic environments at home interpret the classroom environment within the context of a persistent state of fight, flight, or freeze (Purvis et al., 2015). Unwanted behavior and barriers to learning in

the classroom are related to students' unmet basic needs, the pursuit of safety, and feelings of fear and mistrust (Parris et al., 2015; Purvis et al., 2015) reflecting the theoretical significance of Maslow's hierarchy of needs. The original ACE study (Felitti, 1998) led to many additional studies that have identified the staggering impact of ACEs. The available information on trauma-informed practice and protective factors has come from the perspective of teachers and practitioners. This study identifies resilience-building factors from the perspective of resilient adults. The findings can inform the practice of all educators while also supporting the theoretical framework of Maslow's hierarchy of needs.

Empirical Significance of the Study

This study contributes to the empirical knowledge base for educator practice as well as resilience. The existing literature regarding educational practices that contribute to resilience in adulthood is from the perspective of practitioners. Most ACEs are not exposed until adulthood, so the perspective of students with ACEs, while they are students, is difficult to access. Yet, insights into how students perceive their situations as well as how they perceive the experiences that contribute to their resilience are relevant at a foundational level. This study reveals the information that is elusive during past research due to the furtive nature of ongoing ACEs during childhood by adding the perspectives of resilient adults to the existing literature. The importance of the perspectives of resilient adults within the context of school experiences that contributed to their resilience widens the scope of future research. This fresh viewpoint that makes way for the inclusion of the perspectives of the primary stakeholders in other research strengthens the results and benefits of any research project. The cycle of adverse childhood experiences continues, so a fresh perspective will shed light on the efforts taken on behalf of current students. The findings

of this study further inform educational researchers who study the impact of different educational practices for students with ACEs as well as those who study factors that contribute to resilience.

Theoretical Significance of the Study

Unwanted behavior and barriers to learning in the classroom are related to students' unmet basic needs, the pursuit of safety, and feelings of fear and mistrust that are reflected in their ACE scores (Parris et al., 2015; Purvis et al., 2015) as well as being reflected in the theoretical significance of Maslow's hierarchy of needs. The original ACE study (Felitti, 1998), the Merrick (2018) study, the Peterson study (2018), the Martin-Higarza study (2020), and the ACE rankings done by the United Health Foundation (America's Health Rankings, 2019) are among the many studies that have identified the staggering impact of ACEs. The available information on trauma-informed practice and protective factors has come from the perspective of teachers and practitioners. This study identifies resilience-building factors from the perspective of resilient adults. The findings inform the practice of all educators and are applicable through the lens of the well-known theoretical framework of Maslow's hierarchy of needs.

Practical Significance of the Study

Educators have the most advantageous position to foster resilience in that students spend over 15,000 hours in school between kindergarten and graduation (Rutter, 1982). Students spend more waking hours at school than at home during these years. No other conduit has a more generous allocation of time in which to implement an intervention to change the expected outcomes of ACEs. Schools have daily prolonged access to children over the years that ACEs are occurring at home. Educational challenges emerge when students who experience ongoing traumatic environments at home interpret the classroom environment within the context of a persistent state of fight, flight, or freeze (Purvis et al., 2015). Trauma activates and maintains the

neurological structures of the brain for ongoing fight, flight, or freeze responses until the person who has suffered trauma feels safe and has attained self-regulation (Zaleski et al., 2016).

Identifying the experiences that contributed to enduring resilience in adulthood for the participants in this study can inform current practice in classrooms. Data from America's Health Rankings (2019) shows that 20.5% of children in the United States general population have an ACE score of at least two. Oklahoma, the state where this study took place, was considered the least healthy state in terms of ACEs, leading the nation with 24.5% of its residents having ACE scores of at least three in 2019 (America's Health Rankings, 2019). Identifying classroom practices and school experiences that generated resilience for the participants in this study can inform classroom practice in classrooms in Oklahoma as well as every classroom across the country. The opportunity costs that can be quantified through the known predicted outcomes of ACEs if trauma-informed practices are not implemented are profound.

Research Questions

The research questions have developed from an examination of the problem and the purpose statement. As a phenomenological research design, the central research question and sub-questions involve social significance and are rooted in the autobiographical meanings derived from the shared experience (phenomenon) of the participants (Moustakas, 1994). This study will have one central research question and three sub-questions. The participants' experiences were examined to identify how they are connected to the theoretical framework of Maslow's hierarchy of needs, specifically including an examination of physiological and safety needs being met; belongingness, connection, and love needs being met; and finally, self-esteem and self-actualization being attained (Maslow, 1943).

Central Research Question

How do resilient adults with adverse childhood experiences describe the K-12 school experiences that contributed to their resilience in adulthood?

Meaningful relationships with a caring adult (Wolmer et al., 2016; Wynard et al., 2020) and family and community support (Hamby et al., 2017) have been identified by teachers and practitioners as protective factors for individuals with childhood trauma. Meaningful and supportive relationships are associated with belongingness on Maslow's hierarchy (Maslow, 1943). These experiences that precede self-actualization on Maslow's hierarchy (Maslow, 1943) contribute to resilience (Hamby et al., 2017; Wolmer et al., 2016; Wynard et al., 2020).

Sub Question One

How do resilient adults who suffered adverse childhood experiences describe the school environments (K-12) where they were most successful?

This question provided a category for the factors within the classroom and the school that emerged. Research has identified the core tenets for a trauma-informed approach as realizing the widespread impact of trauma, recognizing the signs and symptoms of trauma, responding by integrating knowledge of trauma, and resisting practices that retraumatize individuals (Substance Abuse and Mental Health Services Administration, 2014; National Child Traumatic Stress Network, 2017a). These core tenets are not known as such by students, so it was not expected that resilient adults would describe these core tenets in these terms. Yet, these core tenets, also known as the four Rs ((Substance Abuse and Mental Health Services Administration, 2014; National Child Traumatic Stress Network, 2017a), provide perspective. Classroom success and extra-curricular achievement align with the top levels of Maslow's hierarchy of needs where learning and self-actualization are realized (Maslow, 1943).

Sub Question Two

How do resilient adults who suffered adverse childhood experiences describe the academic mechanisms and practices (K-12) that were the most impactful for their success?

Research has identified brain development interventions, executive functioning skill development, and social-emotional learning activities as trauma-informed practices that overcome barriers to learning for individuals with ACEs (Grasmick, 2017; Parris et al., 2015; Purvis et al., 2015; Record-Lemon & Buchanan, 2017; Rishel et al., 2019). In addition, social-emotional competence is associated with improved school performance and resilience in students (Voith et al., 2020; Yule et al., 2019). In contrast, a lack of social-emotional competence is associated with poor academic achievement (Voith et al., 2020). Social-emotional competence and classroom success align with the top levels of Maslow's hierarchy of needs where learning and self-actualization are achieved (Maslow, 1943). Until this study, resilient adults had not confirmed that these factors contribute to the success of individuals with childhood trauma.

Sub Question Three

How do resilient adults who suffered adverse childhood experiences describe the school environments (K-12) where they were least successful?

This question provided a category for the negative experiences and the identified negative factors within the school setting that emerged. The four Rs identified as the core tenets for a trauma-informed approach (Substance Abuse and Mental Health Services Administration, 2014; National Child Traumatic Stress Network, 2017a) are introduced with sub question one. Again, these core tenets are not known as such by students, so it was not expected that resilient adults would describe a lack of these core tenets in these terms. Yet, again, these core tenets provide perspective. The lowest levels of Maslow's hierarchy of needs are associated with a lack of basic

needs and a lack of safety (Maslow, 1943). Since these needs are not consistently being met at home due to the presence of ongoing adverse childhood experiences, students are unlikely to progress up the hierarchy of needs to achieve self-actualization and resilience without the presence of either the four Rs or some other experiences that serve as protective factors.

Definitions

1. *ACEs* – ACEs are Adverse Childhood Experiences experienced before the age of 18 in ten categories of trauma including physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, household substance abuse, household mental illness, incarcerated family member, caregiver treated violently, and parental divorce or separation (CDC, 2022; Felitti et al., 1998).
2. *ACE study* – The ACE study is a landmark longitudinal study completed in 1998. The study coined the acronym ACE for Adverse Childhood Experiences and identified over 40 negative outcomes of ACEs (CDC, 2022; Felitti et al., 1998). The study created the ACE scale that allocates one point for each category of trauma in the form of adverse childhood experiences endured by an individual before the age of 18 (CDC, 2022; Felitti et al., 1998). The ACE categories are household substance abuse, household mental illness, incarcerated family member, caregiver treated violently, parental separation or divorce, physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect (CDC, 2022; Felitti et al., 1998).
3. *Association of Christian Schools International* – The Association of Christian Schools International (ACSI) is an organization that accredits and provides support for Christian Schools in over 100 countries including the United States.

4. *Benevolent Childhood Experiences Scale* – As a counterpart to the ACE scale, the Benevolent Childhood Experiences (BCE) scale (see Appendix A) provides one point for up to ten resilience promoting factors present or available during a person’s childhood (Merrick et al., 2019; Narayan et al., 2018). Just as ACEs are associated with over 40 negative outcomes in adulthood (CDC, 2022; Felitti et al., 1998), BCEs have been linked to long-term resilience (Merrick et al., 2019; Narayan et al., 2018).
5. *Conscious Discipline Brain State Model* – The Conscious Discipline Brain State Model demonstrates the hierarchical function of the brain as the brain prioritizes dominating functions in a predetermined order beginning with the survival brain state that prioritizes safety, then the emotional brain state that requires connection, and finally to the executive brain state where creativity, problem-solving, social-emotional competence, and learning are possible (Bailey, 2015; Ruffo, 2020).
6. *Cortisol* – Cortisol is a hormone associated with states of stress (Bailey, 2015). When a person is in a state of stress, there is a push of cortisol across the brain that prioritizes the need for safety, so the individual moves into a state of fight, flight, or freeze (Bailey, 2015). Developing brains need cortisol while under stress so that the brain will prioritize recovery, healing, and safety (Pados, 2019).
7. *Four Rs* – The four Rs are the core tenets for a trauma-informed approach as defined by the Substance Abuse and Mental Health Services Administration (2014) including realizing the widespread impact of trauma, recognizing and signs and symptoms of trauma, responding by integrating knowledge of trauma, and resisting practices that retraumatize individuals.

8. *Hyperarousal* – Hyperarousal is a state of toxic stress when continued pushes of cortisol across the brain cause a child to respond to the environment from an ongoing state of fight, flight, or freeze (Bailey, 2015). Even when the child is safe at school, the brain is conditioned to continuously push cortisol requiring the child to interpret the environment from a defensive perspective (Bailey, 2015).
9. *Maslow's hierarchy of needs* – Maslow's hierarchy of needs is a motivational theory that defines how a person pursues the fulfillment of needs in a predetermined order beginning with physiological needs (air, food, water), then safety and security needs, then belongingness and love needs, then self-esteem, and finally self-actualization (Maslow, 1943; Schunk, 2020). The brain prioritizes needs and then the entire brain follows the dominating function (Bailey, 2015).
10. *Oxytocin* – Oxytocin, is a hormone associated with reduced stress states. Oxytocin is also known as the cuddle, trust, or love hormone (Parmar & Malik, 2017), supports infants in bonding with caregivers and improves feeding and gastrointestinal tract functioning to support digestion, restoration, and development (Pados, 2019). Oxytocin protects infants from the negative effects of stress (Weber et al., 2018). Developing brains need oxytocin to overcome periods of stress and to build attachments and social relationships (Pados, 2019; Parmar & Malik, 2017; Weber et al., 2018).
11. *Protective factors* – Protective factors, also known as counter-ACEs, are factors such as meaningful relationships with a caring adult (Wolmer et al., 2016; Wynard et al., 2020), family and community support, and individual characteristics (i.e., endurance, grit, and determination) that mitigate the expected negative outcomes of ACEs (Hamby et al., 2017).

12. *Resilience* – Resilience is the capacity of an individual to overcome the expected negative outcomes of adverse childhood experiences (Beri & Kumar, 2018; Hamby et al., 2017).
13. *Social-emotional learning* – Research has identified social-emotional learning as trauma-informed practices and activities that foster social-emotional competence including the ability to interact positively with others, as well as the ability to regulate emotions and communicate appropriately (Grasmick, 2017; Parris et al., 2015; Purvis et al., 2015; Record-Lemon & Buchanan, 2017; Rishel et al., 2019).
14. *Toxic stress* – Toxic stress is the state of ongoing trauma that occurs while under the care of a caregiver but without the needed support of a caregiver (Bailey, 2015).
15. *Trauma-informed practice* – Trauma-informed practices are strategies that improve practitioners’ understanding of the impact of trauma as well as their response to trauma (Substance Abuse and Mental Health Services Administration, 2014), as well as those practices that diminish the negative behaviors associated with ACEs while maximizing self-regulating skill and feelings of safety and connection (Purvis et al., 2015; Rishel et al., 2019; Wynard et al., 2020).

Summary

The landmark findings of the original ACE study as well as numerous subsequent studies have shown the negative impact of childhood trauma in the form of adverse childhood experiences. There has not been a reduction in the exposure to ACEs from the time of the original ACE study (Felitti et al., 1998) to the current ACE rankings done by the United Health Foundation (America’s Health Rankings, 2019). The impact and costs of childhood trauma in the form of adverse childhood experiences are staggering and compounding (CDC, 2022; Peterson et al., 2018; Reid et al., 2018). Trauma-informed classroom strategies diminish negative student

behaviors associated with ACEs (Purvis et al., 2015; Rishel et al., 2019), but the educational practices and school experiences that mitigate the predicted negative outcomes of ACEs in adulthood leading to enduring resilience have not been identified.

The purpose of this transcendental phenomenological study is to describe the K-12 school experiences that contribute to resilience in adulthood for individuals with adverse childhood experiences. Individuals with an ACE score of at least four who have a college degree or who are employed in a management position were the targeted resilient participants. Within the hours a student is in school from kindergarten to graduation, educators can be the agents of resilience. There is no other conduit for change that could mitigate the known negative expected outcomes of ACEs that is provided the generosity of 15,000 hours in which to do its work. Maslow's hierarchy of needs provided the theoretical context for the study since basic, safety, and belongingness needs must be met before students move on to learning (self-actualization). To mobilize teachers as the first responders to ACEs, the school experiences that resilient adults identify as those that contributed to their resilience were identified.

CHAPTER TWO: LITERATURE REVIEW

Overview

A systematic review of the literature was conducted on resilience, trauma-informed practices, and the impact of childhood trauma as indicated by an ACE (Adverse Childhood Experience) score on the Centers for Disease Control's (CDC) ACE scale. This chapter communicates what is examined in the current literature. In the first section, the theoretical framework that informs the research is discussed. The next sections synthesize the related literature regarding adverse childhood experiences including the negative outcomes, economic burden, legislative responses, education responses, and the effects on school performance and learning. Literature on the impact of adverse childhood experiences on brain development and the role of educators is examined within the context of trauma-informed practices, trauma-informed frameworks, and social-emotional learning. Next, the literature surrounding protective factors, also known as counter-ACEs, is examined. The protective factors that contribute to resilience are investigated, including positive childhood experiences, connectedness, intrapersonal attributes including hope, and faith-based programs and beliefs. A gap in the literature is identified, presenting the profound need for this study. Finally, a chapter summary is provided.

Theoretical Framework

In qualitative research, a theoretical framework is used to inform the research regarding the connection and relationship between constructs (general attributes or characteristics) or variables (applied attributes or characteristics) as well as how these constructs and variables impact one another (Galvan & Galvan, 2017). Theory provides a framework to guide the study. This literature review examines childhood trauma, resilience, and school practices to identify and

examine various constructs and variables that impact the resilience of individuals who have experienced childhood trauma. Though it might be expected that resilience theory would provide the theoretical framework, resilience theory is not adequate to meet the goals of this study. Resilience theory shows how biological predispositions and positive personal attributes lead to a measure of immunity against the predicted outcomes of childhood maltreatment or stress (Garmezy et al., 1984). Resilience theory fixates on how an individual's intrinsic strengths and traits serve as the agents of resilience defining why some individuals do not reap the negative expected outcomes of trauma (Schauss et al., 2019). Since the focus of this research is on experiences that contribute to resilience in adulthood and was likely to identify intrinsic as well as extrinsic protective factors that generate resilience, resilience theory did not serve as the primary theoretical framework. Maslow's (1943) hierarchy of needs as a theory of human motivation advances and informs the literature on this topic. As the primary theoretical framework that effectively guides this research, Maslow's (1943) hierarchy of needs allows the findings to be generalized and situated in the greater context.

Maslow's (1943) theory of human motivation, also known as Maslow's hierarchy of needs, is a framework to describe how human needs are prioritized in a specific order. Physiological needs of air, food, and water are the most prepotent of human needs, so human beings will first and foremost pursue these things and the conditions where these things will be satisfied (Maslow, 1943). Once physiological needs are satisfied, safety needs and the conditions that satisfy the need for safety emerge and are prioritized (Maslow, 1943). Love and belongingness needs follow physiological and safety (Maslow, 1943; Schunk, 2020). These needs must be met before a person recognizes or pursues esteem or self-actualization (Maslow,

1943; Schunk, 2020). The brain prioritizes needs and then only responds to the dominating need (Bailey, 2015).

Ungratified needs are motivators in a predetermined order and human consciousness and pursuits are monopolized by the unsatisfied need that is the highest in the hierarchy of needs (Maslow, 1943). Even as needs are met, a state of unrest with a higher need emerges and human beings continue to pursue a state of rest (Maslow, 1943). The unrest state of human consciousness influences how all humans see their environment and how they act within that environment (Maslow, 1943). Maslow's (1943) hierarchy of needs provides a conceptual framework for how to examine factors that influence individuals to pursue and achieve goals, including learning, attainment of advanced academic pursuits, and attainment of professional careers. Basic, safety, and belongingness needs must be met for an individual to be motivated to academic pursuits (Schunk, 2020).

Adverse childhood experiences have a negative correlation to the hierarchy of needs in that the higher a student's ACE score, the lower the student will fall on the hierarchy. This study examined the experiences of individuals who, although they have an ACE score of at least four, have accomplished self-actualization on the hierarchy of needs as evidenced by a bachelor's degree or a management position, and an altruistic career or volunteerism. Educational success as evidenced by a bachelor's degree or professional expertise as evidenced by a management position reflect self-actualization at the top of the hierarchy of needs (Maslow, 1943). Although the research shows that the higher a person's ACE score, the less likely it is that they will obtain a college degree or ongoing employment (National Child Traumatic Stress Network, 2017b), their experiences were examined to identify the common themes that contributed to their self-actualization that can also be identified as resilience.

Altruism reflects compassion and empathy which are attributes that come with self-actualization at the top of the hierarchy of needs (Maslow, 1943). In addition, a sense of higher purpose and generativity, the sense of contributing to future generations are associated with a greater sense of well-being (Hamby et al., 2017) and reflect accomplishment at the top of the hierarchy. Adults who have experienced childhood trauma have increased sensitivity around survivor needs and as they engage in altruistic endeavors they contribute to their healing (McCormack & Katalinic, 2016). As overcomers, successful altruistic individuals promote hope and serve as role models for future success for the individuals in need of altruistic activities (McCormack & Katalinic, 2016).

Individuals who have endured suffering or illness and then help others who suffer or are ill through altruistic careers or volunteerism have been identified as “wounded healers” in literature and research (Henderson, 2019; Jung, 1951; Steen et al., 2021). Jung (1951) is recognized for first using the phrase “wounded healer” in his book *Fundamental Questions of Psychotherapy* explaining that only a wounded physician could effectively provide healing and the wounds of the soul provided the most complete preparation for a healer. The concept of the wounded healer is far more ancient than Jung’s insights. In Greek mythology, the god Chiron suffered without relief, but became a healer of others who suffered (Henderson, 2019). In Christianity, Jesus is the wounded Healer choosing to take human suffering upon Himself (Henderson, 2019; New American Standard Version Bible, 1971/1995, Isaiah 53:4; Matthew 8:17). In addition, the Bible says that the “GOD of all comfort, who comforts us in all our affliction so that we will be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by GOD” (New American Standard Bible, 1971/1995, 2 Corinthians 1:3-4).

Related Literature

This section provides a synthesis of existing knowledge on adverse childhood experiences, protective factors, trauma-informed practices, and resilience. The existing knowledge is examined and linked to this study. In addition, the related literature is presented to define the significance of the study. Finally, this section communicates what has been examined related to the topic, what has not been examined, how the understanding of the topic is still developing, and how this study can fill the gap and further understanding in the field.

Adverse Childhood Experiences

An explanation of a landmark study completed by Kaiser Permanente and the Centers for Disease Control and Prevention in 1998 regarding the predicted negative outcomes of childhood trauma is necessary since this study provides a lens that continues to inform research (CDC, 2022; Felitti et al., 1998). This longitudinal study that included more than 17,000 participants, coined the acronym ACEs for adverse childhood experiences and created the ACE scale that allocates one point for each category out of ten categories of trauma in the form of adverse childhood experiences endured by an individual (CDC, 2022; Felitti et al., 1998). The trauma ACE categories are mental illness in the household, household substance abuse, mother treated violently, parental separation or divorce, criminal household member, sexual abuse, physical abuse, emotional abuse, emotional neglect, and physical neglect (CDC, 2022; Felitti et al., 1998).

After following over 17,000 who were primarily employed, college-educated Caucasians; this landmark study found a graded dose-response between the number of trauma ACE categories a person experiences and over 40 negative health and behavior outcomes (CDC, 2022; Felitti et al., 1998). The original ACE study has provided the contextual framework that is now used in psychology, public policy, government agencies, education, medicine, social services,

law enforcement, and research regarding the significant implications of ACEs (CDC, 2022). Research continues to add validity to the original ACE study as well as magnify the profound impact of ACEs on every aspect of society. One study published in 2018 that included a large diverse sample from 23 states found that close to 25% of respondents had an ACE score of three or more (Merrick et al., 2018). Black, Hispanic, bi-racial, gay, and low-income participants had significantly higher ACE scores than other groups (Merrick et al., 2018).

Negative Outcomes of ACEs

The ACE study provided evidence that as individual ACE scores increase, so does the likelihood of cancer, heart disease, HIV, diabetes, depression, anxiety, criminality, and early death (CDC, 2022; Felitti et al., 1998). In addition, ACEs cause poor academic performance, learning disabilities, and delayed brain development (Grasmick, 2017; Parris et al., 2015; Purvis et al., 2015; Reid et al., 2018). Individuals with ACEs are more likely not to graduate from high school, to have health problems, to become disabled and unemployed, and to go to prison (National Child Traumatic Stress Network, 2017b). The original ACE study found adults with ACE scores have children with ACE scores (Felitti et al., 1998). Unfortunately, exposure to ACEs has not reduced since the time of the original ACE study (Felitti et al., 1998) according to the current ACE rankings done by the United Health Foundation (America's Health Rankings, 2019). Current data shows that 20.5% of children in the United States have an ACE score of at least two (America's Health Rankings, 2019). The impact, issues, and predicted negative outcomes of ACES continue to compound (CDC, 2022).

According to The United Health Foundation's ranking in 2019, the children in Oklahoma and West Virginia endure more childhood trauma than children in any other state in the United States (America's Health Rankings, 2019). In 2019, Oklahoma was considered the least healthy

state in terms of ACEs, leading the nation with 24.5% of its residents having ACE scores of at least three (America's Health Rankings, 2019). Poverty is a predictor of multiple ACEs (Purvis et al., 2015), so higher ACEs in West Virginia and Oklahoma would be expected (America's Health Rankings, 2019). Drug abuse is also a predictor of ACEs (CDC, 2022; Felitti et al., 1998; Rishel et al., 2019). This explains a sad correlation between West Virginia reeling from the impact of the opioid epidemic and their children experiencing more trauma (Rishel et al., 2019).

Economic Burden of ACEs

The staggering weight of the outcomes of ACEs can be seen across the fields of psychology, health, public policy, law enforcement, social services, and education (Grasmick, 2017; National Child Traumatic Stress Network, 2017a; National Child Traumatic Stress Network, 2017b). The costs to families and society are in the hundreds of billions annually, according to the CDC (2022). The estimated cost of child maltreatment has been quantified to reflect the cost over a lifetime per victim of ACE categories of neglect and abuse (Peterson et al., 2018). The estimated fatal per-victim lifetime cost increased from \$2.3 million in 2010 to \$16.6 million in 2015 (Peterson et al., 2018). The estimated non-fatal per-victim lifetime cost increased from \$210,000 in 2010 to \$830,928 in 2015 (Peterson et al., 2018). In 2015, the estimated child maltreatment economic burden was \$428 billion if only substantiated cases are included (Peterson et al., 2018). If the estimated 2.3 million nonfatal and 1,670 fatal cases are included, the estimated economic burden was \$2 trillion (Peterson et al., 2018). The financial burden of ACEs on the United States continues to compound (Peterson et al., 2018).

Legislation

Some legislators are recognizing the need to respond to the ACEs crisis, yet they often do not respond with expertise. Purtle and Lewis (2017) examined and mapped the trauma-informed

public policy legislation between 1973 and 2015. They found that out of the 49 bills and 71 bill sections that mentioned trauma-informed practice, only three bills defined “trauma-informed” (Purtle & Lewis, 2017). Almost 30% of the trauma-informed sections did not provide provisions leading to an impact on individuals who have suffered trauma (Purtle & Lewis, 2017). OK25 by 25 (2022), a coalition that leverages the support of over 60 allied organizations has formed a legislative caucus with a shared commitment to help Oklahoma escape the rank of the state with the highest ACE scores by 2025. They are doing this by addressing and working to eliminate the conditions that impair Oklahoma children from becoming a successful workforce (OK25 by 25, 2022). This legislative caucus brings expertise to the legislative process through the sponsorship of bills that protect the well-being of children in Oklahoma and their families (OK25 by 25, 2022).

The Oklahoma caucus prioritizes legislation that provides home-based family support programs, provide financial support for working families seeking but unable to find affordable high-quality childcare services, focus greater efforts on early learning, and ensure affordable access to mental and physical health care for all children (OK25 by 25, 2022). A similar coalition, the Adverse Childhood Experiences Coalition of West Virginia has resulted in a task force that makes recommendations to lawmakers in West Virginia, where the opioid epidemic has contributed to the second-highest ACE scores in the country (Adverse Childhood Experiences Coalition of West Virginia, 2018). Their efforts focus on adult accountability and the empowerment of children, and the resulting policies rely largely on the Department of Education and the Department of Health and Human Resources (Adverse Childhood Experiences Coalition of West Virginia, 2018).

The nation of Israel and its people have current and ongoing high exposure to trauma related to significant exposure to war, terrorism, threats at every border, and universal service in the military (Corzine et al., 2017). Israeli experts on resilience and the research emerging from the nation of Israel is noteworthy due to the country's need to confront trauma and to pursue resilience (Corzine et al., 2017). House Bill 6395, The William Mac Thornberry National Defense Authorization Act passed the House and Senate in July of 2020. The Bill authorized a grant program for increased cooperation on post-traumatic stress disorder research between the United States and Israel. The grant program allows the facilitation of research to aid the diagnosis and treatment of post-traumatic stress disorder (William Mac Thornberry, 2020).

Education Responses to Trauma

Traditional classrooms do not accommodate or address ACEs except where learning disabilities are recognized or negative behaviors are present (Cummings et al., 2017). The Kennedy Forum, a counsel of experts in education, neuroscience, healthcare, research, and technology, researched how ACEs impact learning (Grasmick, 2017). They found that regardless of the curriculum or the teacher, a child's readiness to learn must be addressed effectively for students with ACEs to be successful learners (Grasmick, 2017). A student's capacity to plan, solve problems, reflect, and measure the impact of their actions on others is diminished when in a state of toxic stress (Bailey, 2015; Grasmick, 2017). Toxic stress is identified as ongoing trauma that occurs while under the care of a caregiver but without the needed support of the caregiver (Bailey, 2015). Educators have an obligation to recognize and respond to the trauma of their students (Wynard et al., 2020).

Effects on School Performance and Learning

The original ACE study found that students with an ACE score are suspended or expelled more often, are 2.5 times more likely to fail a grade, have lower scores on standardized achievement tests, are more likely to have receptive and expressive language difficulties, and are more likely to require special education (Felitti et al., 1998). The higher the student's ACE score, the more likely the student is to have poor school attendance and behavior problems, as well as to fail in meeting grade-level expectations (Blodgett & Lanigan, 2018; Felitti et al., 1998). ACEs cause delays in brain development, learning disabilities, and hindered executive function leading to challenges and inappropriate behaviors in the classroom (Grasmick, 2017; Parris et al., 2015; Reid et al., 2018). Inappropriate disruptive behaviors are related to the students' unmet basic needs, the pursuit of safety, and feelings of fear and mistrust (Parris et al., 2015; Purvis et al., 2015). The disruptive behaviors can include aggression, irritability, recklessness, and anger that are often inconsistent (National Child Traumatic Stress Network, 2017b). Other symptoms of trauma include lower grades and increased absences from school (National Child Traumatic Stress Network, 2017b).

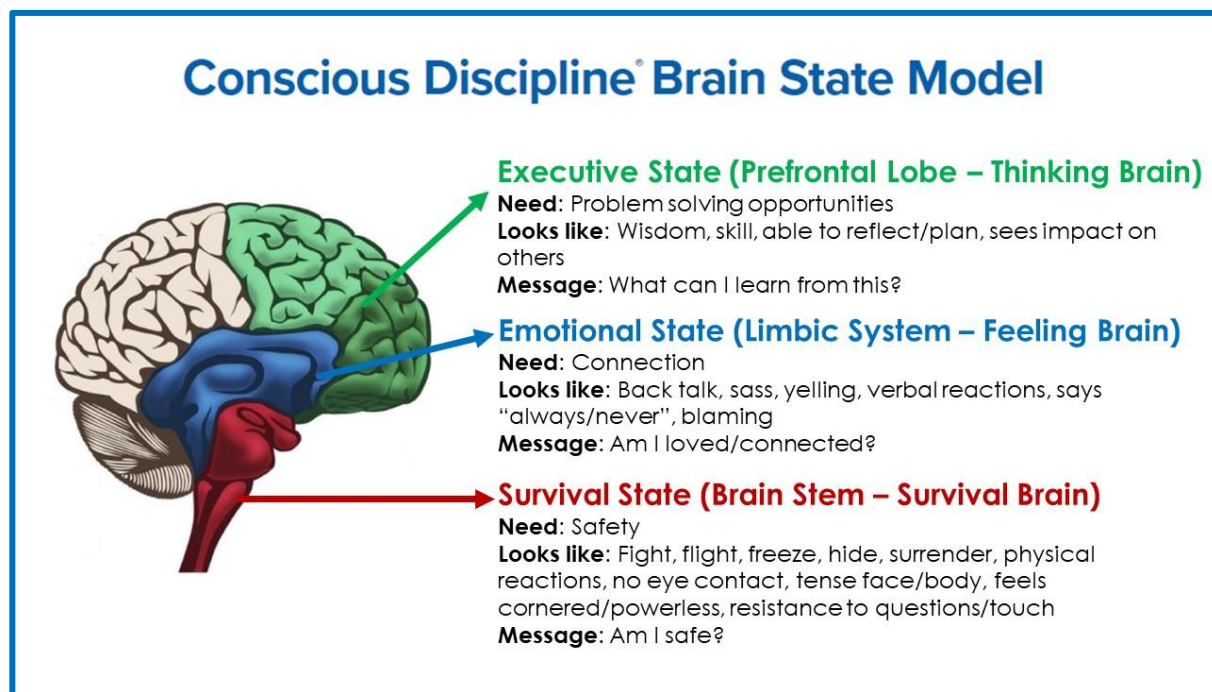
The prefrontal lobe, where learning happens, is not available for students who remain in homes where ACEs are ongoing (Bailey, 2015; Barsky, 2017; Purvis et al., 2015). Trauma activates the neurological structures of the brain for fight, flight, or freeze responses until a person who has suffered trauma feels safe and has attained self-regulation (Zaleski et al., 2016). Learning challenges emerge and persist while students who experience persistent traumatic home environments interpret the classroom environment within the context of an ongoing state of fight, flight, or freeze (Barsky, 2017; Purvis et al., 2015). The limbic system and the brain stem systems of these students will keep them in this state of fight, flight, or freeze unless teachers

create environments where these students feel safe (Barsky, 2017; Purvis et al., 2015). When in a trauma-informed classroom, students can successfully transition to the executive-prefrontal part of the brain allowing them to utilize high-level cognitive functions (Bailey, 2015; Barsky, 2017).

The goals of our classrooms are unattainable unless we prioritize total student well-being (Scannell, 2021). The response of educators to the real impact of trauma exposure on students should reflect and account for brain functioning that parallels Maslow's hierarchy. It is helpful to understand the state and function of the brain at each level of Maslow's hierarchy to connect the relationship between childhood trauma and learning. To provide this understanding, a review of the Brain State Model used in a well-researched trauma-informed classroom methodology, Conscious Discipline, is provided here (see Figure 1).

Figure 1

Conscious Discipline Brain State Model



Note. Adapted from *Conscious discipline: Building resilient classrooms*, by B. Bailey, 2015, Loving Guidance, Inc.

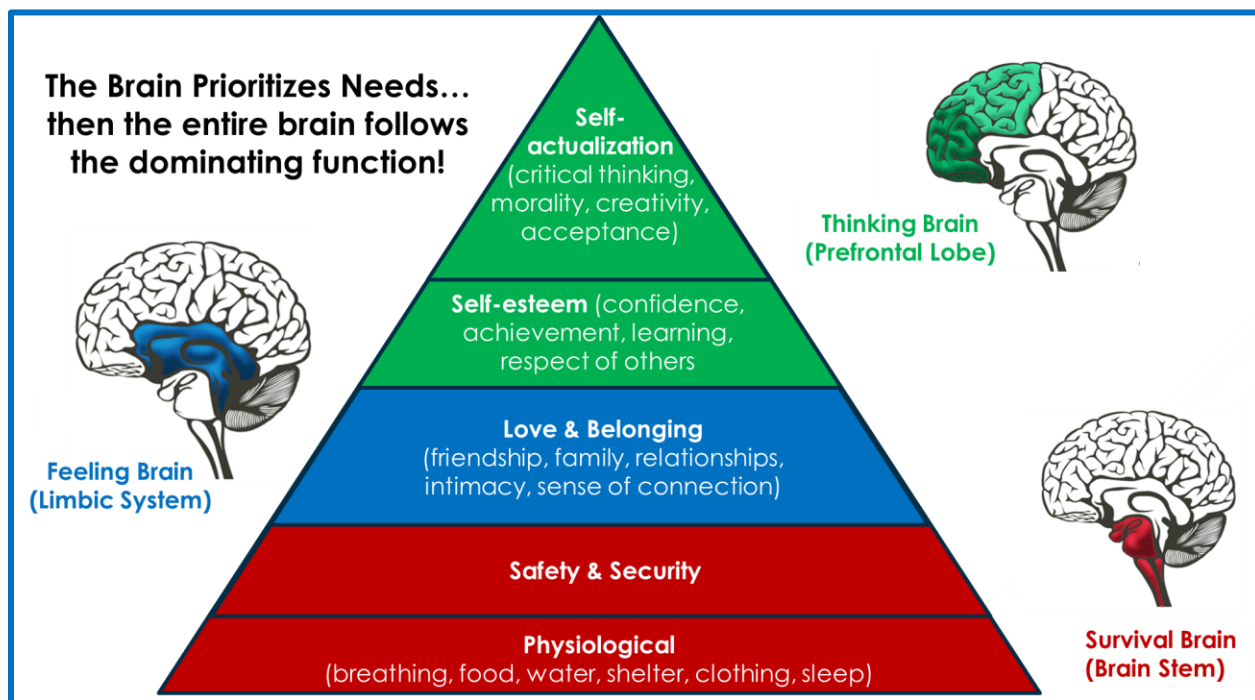
When a child is in a state of stress due to a physical need for food, water, shelter, or safety, on the lowest level of Maslow's hierarchy of needs (Maslow, 1943), the brain operates in the survival brain state, the brain stem (Bailey, 2015). While operating in the survival brain, there is a push of cortisol (a stress hormone) across the brain that prioritizes the need for safety, so the child moves into a state of fight, flight, or freeze (Bailey, 2015). While the brain is concerned with safety in the survival brain state, connection and new learning cannot take place (Bailey, 2015). When a child experiences an ongoing lack of basic needs (ongoing survival brain), this state of toxic stress will cause continued pushes of cortisol across the brain causing the child to respond to the environment from a state of hyperarousal, an ongoing state of fight, flight, or freeze (Bailey, 2015). Even when the child is safe at school, the brain is conditioned to continue to push cortisol because the child will return to an unsafe home after school (Bailey, 2015).

When a child feels safe, they move out of the survival brain to the feeling brain (limbic system) where they can make connections with others in friendships, relationships, and family (Bailey, 2015). This correlates with love and belongingness, the next level of Maslow's hierarchy of needs (Maslow, 1943). When relationships are successful, a child can move into the "upstairs brain", the thinking brain (prefrontal lobe) where new learning can take place (Bailey, 2015). This correlates to the highest levels of Maslow's hierarchy of self-esteem and self-actualization (Maslow, 1943). At any given time, when a child begins to feel unsafe, they will revert to the safety brain (limbic system), or if they feel that a relationship is in jeopardy, the child will revert to the belongingness level (Maslow, 1943) or the feeling brain (Bailey, 2015). Understanding how the brain functions at each level of Maslow's hierarchy provides an incentive to identify the classroom practices that will move students out of the "downstairs brain" and into the "upstairs brain" (see figure 2; Bailey, 2015). Teachers understanding an individual student's

ACE history as well as having knowledge regarding the associated trauma-related problems and the impact on learning could improve the academic outcome (Blodgett & Lanigan, 2018).

Figure 2

Correlation Between Maslow's Hierarchy of Needs and Brain States



Note. Figure 2 shows the correlation between Maslow's hierarchy of needs and the Conscious Discipline Brain State Model. Adapted from *Conscious discipline: Building resilient classrooms*, by B. Bailey, 2015, Loving Guidance, Inc. and "A Theory of Human Motivation" by A. Maslow, 1943, *Psychological Review*, 50(4), p. 370-396. (<https://doi.org/10.1037/h0054346>).

Brain Development

In humans, brain development begins just a few weeks after conception (Arain et al., 2013). According to Arain et al. (2013), during the sensitive season of adolescent brain development, the brain maintains plasticity allowing talents and lifelong interests to develop, but toxic stress and trauma have a negative effect during this season. Toxic stress in the form of poverty, malnourishment, or abuse harms brain connectivity (McEwen et al., 2016), and early

life toxic stress can have lifelong effects (Sofer, 2019) including more than 40 negative predicted health and behavior outcomes (CDC, 2022; Felitti et al., 1998).

Even in infants, the effects of cortisol, the stress hormone are profound. The impact of stress and the push of cortisol can be measured in the morbidities faced by infants in neonatal care as the body diverts resources away from total development to increasing blood glucose and cardiac and respiratory muscles that are in states of stress (Pados, 2019). In contrast to the benefits of cortisol to help the brain prioritize safety when it is under stress (in the lowest level of the hierarchy of needs), the release of oxytocin is associated with reduced stress states (the belongingness and self-actualization levels of the hierarchy of needs). The release of oxytocin, also known as the cuddle, trust, or love hormone (Parmar & Malik, 2017), supports infants in bonding with caregivers and improves feeding and gastrointestinal tract functioning to support digestion, restoration, and development (Pados, 2019). The hormone oxytocin also protects infants from the negative effects of stress (Weber et al., 2018). Developing brains need cortisol while under stress so that their brains will prioritize recovery, healing, and safety (Pados, 2019). Developing brains also need oxytocin to overcome periods of stress and to build attachments and social relationships (Pados, 2019; Parmar & Malik, 2017; Weber et al., 2018).

The Role of Educators

To address the safety needs of all students, the law requires mandatory reporting when teachers suspect the neglect or abuse of a student (Child Welfare Information Gateway, 2019). Unfortunately, teachers may not always know which students are living in households where they are not safe. Dr. Rutter (1982), who completed foundational work on resilience and the effects of early trauma on child development, highlights the importance of the role of the teacher in this process. According to Rutter (1982), teachers spend more than 15,000 hours with every

student from kindergarten through graduation building meaningful relationships that will promote resilience for these children. Teachers are perfectly positioned to provide resilience-building frameworks simply because of the sheer number of hours students spend at school from kindergarten to graduation (Rutter, 1982). In addition, the National Child Traumatic Stress Network (2017a) identifies meaningful relationships with caring adults, such as teachers, as the most beneficial factor in promoting resilience for children who are unsafe at home. Furthermore, school sports teams, school clubs, after-school activities, and arts activities provide a way for students to belong and to build meaningful relationships that promote resilience (OK25 by 25, 2022). Currently, there are research-proven trauma-informed classroom strategies that can guide teachers and diminish the negative behaviors associated with ACEs (Purvis et al., 2015; Rishel et al., 2019; Wynard et al., 2020).

Trauma-informed practices support not only the students with ACEs and the children of adult survivors of trauma, but every student that has been impacted by the pandemic should have this benefit. According to America's Health Rankings (2019), 14.1% of Americans have two or more ACEs. An epigenetics study of how genes are expressed in holocaust survivors revealed that the children of holocaust survivors have the same genetic signal as their mothers have that is linked to the levels of cortisol in the body even though the children did not endure the holocaust (Bierer et al., 2020). These children have an increased prevalence of post-traumatic stress disorder (PTSD) as well as mood and anxiety disorders as compared to others whose parents were not victims of the holocaust (Bierer et al., 2020). This research aligns with the CDC's (2022) findings that ACEs compound across generations. Though many education environments are not informed by trauma-informed practices, this cannot continue. All students may not have experienced ACEs or have parents who are trauma survivors, but all students have been exposed

to the prolonged unpredictability of the pandemic that created toxic stress and trauma responses in children (Collin-Vézina et al., 2020). Therefore, all students need the benefit of trauma-informed classrooms.

Trauma-Informed Practices and Responses

The literature regarding trauma-informed classrooms describes the value of social-emotional learning activities, executive-functioning skill development, and faculty awareness of the impact of ACEs on students. Record-Lemon and Buchanan (2017) examined the literature regarding trauma-informed practice in schools. The themes that emerged show that trauma-informed practices including the provision of care and support, awareness of the impact of trauma, and prioritizing safety and intervention are effective in mitigating the negative impacts of childhood trauma on social-emotional development, educational successes, and well-being (Record-Lemon & Buchanan, 2017).

The core tenets for a trauma-informed approach identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and The National Child Traumatic Stress Network include realizing the widespread impact of trauma, recognizing and signs and symptoms of trauma, responding by integrating knowledge of trauma, and resisting practices that retraumatize individuals (SAMHSA, 2014; National Child Traumatic Stress Network, 2017a). A key component to ensure that teachers can successfully do these things is the provision of short-term and long-term professional development (Kataoka, 2018). Though the participants in their study were non-teaching professionals, the trauma-informed classroom practices identified by Cummings et al. (2017) include the same tenets identified by SAMHSA. The Kennedy Forum found that when interventions that address brain health such as executive functioning skill development and social-emotional learning activities are integrated into classrooms, all students

benefit, not just those with ACEs (Grasmick, 2017). While brain development interventions and social-emotional learning activities will not stop ongoing abuse, trauma-informed practices can move students beyond barriers to learning (Grasmick, 2017; Parris et al., 2015; Purvis et al., 2015; Record-Lemon & Buchanan, 2017; Rishel et al., 2019). To support students on all fronts, trauma-informed practices should include a multi-layered approach that includes educating and empowering students and their families while simultaneously supporting teachers through training that includes the impact of trauma, relational engagement, and role clarification (Perry & Daniels, 2016).

Trauma-Informed Classroom Frameworks

Trauma-informed practices build a positive school culture by supporting a positive and safe school climate as well as significant engagement with students and families (Kataoka et al., 2018). Trauma-informed frameworks for classrooms promote more than safety and positive behavior. Trauma-informed frameworks promote feelings of safety and connection, as well as promoting self-regulation skills (Bailey, 2015; Purvis et al., 2015). Trauma-informed frameworks account for the brain in stress and non-stress states reflecting how a student with ACEs functions for survival and cognition. Dr. Becky Bailey (2015) led the development of the evidence-based Conscious Discipline framework that emphasizes the Brain State Model, a neurodevelopmental model that shows how teachers must focus on the students' internal feelings of safety before moving onto self-regulating behavior, and then learning. Conscious Discipline also includes training for teachers and caregivers (Bailey, 2015; Darling et al., 2019). Dr. Karyn Purvis led the development of Trust-Based Relational Intervention (TBRI) methodology which is based on attachment, sensory processing, and neuroscience research (Purvis et al., 2015). TBRI addresses physical needs to foster feelings of safety, addresses attachment needs through

connecting principles, and disarms fear-based behaviors with correcting principles (Purvis et al., 2015). TBRI promotes the teachers' understanding that challenging behaviors of students who have experienced trauma are survival-based, not willful disobedience and healing relationships are necessary when addressing these behaviors (Crawley et al., 2020). Trauma-informed frameworks for school settings should include blueprints for implementation, professional development, and evaluation (Chafouleas et al., 2015).

Healthy Environments and Response to Trauma in Schools (HEARTS) is a framework developed at the University of California. HEARTS promotes school success for students with ACEs through a whole-school approach utilizing a multi-tiered system of supports that foster resilience, wellness, and justice (Dorado et al., 2016). HEARTS includes the Conscious Discipline brain state language of the survival brain, the emotional brain, and the learning brain (thinking brain) to help teachers understand the impact of trauma on their students and the need to keep students in a learning-ready state (Bailey, 2015; Dorado et al., 2016). The HEARTS framework includes staff training, parent workshops, the availability of a HEARTS consultant on-site, psychotherapy for students, and an aim to increase instructional time and decrease the time spent on disciplinary actions (Dorado et al., 2016).

Blaustein and Kinniburgh (2018) developed the Attachment, Regulation, and Competency (ARC) framework that is flexible enough to be utilized in various settings that support children and adolescents who have experienced ACEs. ARC fosters resilience by strengthening the practitioners to use trauma-informed approaches (attachment through emotional support), teaching children to regulate their emotions and responses (regulation through emotion management), and empowering children for effective decision-making (competency through engagement) (Blaustein & Kinniburgh, 2018). When trauma happens

within the context of a relationship (as is the nature of ACEs), the healing must happen within the context of a safe relationship (Zaleski et al., 2016). The Trauma-Informed Elementary Schools (TIES) framework is built around the ARC framework and provides a credentialed therapist for children and families within the context of the school environment (Adverse Childhood Experiences Coalition of West Virginia, 2018; Rishel et al., 2019). A recent study compared 39 classrooms that utilized TIES and 12 classrooms that did not to examine the effectiveness of the framework for classrooms (Rishel et al., 2019). The TIES classrooms in this study, and classrooms across West Virginia that utilize the framework, showed significant improvements in the attachment and self-regulation domains while the non-TIES classrooms showed a decline in these domains (Adverse Childhood Experiences Coalition of West Virginia, 2018; Rishel et al., 2019).

Conscious Discipline, TBRI, HEARTS, ARC, and TIES frameworks all provide social-emotional competency development, training for caregivers and practitioners, and all provide improved outcomes in educational settings for children with ACEs (Bailey, 2015; Blaustein & Kinniburgh, 2018; Dorado, 2016; Purvis et al., 2015; Rishel et al., 2019). In addition, routines that establish predictability for students with chronic stress and policies and procedures that manage school climate and culture are woven throughout these frameworks (Bailey, 2015; Blaustein & Kinniburgh, 2018; Dorado, 2016; Purvis et al., 2015; Rishel et al., 2019). Finally, social skills, emotion regulation, and positive behavior are all linked to later academic and life success (Darling et al., 2019).

Social-Emotional Learning

Research has identified social-emotional learning (SEL) activities as trauma-informed practices that overcome barriers to learning for individuals with ACEs (Grasmick, 2017; Parris et al., 2015; Purvis et al., 2015; Record-Lemon & Buchanan, 2017; Rishel et al., 2019). In addition, poor social-emotional functioning is associated with poor academic achievement, behavior problems, aggressive behaviors, drug abuse, and risky sexual behavior (Voith et al., 2020). The Kennedy Forum found that SEL activities that are implemented in the classroom serve as interventions that address brain health and benefit all students, not just students with childhood trauma (Grasmick, 2017). School-based programs that build social-emotional aptitude improve self-regulation skills that serve as a protective factor for students (Voith et al., 2020; Yule et al., 2019). In addition, as social-emotional aptitude improves, school performance improves and violent and aggressive behaviors diminish (Voith et al., 2020). Social-emotional competence as a measure of healthy development is an indicator of adaptive functioning and resilience (Yule et al., 2019).

Response to the COVID-19 Pandemic

As the pandemic progressed, many schools closed to meet the requirements of social distancing. Children at-risk for maltreatment, who find their school as their only safe place, have spent more time at home with frustrated parents dealing with increased stress levels (Phelps & Sperry, 2020). These students have experienced increased violence and home dysfunction since the beginning of the pandemic (Phelps & Sperry, 2020). All students, not just those with ACEs, have experienced increased and ongoing stress related to isolation, magnified mental health responses, and the unknown (Phelps & Sperry, 2020; Scannell, 2021). The prolonged, continuous, chaos, and unpredictability of COVID-19 that stems from the dangers of the virus

that are outside of a child's control creates toxic stress and trauma responses in children (Collin-Vézina et al., 2020). The brain cannot tell the difference in what causes toxic stress (CDC, 2022; Felitti et al., 1998). All toxic stress has the same impact (CDC, 2022; Felitti et al., 1998). Since educators have an obligation to recognize and respond to the trauma of their students (Wynard et al., 2020), educators should not ignore that all students are emerging from the collective worldwide trauma of the COVID-19 pandemic. Since all students, not just those with ACEs, have been impacted by the pandemic, understanding the impact of trauma on students and providing trauma-informed learning environments are necessary (Scannell, 2021).

Protective Factors

In a study of over 2,500 rural, low-income adolescent Appalachians, Hamby et al. (2017) found that resilience is associated with the protective factors of a sense of purpose, optimism, religious involvement, emotional regulation, emotional awareness, psychological endurance, compassion, and community support. In a review of the literature on predictors of academic resilience by Beri and Kumar (2018), social support from family, peer groups, community, and school was found to be an influencing variable of academic resilience. Leitch (2017) described a resilience model informed by neuroscience findings that would move social services from continuous gathering of data to trauma-informed care (TIC) that includes neuroscience concepts that build resilience. Consider the impact of TIC classrooms that are informed by the impact of ACEs in the creation of their programs and policies, as well as an understanding that the capacity of the brain to change (neuroplasticity) allows a person to overcome the predicted outcomes of ACEs (Leitch, 2017).

Identifying protective factors and defining the parameters in which a school environment can amplify these factors for students would likely result in enduring resilience in adulthood.

Individuals spend more waking hours at school than anywhere else until they graduate from high school. Factors including meaningful relationships with a caring adult (Wolmer et al., 2016; Wynard et al., 2020), family and community supports, and individual characteristics such as optimism mitigate the expected negative outcomes of ACEs (Hamby et al., 2017). In the literature, resilience is commonly associated with positive attachment, a sense of belonging with caring people, a protective community like a church or a cultural group (Sciaraffa et al., 2018), and positive childhood experiences (Breedlove et al., 2020). Positive childhood experiences (PCEs) including restorative practices in schools have been found to foster resilience (Breedlove et al., 2020).

Positive Childhood Experiences

Positive childhood experiences also known as counter-ACEs, are factors in childhood that mitigate the predicted negative outcomes of ACEs (Bethall et al., 2019; Breedlove et al., 2020; Gunay-Oge et al., 2020). Just as ACEs have a dose-response increasing the likelihood of poor mental health in adulthood (CDC, 2022), so positive childhood experiences have a dose-response decreasing the likelihood of adult depression and poor mental health (Bethall et al., 2019; Gunay-Oge et al., 2020). Promoting counter-ACEs, or positive childhood experiences, not only promotes improved adult mental health outcomes, but also promotes adult physical health outcomes (Crandall et al., 2019). The intentional promotion of PCEs reduces negative outcomes, promotes well-being, and fosters the building of personal strengths (Bethall et al., 2019; Gunay-Oge et al., 2020). PCEs improve an individual's capacity for executive functioning, forgiveness, and gratitude (Crandall et al., 2019).

In the school setting, restorative practices have been identified as a valid component in the promotion of positive childhood experiences (Breedlove et al., 2020). Restorative practices

are those that prioritize interconnectedness and facilitate the repair of relationships when one student causes harm to another (Garnett et al., 2020; Zehr, 2015). Restoration includes identifying the harm and how it affected those involved and then the individual who caused harm is held accountable and is obligated to pursue a state of recovery for those harmed (Garnett et al., 2020; Zehr, 2015). Trauma-informed classrooms are, by their very nature, the implementation of social justice (Crosby et al., 2018).

Restorative practices have the potential to foster positive childhood experiences and protective factors in schools at the individual, interpersonal, and school-wide levels. For example, outcomes from restorative practices examinations have illustrated increases in empathy (Jain et al., 2014), as well as improved school safety (Ingraham et al., 2016), and student relationships with teachers (Gregory et al., 2016) and their peers (Kataoka et al., 2018); all of which have been identified as protective against the negative effects of ACEs. The Trust-Based Relational Intervention framework's correcting and connecting principles mentioned earlier in this chapter disarm mistrust and fear-based behaviors and are intended to serve as restorative practices (Parris et al., 2015; Purvis et al., 2015).

Connectedness

The American Indian culture of respect, often referred to as the circle of courage, involves children and youth in practices that protect one another including belonging, mastery, independence, and generosity (Brendtro, 2020). These four core values of the circle of courage are reflected in the ARC framework (attachment, regulation, and competency) (Blaustein & Kinniburgh, 2018), and the TBRI principles (safety, connecting, and correcting) (Purvis et al., 2015). Belonging practices teach that loneliness is the saddest human experience (Brendtro, 2020). Mastery involves motivating children to achieve and then to humbly share their

knowledge (Brendtro, 2020). Independence involves each young person serving the community in their unique role while learning to speak and make good decisions for themselves (Brendtro, 2020). Finally, generosity is reflected in caring for those more vulnerable and contributing to the community (Brendtro, 2020). The most important principle that leads to resilience for trauma victims identified by a panel of seven Israeli trauma resilience experts is a feeling of connectedness (Corzine et al., 2017). Belonging matters. Trauma is created in the context of a relationship and must be healed in the context of a relationship (Zaleski et al., 2016).

When adolescents have positive connections to people and organizations in their communities, negative outcomes diminish (Breedlove et al., 2020; Foster et al., 2017; Sciaraffa et al., 2018) and their abilities to cope with stressful situations increase (Narayan et al., 2018). Resilience has been associated with positive attachments to a caregiver and a feeling of belonging with caring people that serve as a protective community such as a church or other cultural group (Sciaraffa et al., 2018). A scale, known as the Benevolent Childhood Experiences (BCE) scale (see Appendix A), developed as a counterpart to the ACE scale and is showing up in research regarding ACEs, protective factors, and resilience (Narayan et al., 2018). The BCE scale provides one point for up to ten resilience-promoting factors present or available during a person's childhood (Merrick et al., 2019; Narayan et al., 2018). Just as ACEs are associated with over 40 negative outcomes in adulthood (CDC 2022; Felitti et al., 1998), BCEs have been linked to long-term resilience (Merrick et al., 2019; Narayan et al., 2018). The ten BCE factors reflect the power of connectedness during childhood to build resilience in that five of the factors identify the presence of positive relationships with a caregiver, a friend, a teacher, a neighbor, or any other adult (Merrick et al., 2019; Narayan et al., 2018). A relationship with a caring non-parental adult mitigates the predicted outcomes of ACEs reducing the likelihood of substance use

and the participation in delinquent behaviors (Brown & Shillington, 2017). Caring teacher relationships reduce the likelihood of prescription drug abuse for students with ACEs (Forster et al., 2017).

Cultivating peer connectedness among students may be a valid strategy in education settings to promote resilience for students with ACEs. Positive friendships generate resilience in students with ACEs (Bethall et al., 2019; Breedlove et al., 2020; Moses & Villodas, 2017; Yule et al., 2019) and social connections buffer ACE outcomes (Craig et al., 2017). Youth spend more time with each other than with adults and they can be the perpetrators or the healers of each other's trauma (Brendtro, 2020). Positive peer relationships at school, support students in their school and extra-curricular engagement and success (Moses & Villodas, 2017). Peer connections that are characterized by high intimacy and loyalty, as well as low conflict, lead to improved positive school engagement for students with ACEs including prosocial activity involvement, perceived school importance, grade completion, and reduced contemplation about dropping out (Moses & Villodas, 2017). As children grow, their peer relationships foster social-emotional competencies as they function more and more as a source of support, encouragement, and belonging (Yule et al., 2019).

Positive peer relationships reduce the likelihood of re-arrest for students with ACEs of five or less, but the likelihood increases when a delinquent youth has six or more ACEs (Craig et al., 2017). This finding by Craig et al. (2017) does not support SAMHSA's identification of peer support as a key principle in the foundation of implementing trauma-informed school practices (SAMHSA, 2014; Gherardi et al., 2020) for students with ACE scores higher than five. Though multiple frameworks declare that they are trauma-informed as defined by SAMHSA, they lack opportunities that build student-to-student connections (Gherardi et al., 2020), which is a key

principle according to SAMHSA (SAMHSA, 2014). Healthy peer relationships support student psychological wellbeing, improved school engagement, and academic success (Beri & Kumar, 2018). In addition to the interrelated protective systems of caring individuals and groups that result in resilience, a person's capacities and strengths are associated with resilience (Sciaraffa et al., 2018).

Intrapersonal Attributes

Personal strengths have been identified as protective factors for individuals with ACEs. Resilience theory focuses on an individual's intrinsic strengths and describes that these character traits foster resilience (Schauss et al., 2019). Narayan et al. (2018) describe self-esteem as an intrapersonal protective factor that improves an adolescents' ability to cope with stressful situations. The Benevolent Childhood Experiences scale (Appendix A) provides a point for individuals who feel comfortable with themselves because this has been found to contribute to resilience (Crandall et al., 2019; Gunay-Oge et al., 2020; Narayan et al., 2018). Self-efficacy, the feeling that one can cope and succeed in various circumstances and self-regulation, the capacity to manage emotional responses, have been identified as protective factors in mitigating the predicted outcomes of ACEs in relation to mental and physical health-related quality of life (Cohrdes & Mauz, 2020; Sciaraffa et al., 2018).

In a meta-analysis of 2,668 peer-reviewed articles about protective factors and resilience, Yule et al. (2019) found notable support for school-based programs that provide social-emotional learning opportunities to build self-regulation skills as a protective factor for students. Optimism, endurance (grit), compassion, self-regulation, emotional intelligence, a sense of purpose, generativity, and religious faith were found to foster resilience for Appalachians dealing with adversity especially when these strengths were found to simultaneously exist with each other or

with other social supports (Hamby et al., 2018). Hope has also been identified as a significant protective factor associated with resilience when it is present as a psychological strength (Baxter et al., 2017; Munoz et al., 2018). After a feeling of connectedness, the most important principle that leads to resilience for trauma victims identified by Israeli trauma resilience experts is a sense of purpose (Corzine et al., 2017). Israeli trauma resilience experts have a depth of insight due to the sheer extent of the nation's current and ongoing exposure to trauma related to war, terrorism, threats at every border, and universal service in the military (Corzine et al., 2017)

Hope

A documentary entitled, "*Resilience: The Biology of Stress and the Science of Hope*", was produced by KPJR Films in 2017 to facilitate public awareness about the significant negative outcomes of childhood trauma (Redford, 2017). The film is being presented in public forums across the country, often in conjunction with a panel of experts that answer questions following the showing. The film successfully shows the value of the original ACE study and the staggering impact of childhood trauma on a person's physical and mental health in adulthood (Redford, 2017). In Oklahoma, the first lady, Sarah Stitt hosts showings of the film to raise awareness on the issue of ACEs. The title implies that hope generates resilience, but unfortunately, the film does not reveal any information regarding how hope is related to resilience.

Snyder's (1994) hope theory defines hope as a relationship between an identified goal that is more desirable than an individual's current circumstances, a step-by-step pathway that anchors the individual's thinking about the future to that goal, and intrinsic agency in the form of personal willpower that spurs the individual to pursue the steps to the goal. Bernardo (2010) extended Snyder's hope theory saying that some who lack an internal locus-of-hope in the form

of personal willpower need the agency of others (external locus-of-hope) such as family, peers, or a supernatural being to keep them focused on the goal and to spur them along the pathway to the goal. When students identify goals and develop plans with steps to achieve those goals, students develop confidence, executive function skills, and self-regulating skills that lead to resilience (Wynard et al., 2020). Youth participants in Camp Hope America who had all been exposed to domestic violence show an increase in hope according to pretest-posttest self-evaluations after participating in the camp's intentional hope-building framework that incorporates the pursuit of viable pathways to identified goals (Hellman & Gwinn, 2017). In addition, the research of Camp Hope America's participants revealed that there is a correlation between higher hope and the personal character strengths of gratitude, curiosity, zest (energy), grit (perseverance), self-control (self-regulation), optimism (positive expectations), and social intelligence (awareness of others) for children with childhood trauma in the form of domestic violence (Hellman & Gwinn, 2017).

Childhood trauma results in PTSD and increased anxiety, and unfortunately lower hope (Munoz et al., 2018). Connecting an understanding of hope theory, childhood trauma is a barrier of hope as victims of ACEs are distracted from identification and pursuit of goals for an improved future (Munoz et al., 2018). A study of caregivers who brought children in for child abuse medical investigation found that higher ACE scores are associated with lower hope (Baxter et al., 2017). Caregivers who were victims of physical and sexual abuse have significantly lower hope than those without these traumatic experiences (Baxter et al., 2017). Trauma-informed frameworks that intentionally engage a person with ACEs in building hope have better outcomes than those without this intentionality (Baxter et al., 2017).

The steps to build hope may provide better outcomes in Oklahoma where ACEs are (America's Health Rankings, 2019). Some Oklahoma public-school districts are beginning a program that will assist students in setting career goals using vocation discovery strategies that support students in the identification of their personal strengths (Individual Career Academic Plan, 2019). If the program is implemented to its fullest extent, the journey to graduation will include a step-by-step pathway toward the identified vocational goal and incorporate partnerships with mentors who can provide encouragement and support (Individual Career Academic Plan, 2019).

Faith-Based Programs and Belief in a Supernatural Being

Religious beliefs, practices, and involvement contribute to resilience for individuals who are victims of trauma. More than one million people who have suffered trauma in more than 125 countries have participated in the American Bible Society's Trauma Healing Institute's program that initially emerged in the warzones of Africa in the 1990s (American Bible Society, 2021). The Bible-based trauma healing guides people toward long-term restoration by combining mental health best practices and biblical principles (American Bible Society, 2021; Baylor University, 2021; Macinnis, 2021). The program supports trauma victims in telling their story of pain and grief; taking their laments to GOD; experiencing the love of Christ by surrendering their pain to GOD; taking active steps toward healing, restoration, and reconciliation (with GOD, self, and others); and encouraging individuals to connect with a church (American Bible Society, 2021; Baylor University, 2021; Macinnis, 2021). Empirical evidence shows that the American Bible Society's trauma healing program improves emotional health including reducing PTSD symptoms, anxiety, depression, vengefulness, aggression, and suicidal ideation while also promoting forgiveness, compassion, a reason for living, and gratitude to GOD (American Bible

Society, 2021; Baylor University, 2021; Macinnis, 2021). These outcomes are consistent with the outcomes mentioned in other research studies that include faith or belief in GOD as a variable when measuring resilience.

Adults who suffered ACEs or significant loss during childhood have greater life satisfaction as a benefit from religious beliefs that enhance hope and foster the positive attribute of forgiveness (Mefford et al., 2020). Religious practices of prayer and attending church provide an emotional resource for managing stress as well as a source of hope (Wilson & Somhlaba, 2016). According to hope research, a belief in a supernatural source of support, external to an individual's strengths and attributes, contributes to hope in an improved future and hope leads to resilience (Bernardo, 2010; Wilson & Somhlaba, 2016). A church community and church-based activities can provide caring relationships that can also serve as an external source of support that leads to positive adaptability (Bernardo, 2010; OK25 by 25, 2022; Stride & Cutcher, 2015; Thomson & Jaque, 2016). The church community allows individuals to feel a sense of belonging with caring people (Yule et al., 2019) that serve as a protective community (Sciaraffa et al., 2018).

Religious involvement has been found to promote resilience. Individuals are more resilient when they have a supportive network of people with shared beliefs and values that foster positive attributes such as gratitude, tolerance, and acceptance that are associated with an improved aptitude for coping with mental, emotional, and interpersonal difficulties (Yule et al., 2019). Religion also provides an emotional reprieve during seasons of disappointment as well as a feeling of optimism that supernatural intervention will bring help, and this provides the motivation to invest effort in reaching goals (Wilson & Somhlaba, 2016). Faith in a higher power improves a person's sense of purpose which allows for greater personal well-being,

posttraumatic growth, and fewer clinical mental health symptoms such as depression and anxiety (Hamby et al., 2018). Adult survivors of childhood loss and trauma who express a belief in GOD may find it difficult to reconcile their faith with why these adverse events were allowed by a GOD who watches over them (Mefford et al., 2020).

Though the benefits of a resilient society would benefit all people, the primary stakeholder of resilience-building classrooms is the student. The available research engages participants such as teachers, counselors, and program directors who work with individuals with ACEs. Due to ethical concerns of using students with ACEs as participants and the nature of ACEs, there is a gap in the literature that would explore the insights of individuals with ACEs regarding the classroom experiences that contributed to their resilience in adulthood. Research that incorporates the perspectives and experiences of resilient adults about the K-12 experiences that contributed to their resilience would be a significant contribution to the literature and the field of education.

Summary

The predicted negative health and behavior outcomes of adverse childhood experiences include an impact on brain development, increased learning disabilities, poor academic performance, criminality, and early death. The compounding economic burden of child maltreatment and neglect on the population of the United States is estimated to exceed \$2 trillion and must be acknowledged and demands a response. ACEs contribute to most major chronic health issues, social health issues, and mental health issues and lead to most of the costs associated with health care, mental health, emergency response, and criminal justice. In addition, there are state indicators that an increase in childhood trauma as measured by ACEs can be predetermined to increase with the number of children in state custody, the number of

individuals in poverty, and states with low-performing schools. The challenges of ACEs are reflected in Maslow's hierarchy of needs in that the higher a person's ACE score, the lower the individual falls on the hierarchy of needs.

Knowing the expected negative outcomes and the practices that diminish negative school behaviors has not reduced the compounding impact of ACEs. Research guides trauma-informed legislation as well as educational frameworks that diminish negative behaviors associated with ACEs. Research is emerging that provides insight into the value of pathways of hope for these individuals. Processes that foster hope provide a catalyst for resilience. The research has identified trauma-informed classroom practices that alleviate a student's diminished capacity to self-regulate, unwanted negative behaviors in the classroom, and improve school performance and the capacity to perform executive function tasks that are lacking due to ACEs.

The research falls short of identifying and describing action steps that define a resilience model that would mitigate the predicted negative outcomes in adulthood for those with ACEs. Since the profound impact of ACEs continues to compound in society, a model that identifies agents that stimulate and enhance resilience should inform priorities for public policy and education. Furthermore, resilience research engages participants such as teachers, counselors, and program directors who work with individuals with ACEs; leaving a gap in the literature that would explore the insights of individuals with ACEs regarding the classroom experiences that contributed to their resilience in adulthood. Finally, since meaningful relationships with caring adults are the most beneficial factor to promote resilience for individuals with ACEs and students spend over 15,000 hours in school between kindergarten and graduation, teachers are in the most advantageous position to implement an intervention from the predicted negative outcomes of

ACEs. Identifying resilience-building classroom practices from the perspective of resilient adults would inform teachers for this high purpose.

CHAPTER THREE: METHODS

Overview

The purpose of this transcendental phenomenological study is to describe the K-12 school experiences that contributed to resilience in adulthood for individuals with adverse childhood experiences (ACEs). This chapter begins with a thorough description of the transcendental phenomenological research design including the research questions. The choice of Oklahoma as the primary setting is explained. Next, details regarding the criteria that qualify participants for the study are provided. Following participant qualifications, my motivation for conducting the study as well as the ontological assumptions that I bring to the research are explained. The social constructivist interpretive framework is defined. The researcher's role as the human instrument in the study will be explained including any bias or assumptions that may have influenced how the data was viewed or the analysis was conducted. The procedures of the study, including acknowledgment of the need to obtain Institutional Review Board (IRB) approval, the recruitment plan, the data collection plan, and data analysis are included. Finally, the strategies to maintain trustworthiness and ethical considerations are explained and the chapter concludes with a summary.

Research Design

A qualitative approach provided the framework to examine how resilient adults describe the K-12 school experiences that contributed to their resilience. A qualitative approach was chosen since the research explored the shared experiences of resilient adults to develop a detailed understanding of the central phenomenon (Creswell & Guetterman, 2019). As a qualitative study, the focus was on the participants' descriptions of the shared experience rather than on the interpretation of the data (Moustakas, 1994). Quantitative studies around trauma-informed

practices are plentiful, but qualitative research is needed to provide depth of insight (Record-Lemon & Buchanan, 2017).

Moustakas (1994) described the origins and a detailed description of the major components of the transcendental phenomenological research design like that used in this study in *Phenomenological Research Methods*. Phenomenological studies seek to gain an understanding of a phenomenon in the lived experiences shared by several individuals (Moustakas, 1994). In phenomenological research designs, the topic and research question involve social significance and are rooted in the autobiographical meanings derived from the shared experience (phenomenon) of the participants (Moustakas, 1994). A phenomenological design in this study led to an understanding of the lived K-12 school experiences shared by individuals who suffered adverse childhood experiences and became resilient adults. The scientific evidence for this phenomenological research originated from disciplined step-by-step processes (Moustakas, 1994). As an organized systematic study, a comprehensive review of the professional and research literature has been included (Moustakas, 1994).

As human science research, this phenomenological qualitative research design searched for meaning and examined the essences of the participants' experience using comprehensive descriptions of their experiences and feelings obtained primarily through interviews and conversations (Moustakas, 1994). The participants' experience, perspectives, and feelings served as the data for the research (Moustakas, 1994). A brief social conversation prompt as a prologue for the interview and a set of questions for the interview were developed to serve as a guide during the recorded person-to-person interview process (Moustakas, 1994).

Phenomenological qualitative research is the most suited design to gain an understanding of a lived experience shared by several individuals (Creswell & Poth, 2018). A transcendental

qualitative phenomenological design is the most appropriate method to describe the shared K-12 experiences of resilient adults with adverse childhood experiences. As described by Moustakas (1994), participants in phenomenological research are considered co-researchers. Since purposeful sampling was utilized to identify and recruit participants who have altruistic vocations or volunteerism, their interest in participating in the study was enhanced by their elevated status from participants to co-researchers. In addition, the transcendental phenomenological design is appropriate in that it is a human science approach that makes room for the participants' personal and passionate involvement (Moustakas, 1994). Furthermore, transcendental phenomenological research allowed the research question to develop out of the researcher's intense interest and extended personal experience in a particular topic (Moustakas, 1994). This design is not only appropriate, but it is also necessary since the design makes room for the passion of the researcher and the participants.

Research Questions

The research questions developed from an examination of the problem and the purpose statement. As a phenomenological research design, the central research question and sub-questions involve social significance and are rooted in the autobiographical meanings derived from the shared experience (phenomenon) of the participants (Moustakas, 1994). This study has one central research question and three sub-questions.

Central Research Question

How do resilient adults with adverse childhood experiences describe the K-12 school experiences that contributed to their resilience in adulthood?

Sub-Question One

How do resilient adults who suffered adverse childhood experiences describe the school environments (K-12) where they were most successful?

Sub-Question Two

How do resilient adults who suffered adverse childhood experiences describe the academic mechanisms and practices (K-12) that were the most impactful for their success?

Sub-Question Three

How do resilient adults who suffered adverse childhood experiences describe the school environments (K-12) where they were least successful?

Setting and Participants

Oklahoma was chosen as the setting and the focus of the study to facilitate a purposeful sampling approach (Creswell & Guetterman, 2019). At the onset of this study, Oklahoma ranked highest in childhood trauma with 24.5% of its residents having experienced ACEs in at least three trauma categories (America's Health Rankings, 2019). Therefore, individuals who are resilient as Oklahomans are more likely to provide an understanding of the examined phenomenon.

Setting

According to United States Census Bureau (2019) data, 50.5 % of the Oklahoma population is female, 65% are white, 11.1 are Hispanic or Latino, 9.4% are American Indian and Alaska Native, 7.8% are black or African American, and 2.4% are Asian. While 88% of Oklahomans over the age of 25 have at least a high school diploma, 25.5% of those over the age of 25 have a bachelor's degree (United States Census Bureau, 2019). The median household income in 2019 was \$52,919 (United States Census Bureau, 2019). Since poverty is a predictor

of multiple ACEs (Purvis et al., 2015), higher ACEs would be expected in Oklahoma where 20% of children up to age five live below the poverty line and the state ranks 46 in food insecurity (America's Health Rankings, 2019; OK25 by 25, 2022).

Oklahoma is ranked 48 in negative health behaviors such as tobacco use, high-risk sexual behaviors, poor nutrition habits, and physical inactivity (America's Health Rankings, 2019); behaviors that are all more likely as ACE scores increase (CDC, 2022). A staggering statistic is that 18.3% of Oklahoma children are in foster care (America's Health Rankings, 2019), another factor that is more likely as ACE scores increase (CDC, 2022). Since the impact of ACEs compounds across generations (CDC, 2022), resiliency in adulthood for Oklahomans with ACEs is less likely than in other states. These statistics show why the lived experiences of adults who are resilient as Oklahomans provide significant insights into what can be done to build resilience for individuals who have endured or are enduring trauma.

Participants

The participants of the study were resilient as Oklahomans, have an ACE score of at least four on the CDC's ACE quiz, and have either a bachelor's degree or are employed as a manager. In addition, the planned age for participants was at least 24 years old and all participants show altruism in their career or volunteerism. All participants met these criteria so that they could contribute to an understanding of the phenomenon (Creswell & Guetterman, 2019; Moustakas, 1994).

Since every person, without regard for gender, culture, ethnicity, or socioeconomic status, is vulnerable to ACEs (CDC, 2022) and every person is neurobiologically similar (Leitch, 2017), the study did not aim to include or exclude participants of a particular gender, culture, ethnicity, or socioeconomic status. While the ideal participant did not have a particular socio-economic

status, the study did exclude participants who are currently incarcerated, homeless, or receiving unemployment benefits since these characteristics are contrary to those associated with resilience (CDC, 2022). Since educational difficulties, as well as difficulties maintaining consistent employment, are more common for individuals with ACEs (Rishel et al., 2019; CDC, 2022), research participants with ACEs were identified as resilient if they have a bachelor's degree or are employed as a manager.

Graduation from high school can be a marker for resilience since it becomes more unlikely as an individual's ACE score increases (Rishel et al., 2019). Yet, the age of graduation from high school is premature for this study, since ACEs can continue until age 18 and the study is exploring resiliency that is demonstrated over time, enduring into adulthood. To that end, the desired age of participants was at least 24 years of age so that participants were at least seven years past the age in which ACEs occurred. Finally, an individual who is at least 24 years of age has had enough time to display resilient behavior through the completion of a bachelor's degree or the acquisition of employment as a manager, as well as altruistic activity.

The participant population was 13 individuals who met the criteria above and who also had an altruistic vocation or volunteerism. Altruism reflects compassion and empathy, qualities that come with self-actualization at the top of the hierarchy of needs (Maslow, 1943) and are therefore associated with resilience. Adults who have experienced childhood trauma have increased sensitivity around survivor needs and as they engage in altruistic endeavors they contribute to their own healing (McCormack & Katalinic, 2016). As overcomers, successful altruistic individuals promote hope and serve as role models for future success for the individuals in need of altruistic activities (McCormack & Katalinic, 2016). Therefore, just as ACEs breed ACEs (CDC, 2022), resilience breeds resilience. Examining the school experiences that led to

altruistic resilient adults, revealed educational practices and student opportunities that can be leveraged to provide exponential benefits for society. Finally, individuals who participate in altruistic endeavors added more value to the findings in that these individuals had already formalized a narrative regarding their experiences.

Researcher Positionality

I am the Head of Schools for a Christian School in central Oklahoma that is trauma-informed in its methodology. I have served as a leader in my school for over 26 years and the Head of Schools for the past 19 years. In addition, I provide training to educators and parents regarding ACEs, trauma-informed practices, and trauma-informed care. I teach teenagers how to self-advocate for a resilient future through a framework that utilizes biblical principles and goal-setting processes relevant to hope theory as described by Snyder (1994) and Bernardo (2010). My husband and I have served as foster parents. I have served on and led accreditation validation teams as well as served two terms as an elected accreditation commissioner for an international accreditation organization, the Association of Christian Schools International. When I began this research, my current home state of Oklahoma led the nation in childhood trauma (America's Health Rankings, 2019). The state where I grew up and lived until I was 19, West Virginia, was ranked second in childhood trauma (America's Health Rankings, 2019).

In my experience, I have observed the impact of trauma on those close to me, on foster kids, as well as on the students in the school where I work and other schools. Axiologically, because of these experiences, I value the identification of factors that will mitigate the expected negative outcomes of childhood trauma, and this motivated me to pursue this research. In addition to providing insight for educators serving students who have suffered or are suffering trauma, my motivation for conducting this study is related to my beliefs as a Christian. I believe

that GOD's plan includes bringing healing, help, and hope through His people as they engage with those who suffer or have suffered. Isaiah 58 (New American Standard Version Bible, 1971/1995), says, "Is this not the fast which I choose, to loosen the bonds of wickedness, to undo the bands of the yoke, and to let the oppressed go free and break every yoke?"

Epistemologically, traditional classrooms do not incorporate knowledge regarding ACEs either in accepted classroom management frameworks or in instructional accommodations except organically in cases where inappropriate behaviors or learning disabilities are being addressed that stem from ACEs (Cummings et al., 2017). Yet, as an educational leader, I contend that certain experiences in the K-12 educational environment serve as protective factors contributing to the resilience of individuals with ACEs. This ontological assumption made way for different perspectives to emerge as themes in the findings of the research (Creswell & Poth, 2018). The paradigm interpretive framework best aligned for this study was centered around social constructivism in that subjective meanings of the experiences of the participants provided understanding (Creswell & Poth, 2018) about what experiences within K-12 educational environments contribute to resilience.

The Researcher's Role

My role as the "human instrument" in the study was guided by the Liberty University (2021) dissertation guidelines and steps of progression. I have served in a leadership position in education for over 26 years. In my experience, I have observed students who have life challenges such as family dysfunction, abuse, or poverty, struggle to learn and focus, even in classrooms where research-proven practices are in place. The school where I work is a school for typical learners that embraces students with learning and life challenges. Over the years, through ongoing pursuits of informed and supportive practices as well as trial and error of various

approaches, my school has improved behavioral and academic outcomes for students with challenges. The identified practices that support students with life and learning challenges are the product of research based on the input of practitioners, as well as the improved academic performance and classroom behaviors of students. Yet, measuring students' resiliency that endures into adulthood remains elusive.

My school in central Oklahoma has been identified by parents and educators in our community and region as a school where students experience improved outcomes following educational difficulties in other settings. Nevertheless, the K-12 school practices that support students in hard places have not yet been influenced by research that includes the input from the students themselves. Identifying students who could be the participants in a research study to explore the K-12 school experiences that contribute to their resilience would have countless ethical barriers. My interest in exploring the factors that contribute to resilience for individuals from difficult places continues to exponentially increase. Exploring the K-12 school experiences that contribute to resilience in adulthood from the perspective of resilient adults is of keen interest to me professionally and could be profoundly beneficial for every school, every classroom, every school club, and every school team. Informing educational settings of which practices, factors, and experiences are beneficial or potentially detrimental for students with challenges drove me to pursue my terminal degree.

I have trained teachers in best practices for over 20 years including serving on an early childhood delegation to South Africa to support educators working to overcome the impact of Apartheid in the lives of their students. I have found most educators to be individuals of great compassion and intention who are discouraged that, even with great preparation and the most research-proven methods, some students seem unreachable. While practitioners have stories of

success, they also have stories when they utilized identical methods and benefits were not realized. My interest was to explore the essence of the K-12 school experiences of resilient adults to identify factors, practices, and experiences that will inform the methodology in my school. Additionally, I hope that the benefits of my research will extend to classrooms and schools across my state where trauma in the lives of students is significant (America's Health Rankings, 2019), and to every school or classroom where a student carries their ACEs in isolation. This vigorous exploration of the experiences that contributed to resilience provides insights to guide practices in schools, where teachers have a generous allocation of time over the lifetime of a student to impact outcomes.

I served as the interviewer, data collector, organizer, and evaluator of the data. Though I am familiar with some of the participants, I do not have authority over them. The epoché process provided the framework for me to define where personal assumptions, biases, and understandings may have influenced the interpretation of the data (Creswell & Poth, 2018; Moustakas, 1994). Any bias or assumptions that I brought to the study that influenced how I viewed the data or conducted my analysis of the data was relative to more than 26 years of experience in a Christian school in Oklahoma. At the onset of this study, Oklahoma had higher ACE scores than any other state (America's Health Rankings, 2019). In addition, I grew up in West Virginia where students had higher ACE scores and experienced trauma more than any state other than Oklahoma (America's Health Rankings, 2019). I have been a presenter of ACE research and trauma-informed practices in educational settings since 2017 and have served in leadership for a school that utilizes a trust-based relational model since 1996. I train parents of children who have experienced trauma regarding trauma-informed care and the impact of trauma. I also teach middle and high school students how to self-advocate for a resilient future

through a framework that utilizes biblical principles and follows hope theory as defined by Snyder (1994) and Bernardo (2010). Hope theory describes the relationship between a goal for an improved future, a step-by-step pathway that anchors a person's thinking about the future to that goal, and personal willpower to pursue the steps to the goal (Snyder, 1994). In the absence of intrinsic willpower, the agency of others can be engaged to spur a student toward the goal (Bernardo, 2010). When students identify goals and develop plans to achieve those goals, students develop executive function and self-regulating skills that lead to resilience (Wynard et al., 2020). As an interviewer and as an evaluator of the data, I was empathetic to those who have experienced childhood trauma.

As a Christian, I believe there is benefit in sharing personal experiences. Revelation 12:11 (New American Standard Version Bible, 1971/1995) says, "And they overcame him because of the blood of the Lamb and because of the word of their testimony."

Phenomenological research provides the most likely conduit for my research to ignite the power of the testimonies of those who are resilient in the face of trauma. Creswell and Poth (2018) explain that a researcher's beliefs about a problem that develop over time through life experiences are known as philosophical assumptions and they have implications for practice. In my experience as a Christian, I have observed that faith in GOD is a significant factor that contributes to resilience for those who have suffered childhood trauma.

Procedures

Research began following approval from the Liberty University Institutional Review Board (IRB). Once IRB approval (see Appendix B) was secured, a small sample of select individuals allowed the completion of a pilot study to verify the efficacy, clarity, and wording of the planned interview questions (Creswell & Poth, 2018). Once the questions were found to be

appropriate, clear, and purposeful, the selection of participants began.

Recruitment Plan

The sample pool included resilient adults who had an ACE score of at least four on the CDC's ACE quiz and who had either a bachelor's degree or were employed as a manager. In addition, all participants were at least 24 years old and showed altruism in their career or volunteerism in Oklahoma. All participants met these criteria so that they could contribute to an understanding of the phenomenon (Creswell & Guetterman, 2019; Moustakas, 1994).

Active recruitment of the ideal participants commenced upon IRB approval (Appendix B) of the research design. The purposeful sampling method was employed to recruit qualified participants who would best inform the research about the phenomenon (Creswell & Poth, 2018). Purposeful sampling provided the most information rich participants. A set of criteria was constructed to identify the individuals that became participants in the study (Moustakas, 1994). Saturation, the point where no new information was gleaned (Creswell & Guetterman, 2019), was reached within the population size recommended for phenomenological studies. Creswell and Poth (2018) suggest in-depth interviews with up to ten participants. Moustakas (1994) mentions 12 to 15 participants in a sample letter to a participant in a phenomenological study. Furthermore, as the number of participants increases, the potential of the research process to present the essence of the phenomenon diminishes (Creswell & Guetterman, 2019). Therefore, to stick closely with Moustakas' phenomenological design recommendations and to ensure saturation without diminishing the essence of the phenomenon, the ideal population selected through a purposeful sampling method included 13 individuals.

During the first stage of the purposeful sampling process, I emailed or called individuals who have revealed their ACE score and other qualifications during public events and altruistic

activities to invite them to participate in the study. I have become aware of many individuals who meet the criteria for the study due to ongoing altruistic activities within schools, churches, foster care, and non-profits. Due to the longevity and nature of these altruistic activities, more than half of the needed participants were identified and confirmed through purposeful sampling.

Since participants were still needed after the initial stage of purposeful sampling, a snowball sampling recruitment method began. During the snowball sampling recruitment stage, potential participants or confirmed participants from the purposeful sampling stage were asked to identify other potential participants who met the criteria and might be willing to participate (Creswell & Guetterman, 2019). The potential participants identified through the snowballing stage were contacted by email or a phone call to invite them to participate in the study. The snowballing stage provided the additional needed participants to have a sufficient sample.

If a sufficient sample of the desired population had not been acquired through the first two stages of purposeful recruitment of the sample, the remaining participants would have been recruited through a purposeful convenient sample. The remaining participants would have been solicited from those who volunteer or work at three different organizations described here using pseudonyms; Nest, a behavioral health services provider for people recovering from trauma, addiction, or mental illness; Foster Network, a private foster child placing agency; and the Helping Hands Project, an organization founded to meet the needs of foster and adoptive families as they heal from trauma. The volunteers and staffs of these three organizations are rich in qualified participants. Site permission would have been obtained for each organization and then an email invitation would have been sent to their staff and volunteers inviting them to take part in the study accompanied by a qualifying questionnaire. Though this process was not

necessary to obtain a sufficient sample for this research, information to obtain a sufficient sample is being included in case any portion of this research design is repeated in the future.

Every email or phone invitation to potential participants included a description of the purpose of the study, qualifications to participate, and the time involved. A copy of the recruitment email can be seen in Appendix C and the script for verbal recruitment can be seen in Appendix D. The criteria to qualify as a participant in this study were an ACE score of at least four, completion of a bachelor's degree or management position, at least 24 years old, and altruistic activity. The CDC's ACE quiz, a shortened version of the ACE questionnaire designed and used in the original ACE research (Felitti et al., 1998) was provided for those who consented to participate. To follow how the quiz grants one point for up to ten categories of trauma suffered in childhood, see the ACE Quiz in Appendix E. The ACE quiz served during recruitment as a screening survey allowing a purposeful selection of participants who have an ACE score of at least four and who provided the most useful information through one-on-one recorded interviews during the study. A qualifying Demographic Questionnaire (Appendix F) was also provided at the same time as the ACE quiz. Eight of the participants also provided useful information through recorded focus groups. The ACE quiz and the questionnaire were completed using Qualtrics online survey software. I did not have authority over the participants. Each participant was assigned a pseudonym that was used throughout the study to identify the individual.

All participants provided informed consent (Appendix G) to participate in the research as described including the nature and purpose of the study, confidentiality measures, ethical procedures, and the responsibilities of participants and the researcher (Moustakas, 1994). The CDC's ACE quiz (Appendix E) served as a screening survey during recruitment to confirm the participants have an ACE score of at least four. The ACE quiz has been established as a valid

and reliable tool for assessing the likelihood of predicted negative outcomes in adulthood because of an individual's exposure to adverse childhood experiences. The ACE scale's validity and reliability were established in the original ACE research (Felitti et al., 1998) and numerous subsequent studies (CDC, 2022; Merrick et al., 2018). The quiz and scale continue to be utilized in research and by government agencies, public policy, and health and well-being settings (CDC, 2022).

Data Collection Plan

A critical aspect of qualitative inquiry is rigorous and varied data collection techniques. Demographic information on each participant was obtained including age, gender, marital status, religious affiliation, employment, and degree. While no trends were expected, the demographic data was collected using a demographic questionnaire (Appendix F) to explore possible patterns. The known profile characteristics included either employment as a manager or the completion of at least a bachelor's degree, an altruistic vocation or altruistic volunteerism in Oklahoma, as well as be at least 24 years of age.

All participants were given a writing prompt to complete and return by email one week before their face-to-face interview. The writing prompt provided to participants can be seen in Appendix H. The writing prompt served as the initial engagement and was intended to support the participants' readiness to take time to focus on their experience (Moustakas, 1994). Semi-structured interviews were conducted with all participants. Ongoing encouragement throughout the face-to-face interviews provided prompts so that participants expanded their descriptions to include impact and feelings (Moustakas, 1994). Maximizing an atmosphere of comfort and support for the participants was a priority (Moustakas, 1994; Patton, 2015).

Focus groups were also conducted to allow interaction between participants. Finally, follow-up emails were solicited from all participants to allow the inclusion of input not yet expressed but perceived to be important by the participants. The writing prompts, transcripts of the interviews, and the transcripts of the focus groups, and follow-up emails were studied to identify significant statements, themes, and patterns that emerge.

Writing Prompt

Moustakas (1994) suggests the implementation of an initial social conversation or brief meditative activity to set the tone before a phenomenological study interview. This initial data collecting activity also allows the participants to focus on the experience and initiates a frame of mind around the experience (Moustakas, 1994). Participants were asked to provide a detailed three to four paragraph response to a writing prompt and returned their response by email before their interview to allow the participants to provide personal reflections about their resilience that may extend beyond the parameters of the interview questions. In addition, this provided insight and guidance during the interviews and provided data early in the process. It also reduced the time required to complete the interviews and may have increased participation in the focus groups. To accomplish the goals of Moustakas' (1994) suggested initial inquiry during a phenomenological study, the writing prompt was, "The contexts or situations in my K-12th grade school experiences that contributed to my resilience (overcoming childhood adversity) are..." The writing prompt responses allowed me to gain potentially insightful information about the phenomenon outside of the information gained during the interviews (Creswell & Guetterman, 2019).

Semi-Structured Interviews

The primary and most appropriate data collection method for the phenomenological research design was a long semi-structured interview with individuals who had experienced the phenomenon being studied (Moustakas, 1994). Semi-structured one-on-one interviews with participants were completed using open-ended questions. Conducting one-on-one interviews is the most costly and time-consuming interview type (Creswell & Guetterman, 2019), but the transcendental phenomenological inquiry depends on questions that are designed to allow in-depth development of the structural descriptions of the conditions and contexts of the participants' experiences (Moustakas, 1994).

The interviewees were either employed as a manager or individuals with a bachelor's degree, so the expectation was that they would be articulate and engage with ease (Creswell & Guetterman, 2019). The interviews lasted up to two hours and were recorded. The interviews took place in person or using teleconferencing. If Zoom was used for the interview, the interview was recorded using Zoom's audio recording option, plus an audio digital recording device. Otherwise, the interviews were recorded using two audio digital recording devices. In-person interviews took place at the school where I am employed. Site approval for the use of the conference room or office of the school was requested (Appendix I) and obtained (Appendix J) from the President of the Board. A transcript was created from each interview utilizing the Otter transcription software.

The open-ended questions that were asked in the interview stage are as follows (see also Appendix K):

1. Please introduce yourself to me, as if we just met one another.

2. Please describe what influenced you to select the altruistic organization where you volunteer or work.
3. While in school did you benefit from an altruistic organization?
4. In what way did your adverse childhood experiences affect your success at school (K-12)?
5. Excluding the teachers, how do you describe the classroom environments (K-12) where you feel you were the most successful?
6. Excluding the teachers, please describe the classroom environments (K-12) where you feel you were the least successful.
7. Please describe any factors other than teachers that were the most significant in your school (K-12) success.
8. Please describe any factors other than teachers that undermined your school (K-12) success.
9. Please describe the (K-12) teachers who had the most positive impact on your success.
10. Please describe the (K-12) teachers who were a detriment to your K-12 success.
11. How would you describe the classroom mechanisms and practices (K-12) that were the most impactful regarding your success?
12. How do you describe the classroom mechanisms and practices (K-12) that were detrimental to your success?
13. In what way did extra-curricular activities (sports, Scouts, band, clubs, arts, etc.) contribute to your K-12 success?

14. In what way did participation in faith/church-based activities (church, Sunday School, VBS, Youth Group, etc.) contribute to your K-12 success?
15. Describe academic, athletic, and/or financial goals that you set for yourself when you were a student. Did anything or anyone in your school experience contribute to you accomplishing these goals?
16. Describe any career or life goals you set while you were a student for the time beyond high school graduation. Did anything or anyone in your school experience contribute to you accomplishing these goals?
17. How did you go about overcoming obstacles to your goals while you were in school?
18. Please describe two significant events that you feel contributed to your (K-12) success.
19. Please describe the one factor that you believe was the most significant and beneficial to your overcoming your adverse childhood experiences.
20. These topics can bring things to the forefront that may not be comfortable talking about. Thank you for your willingness to participate in this study. One final question... What else do you think would be important for me to know about the factors in school (K-12) that may have contributed to your resilience?

Questions one and two were designed to be non-threatening and help participants feel safe and comfortable, as well as to help them connect with the interviewer (Patton, 2015). The participants were reminded of their answer to the writing prompt before question number three, to help their recollection in forming an answer to the question. Questions three and four were intended to help the participants recall the positive experiences and difficulties they faced in school so that the remaining questions have foundation. Question three also had the intent of

revealing the impact of ACEs on school success that are found in the literature including poor academic performance, learning disabilities, and delayed brain development (Grasmick, 2017; Parris et al., 2015; Purvis et al., 2015; Reid et al., 2018).

Questions five and six were intended to examine the presence or absence of trauma-informed approaches experienced by the participants. The literature identifies core tenets for a trauma-informed approach include recognizing and signs and symptoms of trauma, responding by integrating knowledge of trauma, and resisting practices that retraumatize individuals (SAMHSA, 2014; National Child Traumatic Stress Network, 2017a). Therefore, resilient adults may have said that the classrooms where they were most successful were classrooms where teachers were mindful of students' difficulties, while the classrooms where they felt unsuccessful were classrooms where these core tenets were absent.

Questions seven and eight revealed that a meaningful relationship with a teacher supported the success of students with ACEs. A meaningful relationship with a caring adult has been identified as a protective factor leading to resilience for individuals with ACEs (Stride & Cutcher, 2015; Wolmer et al., 2016; Wynard et al., 2020). Questions nine and ten focused on significant factors that supported success or that undermined success for students with ACEs. Family and community support, as well as individual characteristics such as endurance and optimism (Hamby et al., 2017), could have emerged as significant factors that support student success while a lack of these supports could have emerged as undermining factors.

Questions 11 and 12 asked the participants to describe the classroom mechanisms and practices (K-12) that were the most impactful or detrimental for their success. Since research has identified brain development interventions, executive functioning skill development, and social-emotional learning activities as trauma-informed practices that overcome barriers to learning for

individuals with ACEs, these mechanisms could have been identified by participants as helpful (Grasmick, 2017; Parris et al., 2015; Purvis et al., 2015; Record-Lemon & Buchanan, 2017; Rishel et al., 2019). Classroom mechanisms and practices perceived as chaotic would contrast with those that support executive functioning skill development (Grasmick, 2017; Parris et al., 2015; Purvis et al., 2015; Record-Lemon & Buchanan, 2017; Rishel et al., 2019). So, these mechanisms and practices could have emerged as those that were detrimental to success and thus undermining resilience.

Questions 13 and 14 were intended to further develop the structural descriptions of the conditions and contexts of the participants' experiences (Moustakas, 1994). Question 13 revealed if the individual participated in activities that they enjoyed such as school sports teams, school clubs, after-school activities, and involvement in the Arts. Individuals who participate in activities that they enjoy have increased opportunities for engagement in strong meaningful relationships with their coach and team players leading to improved resilience in individuals with ACEs (OK25 by 25, 2022; Stride & Cutcher, 2015, Thomson & Jaque, 2016). In addition, these activities provide a way for students to experience a sense of belonging and this promotes resilience (OK25 by 25, 2022; Thomson & Jaque, 2016). Furthermore, caring relationships between students and extra-curricular teachers and coaches serve as a protective factor due to the aptitude and opportunity of the adult to be empathetic to students in relational environments (Stride & Cutcher, 2015). Extra-curricular activities and church-based activities provide the value of caring relationships that foster resiliency and positive adaptability (OK25 by 25, 2022; Stride & Cutcher, 2015; Thomson & Jaque, 2016). Furthermore, a symbiotic relationship has been found between resilience and creativity (Stride & Cutcher, 2015). School clubs and sports as well as church-based activities provide connections and the presence of meaningful

relationships with caring adults which contribute to resilience (Wolmer et al., 2016; Wynard et al., 2020). Meaningful and supportive relationships would be associated with belongingness and connection on Maslow's hierarchy (Maslow, 1943). These experiences that precede self-actualization on Maslow's hierarchy (Maslow, 1943) contribute to resilience (Hamby et al., 2017; Wolmer et al., 2016; Wynard et al., 2020).

Questions 15, 16, and 17 measured the participants' perspectives about the future while they were students. Being able to plan for the future and overcome obstacles is relative to self-actualization which is the highest level on Maslow's hierarchy of needs. In addition, an aptitude for seeing that a future goal is possible to obtain and for taking steps to attain that goal reflects high hope which is also associated with resilience (Gwinn & Hellman, 2018). Questions 18, 19, and 20 were intended to further develop the structural descriptions of the conditions and contexts of the participants' experiences (Moustakas, 1994) and to provide closure for the interview.

Focus Groups

The participants were invited to participate in a focus group to share their experiences. Focus groups were advantageous as a phenomenological data collection method to provide a shared narrative among participants around their shared experience in addition to valuable information that surfaced when participant engagement was prompted and enhanced by the shared experience of the other participants (Creswell & Guetterman, 2019). Two sessions were scheduled so that each group would have six participants providing more time for contributions per participant. The focus groups provided an opportunity for me to interact with multiple participants at the same time. The focus groups allowed complex, rich, multi-layered concepts from the perspectives of the participants. The focus group session was offered at the same locations as the one-on-one interviews to offer some familiarity and a level of comfort for the

participants. One focus group took place using Zoom teleconferencing. Participation in the focus group allowed validation of shared experiences for the participants. The focus group sessions were recorded and transcribed utilizing the Otter transcription software.

The participants were encouraged to introduce themselves using their names during the focus groups. Throughout the research, outside of the focus groups, a pseudonym was assigned to each participant and a code key was created to identify participants. The code key was kept separately from the data. The questions were designed to be non-threatening, to help participants feel safe, and to help them connect as they recognized similarities in their experiences (Patton, 2015). The open-ended questions that were asked in the focus groups served to confirm and expand on patterns and themes revealed in the preliminary analysis of initial data (Patton, 2015). The preliminary questions asked in the focus groups changed following the initial data analysis (see Appendix L). The preliminary focus group questions were as follows:

1. Please introduce yourself to the group. Please also describe what influenced you to select the altruistic organization where you volunteer or work.
2. Since the completion of your interview, are there experiences that you would like to add or expand upon?
3. Please describe the most positive aspect of your K-12 experience.
4. Please describe the most difficult aspect of your K-12 experience.
5. Please discuss any goals that you set while in school that were accomplished in adulthood.
6. If you consider yourself resilient, please discuss the reason(s).
7. Please discuss the role, if any, your educational experience had on your resilience.

8. Please discuss any supports that if they had existed would have supported you in school.
9. Please discuss how school settings can stimulate or cultivate resilience.
10. Please discuss recommendations or advice you have for K-12 students with your childhood.
11. Please discuss any additional information you would like to share concerning your K-12 experience that contributed to your resilience.

Question one was designed to be non-threatening and help participants feel safe and to help them connect as they recognize similarities in their experiences. Questions two, three, and four were intended to provide an opportunity for participants to share experiences that have come to mind since the individual interview. Question five revealed if any hope-building frameworks were active in the participants' K-12 experience where an identified goal that was more hopeful than their circumstances at the time spurred the individual to pursue the steps to the goal (Gwinn & Hellman, 2018). Hope in a more positive future through the pursuit of a goal improves an individual's resilience (Gwinn & Hellman, 2018). Questions six through nine launched participants into direct discussion about the factors that cultivated resilience including the factors that were missing in their K-12 experience that would have enhanced their resilience. Question ten provided the participants a redemptive opportunity to share meaningful life lessons that have been gleaned from their adverse experiences. Question 11 provided an open-ended opportunity for participants to describe experiences that contributed to their resilience that were not mentioned in previous discussions (interview or focus group).

Data Analysis

The data from all interviews and conversations was analyzed using a step-by-step process following the procedures identified for transcendental phenomenological research designs (Moustakas, 1994). The data analysis steps included epoché, phenomenological reduction (including bracketing and horizontalizing), synthesis, and imaginative variation (Moustakas, 1994). The data from the writing prompt, interview transcripts, focus group transcripts, and follow-up emails was analyzed to identify significant statements and emerging themes in the descriptions (Moustakas, 1994). These significant statements, themes, and patterns were examined and served as the framework for understanding the phenomenon (Moustakas, 1994). Nvivo software was used to manage, organize, and manipulate the data from transcripts and writing prompts allowing easier identification of emerging themes (Creswell & Poth, 2018). An emphasis was placed on defining the dynamics and the underlying meaning of the perceptions, feelings, thoughts, and emerging themes within the context of the shared experience (Moustakas, 1994). Maslow's hierarchy of needs was considered throughout the analysis of the data.

Epoché

To push the study beyond the limitations of the researcher's personal biases, an epoché process was employed (Moustakas, 1994). A disciplined epoché process included intentional efforts to continuously set aside my personal experiences, prejudgments, and preconceptions, as well as previous beliefs and knowledge of the phenomenon from the data gathering (Moustakas, 1994). This maximized the advantage of the transcendental research design and managed my passion for the topic (Moustakas, 1994). In addition, this made way for a naïve and receptive listening ear for participants as they described their experience (Moustakas, 1994).

Phenomenological Reduction

The data was analyzed and footnoted through a phenomenological reduction process (Moustakas, 1994). Through the reduction process, I sifted and resifted through the data, narrowing down the necessary statements and experience descriptions to only those that were the texturally rich essence of the phenomenon (Moustakas, 1994). The phenomenological reduction included bracketing and horizontalizing (Moustakas, 1994). Bracketing is the process of highlighting the focus of the research to protect the topic and the research question as the analysis process occurs (Moustakas, 1994). Horizontalization is the initial effort to treat every statement with as much validity and value as the next (Moustakas, 1994). Once bracketing and horizontalization were ensured, horizons (meaningful ingredients) were identified through the elimination of irrelevant, repetitive, and overlapping statements (Moustakas, 1994). Next, I moved forward in clustering the identified horizon statements (Moustakas, 1994). These clusters were organized into meaningful descriptions of the phenomenon that became themes and subthemes that served as a textural description of the phenomenon (Moustakas, 1994).

Imaginative Variation

Several interpretations of the data were explored through imaginative variation to ensure the most appropriate theme for the structural descriptions (Moustakas, 1994). Structural descriptions are those that describe the conditions and contexts of how things occurred (Moustakas, 1994). This was accomplished through the exploration of various plausible, likely, and derived descriptions of the experiences as well as possible connections between experiences (Moustakas, 1994). To explore the various descriptions of the experiences, I reviewed the data multiple times to examine the participants' experiences from all imagined intended meanings and interpretations to derive structural themes such as time, space, materiality, causality, and

relationships (Moustakas, 1994). Imaginative variation led to the identification of themes that existed in the underlying structural contexts that contribute to the phenomenon (Moustakas, 1994).

Synthesis

After the phenomenological reduction process resulted in a textural description and the imaginative variation process resulted in a structural description, the textural and structural descriptions were integrated into a unified description (Moustakas, 1994). This cohesive statement of the essences of the experiences reflecting what happened in the participants' experiences (textural description), as well as the conditions and contexts of how things occurred (structural description) was developed (Moustakas, 1994). Finding common descriptions of experiences from various participants as well as common themes within multiple data sources (the writing prompt responses, interviews, and focus group data) confirmed the validity of the descriptions that developed as the clustered statements and themes were organized (Moustakas, 1994).

Conceptualization of the Phenomenon

A combination of the textural and structural descriptions was developed to conceptualize the essence of the experiences (Moustakas, 1994). Finally, this description of the shared experiences that emerged was reported as the essence of the phenomenon (Moustakas, 1994). The result is a contribution to the body of literature about the phenomenon that includes a description and interpretation of the participants' experiences leading to a call for action or change (Creswell & Poth, 2018).

Trustworthiness

Credibility, dependability and confirmability, transferability, and the Epoché process as aspects of trustworthiness have been addressed in the research plan. Epoché process information is addressed in the Role of the Researcher earlier in this chapter. The strategies employed for each of these aspects are the intentional efforts and work to protect the accuracy of the findings (Creswell & Poth, 2018). In addition, these strategies add strength to the findings (Creswell & Poth, 2018).

Credibility

Credibility is the extent to which the richness and depth of the data are corroborated across multiple sources of data (Creswell & Poth, 2018). Multiple avenues of data sources including a writing prompt, interviews, and focus groups provided triangulation of data to increase credibility (Creswell & Poth, 2018). Additionally, member checking was utilized (Birt et al., 2016). The participants had an opportunity to confirm the accuracy of the description of their interview by affirming if the description was complete and truthful, if the recognized themes were accurate, and if the interpretations were reasonable and appropriate (Creswell & Guetterman, 2019).

The researcher remained accountable to the dissertation committee. All published work that supports the study is cited throughout the written report. Finally, the researcher's prolonged engagement and persistent observation in the field adds to the study's credibility (Creswell & Poth, 2018).

Transferability

Transferability is the extent to which the results of this research can be generalized or transferred to other contexts (Creswell & Poth, 2018). The thick rich descriptions that result from

a phenomenological design contributed to transferability (Creswell & Poth, 2018). The weight of the known outcomes of childhood trauma is carried across various contexts including the fields of health, psychology, law enforcement, social services, public policy, and education (Grasmick, 2017; National Child Traumatic Stress Network, 2017b). Attitudes and practices that are identified as agents of resilience are likely to be applicable no matter the context. Since the participants' shared experiences took place in various schools with various settings, the transferability of the study is improved (Creswell & Poth, 2018).

Dependability and Confirmability

Dependability and confirmability were provided through the consistency of the detail provided by the participants across varied data collection techniques and the prolonged engagement required for the varied data collection techniques (Creswell & Poth, 2018). To increase the richness and thickness of the information gathered, participants were granted multiple prolonged engagement avenues to provide information including interviews and focus groups (Creswell & Poth, 2018). In addition, dependability and confirmability were established using direct quotes to ensure rich, thick descriptions (Creswell & Poth, 2018).

Participants were provided with an email address. This allowed participants the opportunity to provide information that came to mind following the interview or focus group. The follow-up emails allowed the inclusion of input not yet expressed but perceived to be important by the participants. The follow-up email opportunity was provided as a form of member-checking, a process where participants can consider further contributions as well as the accuracy of accounts already described (Creswell & Guetterman, 2019).

Ethical Considerations

The research process began only after IRB approval (see Appendix B) from Liberty University was received (Creswell & Poth, 2018). Since this research study sought to understand the shared lived experiences of resilient adults, there were ethical considerations in dealing with human participants (Creswell & Poth, 2018). Informed consent forms (Appendix G) that describe the purpose of the study were reviewed and signed by the participants before data collection began (Creswell & Poth, 2018). Before and during the study, the participants were reminded that they have the freedom to withdraw from the study at any time. All digital research documents, recordings, and data were kept secure using passwords (Creswell & Poth, 2018). All physical documents, transcripts, recordings, and data were kept in a locked fireproof filing cabinet (Creswell & Poth, 2018). These practices ensured the confidentiality of the participants for up to five years upon the completion of the study (Creswell & Poth, 2018).

All published work that supports the study was cited throughout the written report. The participants were all assigned pseudonyms to protect their privacy. Childhood trauma is a private issue making the need for maintaining confidentiality exponential. Pseudonyms were provided for all participants to protect their privacy (Creswell & Guetterman, 2019). Pseudonyms were also utilized in exchange for the names of schools, organizations, and mentioned individuals (teachers, coaches, etc.) to protect the identity of all and to minimize the risk of potential negative results influencing the participants and all individuals and places mentioned in the study. Completing the ACE quiz and talking about childhood can bring negative memories to the forefront for participants.

Summary

This study utilized a transcendental phenomenological approach to examine how resilient adults perceive the constructs within K-12 school environments that contributed to their resilience. The setting for the study was Oklahoma. The participants for the study were individuals who are at least 24 years of age, have an ACE score of at least four on the CDC's ACE quiz, and, against the odds, they have completed a bachelor's degree, or they are employed as a manager. A systematic review of all the data collected through the initial writing prompts, the interview and focus group transcripts, and the follow-up email journals allowed rich data gathering and for significant statements to emerge as themes to build an understanding of the shared experience of the participants. Aspects of trustworthiness of the findings including credibility, dependability, and confirmability, transferability, and bracketing of the researcher's personal assumptions were addressed through the employment of strategies that protect the accuracy of the findings and add strength to the findings. In conclusion, ethical considerations were addressed including sensitivity to the participants' well-being.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this transcendental phenomenological study is to describe the K-12 school experiences that contributed to resilience in adulthood for individuals with adverse childhood experiences (ACEs). This chapter presents the results of the data analysis as the findings of the study, beginning with a description of the demographic information of the 13 participants. Their Adverse Childhood Experience (ACE) score and markers of resilience are included to show the extent to which they fit the study's planned criterion. A table showing demographic descriptions of the participants is provided. Next, there is an overview of the data, in the form of narrative themes, charts, tables, presented by theme; outlier data; and responses to research questions. The interpretation and discussion of results are presented in the next chapter, Chapter Five.

Participants

The purposeful sampling method was used to select 13 information-rich participants. Table 1 provides descriptions of the participants. Pseudonyms have been assigned to participants to protect their confidentiality. Individual descriptions of each of the participants is provided in this section. The participants are all over the age of 35, exceeding the desired minimum age of 24 to ensure resilience endured into adulthood. Also, as planned, the participants have all been identified as resilient adults who displayed altruism in their career or volunteerism in Oklahoma. There were four male participants and nine female participants. One participant has obtained a doctorate, four have master's degrees, six participants have bachelor's degrees, and two have college hours without degrees. The two participants who do not have degrees are business owners. Though three participants are currently retired, the occupations of the participants include teachers, managers, business owners, non-profit leaders, a civil servant, a counselor, and

a pastor. All participants have either been employed in altruistic careers or have long-term volunteerism in altruistic organizations. Since each one has an ACE score of at least four matched with significant altruistic behavior, the participants meet the criteria to be identified as wounded healers.

Table 1

Participants

Participant (Pseudonym)	ACE Score	Gender	Age	Ethnicity	Educational Attainment	Occupation	Marital Status
Abby	6	Female	45-50	Caucasian	BS/BA	Teacher	Married
Alice	6	Female	50-55	Caucasian	Master's	Counselor	Re-married
Anna	10	Female	45-50	Caucasian	1 semester	Business Owner	Re-married
Betsy	5	Female	40-45	Caucasian	BS/BA	Teacher	Divorced
Ben	10	Male	55-60	Caucasian	BS/BA	Retired Manager	Married
Candice	6	Female	35-40	Asian-American	Master's	Public Servant	Single
Cory	7	Male	35-40	Caucasian	Master's	Teacher	Single
Dave	9	Male	75+	Caucasian	Doctorate	Retired Pastor	Widower
Jane	4	Female	35-40	Caucasian	BS/BA	Teacher	Married
Martha	5	Female	60-65	Caucasian	BS/BA	Non-Profit Leader	Married
Millie	8	Female	50-55	Caucasian	200 credit hours	Company Co-Owner	Married
Raymond	4	Male	70-75	Caucasian	BS/BA	Retired Manager	Married
Shannon	10	Female	45-50	Caucasian	Master's	Non-Profit Leader	Married

Abby

Abby is a Caucasian woman between the ages of 45 and 50 with an ACE score of six. She has been married for over 24 years and has never been separated from her husband. Since the age of 18, Abby has not abused alcohol or prescription drugs, used illegal drugs, or smoked cigarettes. She affiliates with the Christian faith and says she practices her faith by reading the Bible, time in worship, and going to church. Abby has a bachelor's degree. She has chosen an

altruistic career as a pre-kindergarten teacher and has worked at the same school for the past five years. She reports that she volunteers weekly in an altruistic organization outside of her employment. She also reports that she has never been accused of or committed a crime. She has never received unemployment. Abby has pursued the support of a counselor, therapist, or support group to process her adverse childhood experiences. Since the age of 18, Abby has not been homeless, and has had the ongoing availability of utilities including water, electricity, and temperature control.

Alice

Alice is a Caucasian woman between the ages of 50 and 55 with an ACE score of six. She has been divorced but is remarried without separation for over 16 years. Since the age of 18, Alice self-reports that she has not abused alcohol or prescription drugs, used illegal drugs, or smoked cigarettes. She affiliates with the Christian faith, attends church once a week, volunteers at her church, does daily devotions, and listens to scripture each morning. Alice has a master's degree. She has chosen an altruistic career as a therapist serving in a non-profit organization where she provides mental health services to vulnerable populations. In addition, she volunteers weekly in an altruistic organization in addition to her altruistic employment. Alice reports that she has never been accused of or committed a crime. She has never received unemployment or any government subsidy. Alice has had the support of a counselor, therapist, or a support group, to process adverse childhood experiences. Since the age of 18, Alice has not been homeless, and she has had the ongoing availability of utilities.

Anna

Anna has an ACE score of ten. She is a white woman between the ages of 45 and 50. Anna has been divorced but is now remarried and has been married without separation for over

ten years. Since the age of 18, Anna reports that she has not abused alcohol or prescription drugs, used illegal drugs, or smoked cigarettes. Anna said that she affiliates with the Christian faith, lives by her faith beliefs, and reads the Bible and prays daily. Anna is a business owner and a partner in a second organization. She founded an altruistic nonprofit that provides specialized therapy for children with special needs. Anna volunteers weekly and serves on the board of the nonprofit. She also serves on the board and on multiple committees of another nonprofit that serves families of students with special needs. Anna reports that she has never been accused of or committed a crime and has never received unemployment or any government subsidy. Anna has had the support of a counselor, therapist, or support group to process her childhood trauma. Since the age of 18, she has not been homeless, and she has had the ongoing availability of utilities.

Betsy

Betsy is a Caucasian woman between the ages of 40 and 45 with an ACE score of five. Betsy is recently divorced. Since the age of 18, Betsy has not abused alcohol or prescription drugs, used illegal drugs, or smoked cigarettes. Betsy affiliates with the Christian faith and says that she reads the Bible, worships God, has a relationship with Jesus, goes to church regularly, and attends a small group with others who share in her faith. Betsy has a bachelor's degree and has an altruistic career as a teacher in a high poverty district with a high homeless rate and a high volume of students who have experienced trauma. She reports that she has never been accused of or committed a crime. Betsy has never pursued the support of a counselor, therapist, or support group to process her ACEs. Since the age of 18, Betsy has never received unemployment, has not been homeless, and has not gone without the availability of utilities.

Ben

Ben is a Caucasian man between the ages of 55 and 60 and has an ACE score of ten. Ben has been married without separation for over 35 years. Since the age of 18, Ben has not smoked cigarettes. He reports abusing alcohol in his twenties. Ben affiliates with the Christian faith and says that he prays, reads the Bible, and regularly attends a small group with others who share in his faith. Ben has a bachelor's degree, is a retired manager, and volunteers weekly for an altruistic organization that specializes in supporting children with trauma. He is a disabled veteran who has served as a foster parent for children who are difficult to place. Ben reports that he has never been accused of or committed a crime. Ben has pursued the support of a counselor and a trauma therapist to process his ACEs. Since the age of 18, Ben has never received unemployment, has not been homeless, and has had the availability of utilities.

Candice

Candice is an Asian-American woman between the ages of 35 and 40 with an ACE score of six. Candice has never been married. Since the age of 18, she has not smoked cigarettes, or abused alcohol or prescription drugs. Candice has not committed a crime, except that, in the past, she has used illegal drugs. She reports that she has never been accused of a crime. She affiliates with the Christian faith and says that she prays, journals, discusses faith with others, and enjoys nature to connect with God. Candice has a master's degree. In her altruistic vocation in public service, she works to advocate for vulnerable and marginalized populations. She has also worked for a nonprofit that served girls in low-income schools, living in public housing, and who were involved in the justice system. In addition to her altruistic employment, Candice also regularly volunteers for an altruistic organization. Candice has pursued the support of a counselor,

therapist, or support group to process her ACEs. Since the age of 18, Candice has experienced homelessness, but she has never received unemployment or any government subsidy.

Cory

Cory is a white man between the ages of 35 and 40 with an ACE score of seven. Cory has a master's degree and has never been married. Since the age of 18, Cory has not smoked cigarettes but has abused alcohol or prescription drugs in the past. Cory affiliates with the Christian faith and says that he tries to be involved in spiritual disciplines that help him to center his faith including being involved in a church, reading the Bible, praying, memorizing scripture, and spending time with others who have similar faith. Cory has an altruistic career as a teacher, and he volunteers at least monthly for an altruistic organization. Cory reports that he has never been accused of or committed a crime. Cory has pursued the support of a counselor and trauma therapist to process ACEs. Since the age of 18, Cory has never received unemployment, has not been homeless, and has had the availability of utilities.

Dave

Dave is a Caucasian man over the age of 75 with an ACE score of nine. Dave is a widower after more than 55 years of marriage without separation. Since the age of 18, Dave has not smoked cigarettes, used illegal drugs, or abused alcohol or prescription drugs. Dave affiliates with the Christian faith and says that he reads the Bible, prays almost daily, worships corporately every week, shares his faith with others, tithes his income to the church, and gives to the poor. Dave has a doctorate and is retired from his altruistic career as a pastor. He volunteers monthly for an altruistic organization. He reports that he has never been accused of or committed a crime. Dave has pursued the support of a counselor to process his ACEs. Since the age of 18, Dave has

never received unemployment, has not been homeless, and has had the continuous availability of utilities.

Jane

Jane is a white woman between the ages of 35 and 40 with an ACE score of four. Jane's father died when she was very young. She does not affiliate with a religious faith. Jane has a bachelor's degree and has an altruistic career as a teacher. In addition, Jane and her husband of 16 years have been foster parents. They now co-parent children they used to foster providing financial and familial support for the biological parents. She reports that she has never been accused of or committed a crime. Jane has pursued the support of a counselor, therapist, or support group to process her ACEs. Since the age of 18, Jane has never received unemployment or other government subsidy. She has not been homeless and has not gone without the continuous availability of utilities.

Martha

Martha is a Caucasian female between the ages of 65 and 70 with an ACE score of five. Martha has been married for over 35 years. She affiliates with the Christian faith and practices her faith through attending church. She has a bachelor's degree and serves as the leader of a nonprofit organization that provides resources, direction, and support for altruistic organizations. Martha currently serves on the boards of at least three altruistic organizations. Since she was 18 years of age, Martha has not been homeless and has not gone without the continuous availability of utilities.

Millie

Millie is a Caucasian woman between the ages of 50 and 55. Millie has been married for over 20 years and has never been separated from her husband. Since the age of 18, Millie has

abused alcohol or prescription drugs, but has not used illegal drugs or smoked cigarettes. Millie affiliates with the Christian faith and says she prays, studies the Bible, attends church, spends time with others who believe as she does, and lives her life with a biblical worldview. Millie has over 200 hours of college credit but does not have a degree. Millie is co-owner of a business. She serves on the board an altruistic organization and volunteers as an advocate for vulnerable children through another entity. She also reports that she has never been accused of or committed a crime. She has never received unemployment or any other government subsidy. Millie has pursued the support of a counselor to process her childhood trauma. Since the age of 18, Millie has not been homeless, and has had the ongoing availability of utilities including water, electricity, and temperature control.

Raymond

Raymond is a white man between the ages of 70 and 75 with an ACE score of four. Raymond has been married for over 50 years without separation. Since the age of 18, Raymond reports that he has not smoked cigarettes, used illegal drugs, abused alcohol, or abused prescription drugs. Though at one time, Raymond was under the care of a Christian denomination as a seminary candidate, Raymond does not currently affiliate with any religious faith. Raymond has a bachelor's degree and is now retired. He volunteers monthly for an altruistic organization. He reports that he has never been accused of or committed a crime. Raymond has not pursued the support of a counselor or therapist to process his childhood trauma. Since the age of 18, Raymond has received unemployment, but he has not experienced homelessness and has had the continuous availability of utilities.

Shannon

Shannon is a white female between the ages of 45 and 50 with an ACE score of ten.

Shannon has been married for over 25 years with a separation. Since the age of 18, Shannon has not abused alcohol or prescription drugs, and has not used illegal drugs or smoked cigarettes. Shannon affiliates with the Christian faith. She has a master's degree and serves as a director on the staff of a nonprofit that supports foster families and children. Shannon reports that she has never been accused of or committed a crime. She has never received unemployment but has been the beneficiary of an unnamed government subsidy in the past. Shannon has pursued the support of a counselor and a trauma therapist to process her childhood trauma. Since the age of 18, Shannon has not been homeless, and has had the ongoing availability of utilities including water, electricity, and temperature control.

Results

The raw data analyzed included over 320 single-spaced pages of transcribed data collected through questionnaires, a writing prompt, individual interviews, focus groups, and follow-up emails. The origination of each quote was maintained throughout the analysis. The horizons (meaningful ingredients) were identified and clustered into meaningful descriptions of the phenomenon that developed into six primary themes and multiple subthemes. The themes that emerged serve as a textural description of the phenomenon. A descriptive narrative and the supporting participant quotes that generated the essence of the experience is provided for each theme and subtheme. The themes overlap and intersect but have been organized with intentionality to include all horizons. For easier consideration of all themes identified in the study see Table 2.

Table 2*Themes*

Theme 1: A Sense of Safety
Impact of ACEs on Learning
Basic Needs Met
School Environment Polarity from Home Environment
Theme #2: Structure as Security
Clear Expectations and Boundaries
Routines
Calming Classroom Design
Theme #3: Connection and Community
Relationship with a Caring Adult
Classroom as a Community
Friendships
Theme #4: Affirmation
Effort and Improvement
Gift Identifying Moments and Events
Negative Voices at Home
Theme #5: Hope and a Reason to Continue
Goals
Purpose
Faith
Theme #6: Distraction and Escape
Reading and Pretending
The Arts
Extra-Curricular Activities
Outlier Data and Findings
Personal Inner Codes
Fear

In addition, the substance of each theme identifying the school experiences that contribute to resilience in adulthood could not be fully understood without the polarity of the participants' home experience. Therefore, there are two subthemes that provide clarity regarding the polarity between the participants' home experience and their school experience.

Pilot Study

A pilot study was completed to verify the efficacy, clarity, and wording of the planned interview questions (Creswell & Poth, 2018). Three individuals completed pilot interviews. With

each interview, the order of the questions was adjusted as well as wording was revised for some questions. In addition, even though the questions focused on experiences at school, the questions did trigger memories of unfortunate experiences at home, causing tearful responses for all pilot participants. The pilot study made it increasingly clear that great sensitivity would be imperative throughout every interview and focus group. Participants were encouraged to take a break and not to push themselves. Without exception, the themes and findings of the pilot study coincide directly with the themes and findings of the study.

Theme #1: A Sense of Safety

Though the interview and focus group questions did not focus on safety, this theme overshadowed and intersects with all others that emerged. The word safe or safety was mentioned over 200 times as participants described their experiences at school that contributed to their resilience. Participant references to school included referring to school as a safe haven, a safety net, a cocoon, a bubble, and a warm blanket. Participants did not look forward to summer or school breaks and wanted to go to school even if they were sick. Every participant described school as a place where they experienced feelings of safety. Dave said in his interview, “I didn’t have a safe place to run, except to school.” Even those that experienced bullying and constant relocation preferred being at school over being at home. In her interview, Anna said, “...throughout my entire life, I looked forward to going to school. Whatever I dealt with at school... bullying, or being made fun of, or whatever... was 100% less traumatic than what I lived in.” During a focus group, Dave recalled, “I wasn't bullied, but I was always afraid of that. So, I was always trying to posture emotionally and fit in spatially so that I would be safe.” The other participants in the focus group identified with his experience and explained that they also avoided students who were known as bullies.

At school, participants felt more secure and stable, and they described school as a place where they could breathe and be themselves. Though the questions did not focus on safety at school, the participants continuously described their school experiences through the lens of those things that enhanced their sense of safety. In addition, participants often described their school experiences in a way that recalled how the experience contrasted with their experience at home, further enhancing their feelings of safety at school. Millie wrote, “I was tired and fearful and school brought me routine and safety. I carried a lot of shame and defeat, and my teachers lifted my face. God provided faithful stewards of His lovingkindness and I’m forever grateful.” Concentrating at school was often difficult, since participants were often exhausted, or their minds were preoccupied with their situation at home.

Impact of ACEs on Learning

Nine participants described that they excelled academically. Even those who experienced academic success said that, while at school, their thoughts were often preoccupied with unmet needs, past traumatic events, what they would face when they returned home, the unpredictability of the future, or keeping secrets about their home life. Emotional distress in the form of fear and anxiety were common and pervasive. Janie, Anna, and Amy had learning disabilities that were not diagnosed until adulthood. Five participants changed schools often requiring constant reintegration, loss of friendships, building new friendships, and learning the systems within each new school. One woman changed schools 11 times and another changed schools 14 times. Two participants dealt with recurring stomach aches accompanied by emotional distress. In his interview, Dave best described the struggle at school, as he wrestled with the effects of his ACEs:

It took so much energy to keep all of that stuff crammed. It was like I had a big trashcan inside of me and I had all this stuff that I was keeping crammed down in the trash can and trying to keep a lid on it. It took so much energy. I could have a day where I did nothing, you know, as a kid, as a seven, eight, nine-year-old kid, and actually into adulthood, where, by the end of the day, I'd be exhausted just from keeping the lid on the trash can.

Participants' sense of safety contributed to their overcoming the impact of ACEs on learning. In her interview, Candice explained feelings of anxiety and nervousness, that stemmed from her ACEs. These feelings, exhaustion, and the struggle to focus on learning activities were common among participants. Candice said,

When I'm feeling very anxious, or there's a lot on my mind, I cannot focus on reading.

When I think back to my childhood, I had those issues. My assumption is a lot of that had to do with anxiety that was not named back then, you know. I couldn't really concentrate.

So, I felt uncomfortable in my classes where I had to read quickly. That comprehension piece would make me nervous. I wanted to be smart, and I wanted to cry. But I wanted to be smart, I wanted to succeed.

“Being safe” at school did not equate to “feeling safe” at school. As feelings of safety increased at school, anxiety and hypervigilance subsided, and the participants found more success in learning.

Basic Needs Met

While 100% of the participants preferred the safety of the school environment over home, eight participants did not have all their basic needs met. One participant had a period of homelessness and five participants had to move often. One participant expressed appreciation for the warm temperature available at school, several had limited clothing, and several faced food

insecurities. When their basic needs were not met at home, participants found relief at school. Anna shared in her focus group, “School was where I was safe, and I got fed well.”

Cory and Millie both shared that the opportunity to let their guard down at school granted them windows to sleep while in class. Millie changed schools 14 times between kindergarten and her high school graduation. She noted:

We didn't get consistent sleep and I was really tired a lot. I remember just being sleepy all the time, and really trying to stay awake. I would worry about my siblings, and sometimes worried about my mom while I was there (at school). It feels like my attention was really fuzzy. Knowing that I needed to be thinking about what we were doing, I was usually thinking about something else.

While home presented ongoing unpredictability about basic needs, the school environment consistently provided food, shelter, warmth, and even the opportunity to sleep. Abby, Betsy, and Millie recalled that school was the place where they could breathe. This consistency in the provision of basic needs, increased feelings of safety for participants.

School Environment Polarity from Home Environment

Participants' home experiences elevated the benefits of being at school beyond the academic. Alice noted during her interview:

...there was lots of harm happening at home with my family...and I just remember it (school) being like, the most safe place. I just remember I could relax and be a kid there.

School did give me some relief. Like, that was my safe place.

Millie shared in a focus group:

At home, I didn't experience being seen or feeling any moments of safety, but I did at school. It was also meaningful in that I wasn't afraid of being hurt when I was in

school...I was hypervigilant and had that kind of fear going on, but ...it (school) was the safe place, and it provided me a chance to breathe.

Participants lived in unpredictability and chaos at home, resulting in hypervigilance, exhaustion, and fear that was pervasive. Jane shared in a focus group,

I think the school was kind of a safe haven. It was where my consistency was and where I was my own person and had more control over my environment or the outcomes of my choices versus home where I feel like everything was very unpredictable.

The school environment provided experiences that were opposite from the experiences at home, making school a more desired location. Table 3 provides an overview of the contrast between the participants' descriptions of their experiences at home and the descriptions of their experiences at school. The primary distinction made by the participants was that school was safe, while home was not safe.

Table 3

Contrast of School Experience and Home Experience

Home Experience	School Experience
Unsafe	Safe
Fear	Peace
Powerlessness	Autonomy
Isolation	Connection
No Direction	Encouragement
Criticism	Affirmation
Unknown Traps	Clear Expectations
Constant Change	Consistency
Unpredictability	Predictability
Chaos	Structure
Need Insecurity	Needs Met

Theme #2: Structure as Security

Outside of school, the participants lived in chaos, dysfunction, and unknowns, therefore the participants were in search of predictability and security that was often available as structure at school. Participants were able to thrive best in classrooms and schools that provided structure in the form of clear expectations and boundaries, routines, and calming classroom designs. In her interview, Anna best stated how vital structure was at school:

If you have a high ACE score and you're living in an environment of abuse, there's no structure. There's no security. You don't know what the emotion is going to be. You don't know what's expected of you. It changes. You live walking on eggshells. So, if you walk into a classroom and the teacher has really good structure, so that you know your boundaries, you know your expectations, you know the routine for the day, that is life and death for a child that is living in abuse.

Clear Expectations and Boundaries

Participants valued schools and classrooms that defined behavior and work expectations through explanation of guidelines and requirements. In addition, when teachers addressed behaviors that breached behavior boundaries, feelings of safety improved. In contrast, feelings of safety diminished, and feelings of discomfort were perpetuated in classrooms with pop quizzes, or where teachers required something without warning, called on students who did not express readiness, or teachers did not address behaviors that breached boundaries. When parameters for work and behavior were known, students felt more secure, while unexpected experiences undermined feelings of safety. In a focus group, Dave said,

You had to do your work and I didn't mind doing the work when they (teachers) were clear about what work you needed to do. I do like that kind of structure, and I didn't have it anywhere else in my life. I didn't bring it, but they put it there for me.

Millie added,

I love how Dave said, "I didn't bring it and I didn't have that at home, and they put it there for me." I wrote it down because I think that's so well said. It's something that schools can provide really well. What a gift that is.

Feelings of safety were elevated in classrooms where expectations were balanced with nurturing affirmation. Affirmation was also identified as a theme and is defined later in this section.

Routines

Participants found the routines of the school day comforting. Routines provided stability and heightened feelings of peace and safety. School provided the predictability and consistency of a daily schedule with known patterns and routines. This allowed students to experience order at school, while outside of school they lived in chaos. The school day provided routines including carpools, playground times, recess, and lunchtime. Individual classrooms provided routines such as morning meetings, work procedures, and the organization of books and resources. For participants, all these things added to their feelings of safety. Martha explained, "It was peaceful. I remember the lunchroom. Just those patterns and those things that just were always the same and I think were probably pretty good for me and brought a lot of stability."

Calming Classroom Design

Well organized classrooms with consistent arrangements allowed participants to focus. Millie commented that well organized classrooms "just felt safe. I keep going back to that word, but it felt like it helped me take my energy, efforts, and attention and focus it." Classrooms that

were cluttered, unorganized, or where much of the wall space was covered, and an abundance of things hung from the ceiling, felt chaotic. These types of distractions were over-stimulating and made it difficult for students to concentrate. In her interview, Martha said:

The structure of everything really made a difference to me. I think of the things that were highly organized and structured, I think of the fact that we all had assigned seats (helped me). You knew where you were supposed to be, and everything was organized and tidy and clean. Our house was a mess.

Classrooms that display student work or encouraging quotes in balanced organized ways cultivated feelings of safety. Participants were most comfortable and able to engage in learning in classrooms with assigned seating and where the arrangement of desks allowed a full view of everyone in the classroom. Classroom arrangements where students had other students sitting behind them heightened feelings of anxiety and the need to be hyper-vigilant. Alice explained it this way:

I didn't like it when I would be somewhere where there was a person on every side of me. It did not feel safe, like my radar was always up. So, if I was ever to the side, or there were some classes where we had like a square or a rectangle, and we could all see each other...I liked that so much better, because I was constantly scanning what was going on to see that there was nothing going around or behind me that I had to worry about. That was really helpful for me.

Classroom design and arrangement either cultivated feelings of safety and security, or perpetuated feelings of chaos and anxiety that increased hyper-vigilance.

Theme #3: Connection and Community

As students, the participants found ways and places to belong and connect. For some, a relationship with a caring teacher or coach provided support and encouragement. Some benefitted from classrooms that were intentionally facilitated to feel like a community. The connections provided through relationships with caring teachers, a group of friends, a classroom community, or an extra-curricular group or team fostered connection and feelings of belonging that contributed to the participants' sense of safety at school. Betsy described the connection available at school during her interview when she said:

I can pinpoint the teachers that tried to create a safe space, that wanted to have a relationship with us, that made us feel like we could be ourselves. I think making your classroom a safe space, taking just a little bit of your time to focus in on that child and make them feel heard. Listening to them talk about things that maybe have nothing to do with school. That's from my experience. They just want to be heard. Sometimes, you have to dig. I can't trust you with the big things unless you care about the little things.

Relationship with a Caring Adult

All but one response to the writing prompt highlighted a relationship with one or more caring teachers in the school experience that contributed to their resilience. Every participant became tearful at some point in either their interview or in a focus group, or both. In most cases, their tears came when they reflected on the teachers or coaches that stood out in their school experience as authentically caring for them. Relationships with caring teachers and coaches provided support, affirmation, and encouragement that was not accessible in any other area of their lives. Millie said that looking back she could remember teachers and a coach who took the time to make sure that she “did not slip away.” Teachers and coaches found ways to do more

than the job of teaching and coaching and they “made room” to build a caring relationship that provided support and encouragement for the participants. The participants saw their teachers and coaches as their allies. Alice explained:

I would say the moments that I remember, are the moments where people were very honoring, and they recognized my preciousness. It was this really foreign concept to me that people would like me, even though I don't perform well, or I'm not doing something they want, that people would want to (make it so that) I'm seen, heard, and valued.

Most participants shared stories of teachers who “went the extra mile” to help them. Dave had a high school teacher who gave up her lunch time every day for a year to help him with grammar. Ben had a third-grade teacher who worked with him every day before and after school to teach him to read. Raymond had a teacher who invited him to take music lessons after school and this caring relationship and support lasted from fifth grade through college. Though her reading disability was not diagnosed until adulthood, Anna had a high school teacher who helped her become a better reader. One person had an elementary teacher who went with him when he had to testify in court against his abuser. Cory shared that the most significant factor in helping him become resilient was the caring concern from a safe influential adult who he knew he could trust. In her interview, Abby clarified the need for a caring relationship when she said:

Relationship over education. Not that you shouldn't have the education. But of the teachers that made the huge difference, the primary thing that stuck out to me was their relationship with me. Even though I did learn in their class, their relationship with me was almost more important to them. You see the kid that is hungry or tired or whatever...you have to meet that need before you can teach them. I feel that if that need hadn't been met with me, I wouldn't have been able to be taught, because I wouldn't have

felt safe. If you don't focus on this before you focus on what you need to teach them, then you're just speaking words in the air. What I needed were adults that were kind, invested, and not leaving. You know what I mean? Like not going anywhere. For me, I needed to be able to feel secure and loved and then I could learn.

Classroom as a Community

Classrooms that allowed learning to become a social event and that provided freedom to be social within boundaries transformed into a learning community where resilience was cultivated. Within those classrooms, teachers provided special events, experiences and projects.

Betsy explained:

We all could just be ourselves, shed that facade, the mask, and just be silly and be ourselves. She (the teacher) promoted that she was very quirky herself. I didn't feel like I fit the mold of everyone else just because of my life. So, I needed to find my little niche. We'd be able to drop our guard in there a little bit.

In learning community classrooms, students worked when it was time to work. The classrooms provided collaborative opportunities for students to learn together as well as to have fun.

Learning communities were not classrooms where students sat quietly, read, and answered questions. Instead, engagement among peers during the learning process cultivated relationships with classmates resulting in stretches of time when they could relax their hypervigilance and build friendships.

Learning activities also included executive function development such as how to take notes, developing outlines, setting priorities, and organizing belongings. Furthermore, in learning community classrooms, teachers balanced the students' need to be seen and known while also framing questions and activities in a way that protected student privacy. Lastly, learning

communities fostered the development of social skills and provided social coaching regarding conflict resolution and behavior appropriateness that was not available for students with ACEs outside of school. Social-emotional competence is associated with improved school performance and resilience in students (Voith et al., 2020; Yule et al., 2019).

Friendships

Friendships produced feelings of belonging and acceptance, while at home they felt isolated and alone. Eight participants shared that they had valued friendships that contributed to their feelings of safety and belonging. Even though most participants had significant friendships, they maintained secrecy about their experiences at home. In considering significant factors in her school experience, Betsy said during her interview,

Fourth through eighth grades were really just kind of rough. When we moved back to the school with my initial group of friends, who I felt safe, good, and I could be myself around, then school felt more like a safe place from that point on. I felt like I could finally breathe and be me when we moved back to that part of town to my original friends.

Friendships served to provide positive influences, connection, and feelings of belonging.

Theme #4: Affirmation

Though participants struggled with learning disabilities as well as struggled to focus while at school, they pursued affirmation. Dave said, “Life can really be scary. Not everybody knows that at the same level. So, I wanted to be safe. In my mind, safety was related to affirmation of people. Affirmation was a lifeline.” Teachers and coaches affirmed and encouraged strengths, improvement, effort, and the respective measure of accomplishment at school and in extra-curricular activities. Authentic affirmation served as a positive nurturing voice. Raymond explained:

Be nurturing. Be positive. Invest. Those are special teachers. I guess that's it. I mean, these are common sense things, but my experience is that the teachers that did that made a difference. They didn't teach reading, writing, arithmetic, you know. They were teaching about life. To be encouraging and to say, "You can do this, I have faith in you" goes a long way to helping that person become a success.

Affirmation also came in the form of moments and events where the participants' talents or gifts were identified. These affirming moments and events provided direction for the future.

Effort and Improvement

Participants pursued affirmation by applying increased effort in the areas where compliments were likely to follow. School provided opportunities for achievement and accomplishment. Mentors, coaches, and teachers acknowledged and affirmed effort and improvement. While several participants verbalized a preference for coaches and teachers who affirmed effort or improvement over those who only affirmed winning, many of the participants still pursued being the best in their respective venture (academic, sport, music, etc.) They found school to be a supportive place where they could be on their own, and where affirmation, compliments, and encouragement were forthcoming.

In addition to the classroom and extra-curricular activities where the participants excelled, they recalled moments when teachers offered eye contact, acknowledgement, compliments, or affirmation that were impactful. School was a place where they gained confidence, felt valued, and experienced success. Some worked to stand out equating that with being valued, while others worked hard, but wanted to be invisible. Alice explained,

When I didn't perform well, those people were still okay with me. I had not experienced that before. So, if I missed a shot, they would still come alongside me and be encouraging

and kind. So, it was not really about the performance piece. It was about honoring my preciousness, like, “You and I are okay. No matter what, I like you. You don't have to make the basket for me to still like you. You and I are okay.” So, it wasn't if I failed the test, or if I missed a shot, or if whatever it was, it was just people still honored me as a person...not for what I could do, just for who God made me.

Gift Identifying Moments and Events. Most of the participants had moments or events where their personal gifts, strengths, interests, or passions were identified and affirmed. These gift-identifying moments were turning points leading to meaningful self-awareness, improved self-worth, or a decision to pursue a related career. These moments included the President’s Physical Fitness Test, a personality assessment, giving a speech in class, successfully playing a piece of music by heart, the creation of a coat of arms displaying personal characteristics, caring for a child with special needs, and a survey that asked, “What do you want to be when you grow up?” Anna described how her elementary teachers responded to an idea she presented to have a “Jericho March” around the school:

They encouraged it. They let me and they were so excited. They acknowledged I was a leader, because I could, even in elementary school, I would lead people. So, they really encouraged that. They made me feel like I had hope.

These moments were affirming in that they provided validation, encouragement, and direction.

Negative Voices at Home

Home was not a source of affirmation, direction, or encouragement for the participants. The voices at home were often critical, negative, and aggressive. Participants said they felt desperate for affirmation, because of what was going on at home. Therefore, the negative voices at home heightened the participants’ desire to do well and to pursue affirmation at school.

Though it was a hope disappointed, some participants had a hope that affirmation at school would lead to affirmation and love at home and their parents being proud of them. In her interview, Betsy recalled:

Home was a dysfunctional environment. So school was a place where I could focus on the things that I liked. I liked school, I liked learning. I had friends. I had teachers that weren't critical of everything I was doing. They would praise me for things. It felt like a safer place than (home). Because I felt like the minute that I walked home, there was something that I had done wrong or some responsibility.

When teachers or coaches spoke encouraging and supportive words, they spoke a belief in the participants' ability to achieve and to accomplish a goal. When teachers or coaches expressed affirmation, participants believed they were doing well, it generated feelings of confidence, and the participants' efforts in academics or the extra-curricular activity were perpetuated.

Theme #5: Hope and a Reason to Continue

On the questionnaire, all the participants indicated that they believe that their future will be either "the same level of positivity as today" or "more positive than today." During the interviews, all but Shannon said that while they were in school (K-12) that they felt positively about the future. Shannon said, "...when you're in trauma and survival mode. You just want to get through the day. You don't really think about future things." The participants found hope and a reason to continue through their goals, purpose, and faith. Taking active steps toward goals gave participants some ownership or control over their circumstances or their future. As participants began to recognize their personal strengths, they began to see that they had a purpose. Finally, faith that God was always there and bigger than what they were experiencing

provided comfort. In her interview, Anna described the teachers in the classrooms where she was most successful:

They never made me feel like the abused, poor little girl that I knew that I was. They made me feel like I had hope. Huge impact... They made me feel safe. They didn't talk down to me. They talked to me. They told me I had a future. They told me life would get better. They allowed me to thrive at school.

Goals, purpose, and faith kept participants motivated to keep going, because there was hope that tomorrow can be better than today's circumstances.

Goals

Some participants felt they were goal-oriented while others felt that living in survival mode dissolved any aptitude for goal setting. Regardless of how they felt about goal setting, the participants were determined to take steps along a pathway toward a goal of having a life that was different than the one they had. In addition, all the participants had a goal of completing a bachelor's degree. They believed that going to college would provide freedom from their home environment and provide for a better life. Alice explained:

I knew that I was going to go to college. My goal was to be able to get a college degree and my goal was to always be able to pay my bills. So, if I had to work two, three jobs, whatever it took, I was always going to have stable safe housing. I was always going to have food. My bills were going to be paid. I was going to be able to take care of myself.

That was the goal.

Purpose

Throughout their experiences, participants identified personal strengths such as playing or performing music, writing, creating visual art, giving a speech, caring for children, or

performing well academically or athletically. Once their personal strengths were identified, the participants engaged in activities where they could utilize those gifts. These endeavors provided an ongoing sense of accomplishment and purpose. Jane said, “I think it (music) was probably just a zoning out thing. It gave me something to have a purpose, something that was meaningful and mine, something that I felt successful doing.”

Faith

Faith intersected with experiences at school for every participant whether it was at a religious school, Christian teachers who extended their support outside of school, friends they met at church, positive influence that happened at Sunday School or Vacation Bible School that extended over to school, or participant beliefs or decisions that reflected faith in God. Ten participants indicated that faith in God was a significant overall factor that resulted in their resilience. When asked what advise they would give to a child who had their childhood, nine participants explained that even though it does not seem school related, their advice was to find Jesus, follow Jesus, or stay close to Jesus. One of the two participants who planned on going to seminary while in school (K-12) went on to graduate from seminary and became a pastor. Dave said,

I was reading a chapter of the Bible every day, even if I didn't understand it, I just felt like something transformative was happening, that God was doing. I had no foundation for that, that I could put my hand on. I knew I was in a desperate situation in my life, and I desperately needed help. There were a few teachers who, somehow, I knew they loved me, and I knew that God was in their lives, and they wanted it that way. I don't know how I knew that.

Faith in God provided comfort through a perspective that life was bigger than the desperate situation where they were living. Several explained that they had no explanation for surviving, except that God took care of them. In one focus group the participants discussed how their lives were in chaos, but God never left them. Others explained that a relationship with a caring Christian teacher at school extended into the church setting and resulted in their resilience. Some mentioned regularly reading the Bible or memorizing Bible verses and this provided ongoing comfort at school and at home. Some participants found positive support in groups of friends at school that were initiated through involvement in a Christian church or youth group. These friendships provided community and a sense of belonging. Several communicated that the teachers and students that they admired were active Christians. Many participants said that church, like school, was a place where they felt safe.

There was one participant, Alice, who had negative experiences with teachers in a Catholic school. She also had negative experiences with high school students from a Christian youth group who were unkind at school. Her faith in God happened later in adulthood. She believes that the most significant factor in helping overcome her ACEs “was the Lord.” In her interview, Alice said, “I know, it was the Lord. I really think God had His hand on me and He put people around me that could love me well, when my parents couldn't.”

Theme #6: Distraction and Escape

Participants shared that they appreciated and pursued activities that provided a distraction and an escape from the chaos at home. They also referred to these activities as an outlet, a release, a coping mechanism, or a way of zoning out. Reading, pretending, music, and extra-curricular activities provided opportunities to focus on something positive or self-directed that was not associated with home. Pretending and reading served as a conduit to go to another place

or “another world”. Music was described as an outlet and a release. Extra-curricular activities gave the participants more time away from home in their safe school environment. In her interview, Abby explained:

I feel like anything that I did outside of school where I wasn't having to be at home was helpful. That contributed to my success. Emotionally, it probably helped me not be so anxiety ridden. So, I would do anything that would keep me away from the house.

These escapes served as survival and coping mechanisms and provided an opportunity for autonomy. In addition, these activities provided a window of time where feelings of safety flourished and therefore, fear and hypervigilance diminished.

Reading and Pretending

Trips to the library or reading opened the door for the participants to “go to another place” in their imagination. Jane said, “Definitely reading was a way to escape.” Reading gave participants a positive reprieve from the weight of their circumstances. When teachers read aloud to the class, even in high school, it provided a similar escape. Several participants shared that they would pretend or fantasize, so that they could invent circumstances better than their actual circumstances. Almost all participants kept their experiences at home a secret and some utilized their invented circumstances to maintain the secret about what was happening at home. In his interview, Raymond said,

I had this ability to fantasize and pretend. I had a way of disassociating from what was going on at home. I was in denial that it was going on, and I would actually pretend it wasn't happening. I fantasized what it would be like to have a real close-knit family and I pretended that that was what was going on. So, that's how I sort of dealt with it. When I

was in grade school, I lied to people and told them stories that I'd made up. They all eventually caught up with me, you know, when they realized it wasn't true.

Using their imagination to separate from their actual circumstances by going to another place as they read a book or by pretending served as a helpful coping mechanism for participants.

The Arts

Eight participants described ways that the Arts provided a release, comfort, or a way to forget about life at home. Musical outlets including choir, band, and piano helped participants forget about their circumstances. Betsy (focus group) and Millie (interview) said that classrooms that included music were more comfortable and calming. Shannon mentioned in her interview that art class provided an opportunity to express herself. Dave mentioned that he had a part in a three-act play that provided an escape. In his interview, Raymond said,

It was a release to be able to sit down and play the piano and I could forget about all the things that were going on. Being able to sit at a piano and play took me to a different world, you know?

Extra-curricular Activities

Extra-curricular activities such as sports, clubs, choir, band, and scout-type groups provided an outlet to pursue interests and to extend time on the safe school campus after school hours. In addition, some appreciated that extra-curricular activities provided an opportunity to be distracted from their home situation. In a focus group, Anna said, "Anything I could do at school that would allow me to focus on something external and not something internal was excellent." Lastly, extra-curricular activities provided an outlet where participants could be part of something. During his interview, Cory explained that he valued these connections:

I think that those were outlets for me to be a part of something, where at home and in some other places, I felt like I was alone. But with these extracurricular things, I felt like I was plugged in and a part.

Outlier Data and Findings

Unexpected findings and themes emerged that do not align with specific research questions or themes. These findings are being included as outlier findings. The first outlier is a personal inner code that provided a filter and a guide. The second outlier is fear that was pervasive.

Personal Inner Codes

Some participants had a personal inner code that they followed. In the absence of a parental voice, the code guided their behavior. Martha adopted the song used by the Bluebirds in Camp Fire Girls as her code. It called for her to worship God, seek beauty, give service, pursue knowledge, and to be trustworthy. Dave developed his own code that guided him to never miss an opportunity to be helpful or to speak to people, be extra-curricular, never sass teachers, and be a clown (because everyone loves a clown). In a focus group, Millie described her personal code:

My main MO, if I can say it that way, was to not share, to be quiet, to try to fly under any radar that I could tell was going on. I had a big secret to keep, you know. I felt like I had a job to do at school and that was to keep the secret of what was going on in my home. I would try not to be noticed, unless absolutely necessary.

In each new school, Anna assessed who was the best and then began to emulate that person.

Several participants said their main objective was to pursue whatever would be different from their family or whatever would lead to a different outcome than their family's situation. Having a personal code provided guiding principles for decisions and actions.

Fear

For many of the participants, fear was pervasive and constant, and influenced decisions and behavior throughout the participants' K-12 experience. For some, it is still pervasive. Fears included not being okay, not doing things correctly, making a mistake, not having or being enough, or the fear of failure. Candice described a core fear of not being enough and being abandoned. Since participants had a belief that they were not valuable enough to take time from anyone, several had a fear that they would need help while at school. The fear required hypervigilance. In a focus group, Anna said, "The fear was constant. But not a fear like the boogeyman is going to get me kind of fear. It's different, it's an unsettling ... It's just you're never settled, you're never safe."

Research Question Responses

The use of multiple data collection methods, including a writing prompt, semi-structured interviews, and focus groups provided triangulation of data to ensure credibility for the answers to the research questions. Just as the themes and sub-themes surfaced as the raw data were sifted and resifted, the answers to the central research question and three sub questions materialized as well. The central research question is, "How do resilient adults with adverse childhood experiences describe the K-12 school experiences that contributed to their resilience in adulthood?" The three sub questions are: How do resilient adults who suffered adverse childhood experiences describe the school environments (K-12) where they were most successful?; How do resilient adults who suffered adverse childhood experiences describe the academic mechanisms and practices (K-12) that were the most impactful for their success?; and, How do resilient adults who suffered adverse childhood experiences describe the school environments (K-12) where they were least successful?

Central Research Question

How do resilient adults with adverse childhood experiences describe the K-12 school experiences that contributed to their resilience in adulthood? The participants' descriptions of the school experiences that contributed to their resilience were those that generated feelings of safety. Connection and community, especially that provided by a meaningful relationship with a caring teacher or coach, affirmation, distraction from their home situation, and hope-cultivating experiences contributed to feelings of safety and to their resilience. In his response to the writing prompt, Raymond wrote:

My fifth-grade teacher, Mrs. Rivers was very influential in my ability to emotionally survive and overcome my dysfunctional family situation. Somehow suspecting that I was being abused, she sought to give me an outlet. She knew that I played the piano, so she asked me to help her in her fifth-grade Sunday School class at her church, which was located a few blocks from my home...By encouraging me in all these ways, she helped me survive and overcome my home situation. I don't know what I would have done without Mrs. Rivers' influence on my life.

In Raymond's interview, he recalled Mrs. Rivers and became tearful. This was common among participants as they recalled teachers with whom they had a caring relationship. Dave (interview) was tearful as he recalled teachers who "had enough room" for him. Jane (interview) became tearful recalling a band director, and Anna (interview) and Ben (interview) were emotional recalling the teachers who gave them daily extra time outside of class to teach them to read. Abby (interview) and Candice (interview) were tearful describing teachers without whom, they "would not even be here."

Sub Question One

How do resilient adults who suffered adverse childhood experiences describe the school environments (K-12) where they were most successful? Resilient adults' descriptions of the school environments where they were most successful were those that provided connection and community, structure and boundaries, and affirmation. Millie, who changed schools 14 times, described the schools where she was most successful:

The ones (schools) where I felt successful, where I felt like I could breathe, were the ones that felt like a cocoon...It felt like there was space, and it felt like there was less dictating. It felt like the teachers and the people around me, had time for me, and I could take up the space I was in...It felt like less chaos in those places. It was often when the school felt like a whole instead of all these different parts, you know. . . Then just this feeling of teachers taking the time and noticing that I needed help was a big one. It never took much. It was little tiny acknowledgments. Some would ask me what I needed and that felt really good that there was time for me to need something. One of my struggles was that I felt like I couldn't need anything or that I had to figure it out by myself.

Sub Question Two

How do resilient adults who suffered adverse childhood experiences describe the academic mechanisms and practices (K-12) that were the most impactful for their success? Resilient adults agree that classroom structure that ensured predictability, clear expectations, and comfortable arrangements were the most beneficial. These academic mechanisms and practices provided feelings of safety. In addition, classrooms that included social coaching and executive function skill development supported participants in feelings of competence, contributing to their feelings of safety. In her interview, Alice described the classrooms where she was the most

successful and felt safe were those where there was a balance of nurture and structure. In these classrooms, teachers could easily correct behaviors when necessary because they had consistently connected with her. Cory described this with more detail during his interview:

My third-grade teacher, Ms. White was very structured, and she provided known expectations. You knew what she expected. She was not afraid to address breaching those expectations. She was also carrying out an organized classroom where students were expected to be engaged in learning. There was also the freedom to be social at appropriate times. I believe that learning is a very social event. Kids need to talk about what they're learning. When it was time to work, you worked, and there was that allowance of learning together. So, it wasn't just a classroom where everyone was expected to sit down, be quiet, read, answer questions. It was engaging. But then also there was that balance of respect for the teacher, respect for the classroom.

Sub Question Three

How do resilient adults who suffered adverse childhood experiences describe the school environments (K-12) where they were least successful? Resilient adults described that they were uncomfortable in school environments that reflected similarities to their home environment. The factors that the participants described as undermining included disorganized classrooms, teachers who yelled, were critical, or used a harsh or abrupt tone of voice, and a lack of known boundaries and expectations. These environments generated feelings of fear, discomfort, anxiety, and hypervigilance, rather than feelings of safety. In her interview, Millie explained:

If a teacher was yelling, I couldn't learn in that class. I had a math teacher, and she would get mad and throw the erasers at us. She lost her temper a lot. Several of the (teachers) there lost their temper a lot, very easily. Which is one of the things that really would just

undo me, I would just go into a very tense, nervous place and not be able to learn of course.

Summary

This chapter began with a description of the 13 participants, including the extent to which they met the criteria for this research. Six themes emerged from thoroughly sifting and resifting the data. Every participant described school as a place where they found safety. In addition, every interview and focus group continuously highlighted activities, experiences, relationships, or encounters that generated feelings of safety. Therefore, this overarching theme that intersected with all others is, “A Sense of Safety.” The other themes that emerged are Structure as Security, Connection and Community, Affirmation, Hope and a Reason to Continue, and Distraction and Escape. All themes overlapped to some degree. Two outliers were identified, including: Personal Inner Codes and Fear. Lastly, this chapter supplied narrative answers to the Central Research Question and the three Sub Questions within the context of the previously defined themes. An interpretation and discussion of results has been reserved for Chapter Five.

CHAPTER FIVE: CONCLUSION

Overview

This transcendental phenomenological study describes the K-12 school experiences that contributed to resilience in adulthood for individuals with adverse childhood experiences. This final chapter is comprised of a discussion of the findings of this study. The discussion begins with an interpretation of the findings presented through the context of the identified themes. Three sources for data collection, a writing prompt, semi-structured interviews, and focus groups, provided triangulation as the themes emerged. Next, implications of this study for policy, such as faculty to student ratios, are discussed. Implications for practice, such as professional development and resilience generating practices, are included. This chapter also includes a discussion on theoretical implications, methodological implications, limitations and delimitations, and recommendations for future research. The chapter ends with the conclusion that serves as a summary of the entire study.

Discussion

This discussion describes the study's findings in the context of the themes: A Sense of Safety; Structure as Security; Connection and Community; Affirmation; Hope and a Reason to Continue; and Distraction and Escape. The implications for policy and practice are initially impractical, but the opportunity cost of continuing with the status quo is infinitely more staggering. Theoretically, each of these themes settled into the theoretical framework of Maslow's hierarchy of needs. Maslow's hierarchy does not directly envelope hope, affirmation, and distraction. Yet, the findings show how these things are associated with feelings of safety and security, as well as love and belonging, contributing to self-actualization and resilience. The discussion includes the limitations of the study, as well as recommendations for future research.

Interpretation of Findings

Using the purposeful sampling method and then snowballing, thirteen resilient adults were identified. Participants were all over the age of 35, displaying resilience enduring into their adulthood. All participants displayed the markers for resilience chosen for the study. Every participant had a bachelor's degree or was employed as a manager, achievements increasingly unlikely the higher an ACE score. Each participant self-identified as having an ACE score of at least four according to the CDC's ACE quiz (Appendix E) matched with significant altruistic behavior. Therefore, the participants met the criteria to be identified as wounded healers. Wounded healers are individuals who endure personal trauma, brokenness, or illness and then help others who come from hard places through altruistic careers or volunteerism (Henderson, 2019; Jung, 1951; Steen et al., 2021).

Over 320 single-spaced pages of transcribed raw data were analyzed using a step-by-step process following the procedures identified for transcendental phenomenological research designs (Moustakas, 1994). Nvivo software was used to manage, organize, and manipulate the data throughout the analysis (Creswell & Poth, 2018), allowing easier identification of significant statements and emerging themes in the descriptions (Moustakas, 1994). The significant statements were clustered into the six primary themes and multiple subthemes. The themes were examined and served as the framework for understanding the essence of the phenomenon (Moustakas, 1994). Member checking was utilized to confirm accuracy of the raw data and to ensure the chosen themes were accurate (Birt et al., 2016). Maslow's hierarchy of needs was considered throughout the analysis of the data.

The themes that emerged serve as a textural description of the phenomenon. The themes overlap and intersect but are organized with intentionality to include the horizons that answer the

research questions. The themes identifying the school experiences that contribute to resilience in adulthood are: A Sense of Safety, Structure as Security, Connection and Community, Affirmation, Hope and a Reason to Continue, and Distraction and Escape. In addition, the essence of each theme could not be fully understood without the polarity of the participants' home experience. A descriptive narrative and the supporting participant quotes that provided the essence of the experience is provided for each theme and subtheme in Chapter Four and a summary is found in the next section.

Through in-depth analysis and development of the themes, the central research question and the three sub questions were answered. The central research question is, "How do resilient adults with adverse childhood experiences describe the K-12 experiences that contributed to their resilience in adulthood?" Resilient adults' descriptions of the school experiences that contributed to their resilience were those that generated feelings of safety. Sub question one is, "How do resilient adults who suffered adverse childhood experiences describe the school environments (K-12) where they were most successful?" Resilient adults' descriptions of the school environments where they were most successful were those that provided connection and community, structure and boundaries, and affirmation. These school environments enhanced feelings of safety.

Sub question two is, "How do resilient adults who suffered adverse childhood experiences describe the academic mechanisms and practices (K-12) that were the most impactful for their success?" Resilient adults agree that classroom structure that ensured predictability, clear expectations, and comfortable arrangements were the most beneficial. These academic mechanisms and practices provided feelings of safety. Sub question three is, "How do resilient adults who suffered adverse childhood experiences describe the school environments

(K-12) where they were least successful?” Resilient adults described that they were uncomfortable in school environments that included similarities to their home environment. The factors that the participants described as undermining included disorganized classrooms, a lack of known boundaries and expectations, and teachers who yelled, were critical, or used a harsh or abrupt tone of voice. These environments generated feelings of fear, discomfort, anxiety, and hypervigilance, rather than feelings of safety.

Summary of Thematic Findings

The themes provided a pathway to significant findings. The first theme, A Sense of Safety, intersects with the five other themes, Structure as Security, Connection and Community, Affirmation, Hope and a Reason to Continue, and Distraction and Escape. Every participant valued feelings of safety at school and the findings of this study reveal that feelings of safety are critical for resilience to flourish. The need for safety and security must be met before self-actualization (resilience) can be attained (Maslow, 1943). The theme, Structure as Security, includes defined expectations and boundaries, routines, and calming classroom designs at school. Participants found that the frameworks and practices that provided structure at school diminished the impact of the chaos and dysfunction they absorbed at home, fostering feelings of safety. The theme, Connection and Community, defines the importance of caring relationships and a sense of belonging for an individual to become resilient. The connections provided through relationships with caring teachers, friends, a classroom community, or an extra-curricular team provided connection and feelings of belonging that contributed to their sense of safety at school.

The theme, Affirmation, defines the value of positive, nurturing voices that affirmed and encouraged strengths, improvement, and effort. In the same way that structure at school diminished the impact of the chaos and dysfunction experienced at home, affirmation diminished

the impact of the critical and harsh voices at home. The next theme, Hope and a Reason to Continue, shows that taking steps toward goals; revelations of personal gifts, strengths, and purpose; and faith in God contribute to a sense of purpose, peace, and feelings of hope that tomorrow can be better than today. The last theme is Distraction and Escape. This theme incorporates the activities such as reading, pretending, music, and extra-curricular activities that gave participants a measure of autonomy away from home. These outlets also provided a window of time where fear and hypervigilance diminished, and feelings of safety were perpetuated.

Prioritization of a Sense of Safety

The findings support my initial premise that experiences that serve as protective factors in the K-12 educational environment can be identified. Resilient adults have school experiences that serve as protective factors. The themes identified in this research are clear protective factors and these themes define school building blocks of resilience presented in a later section. The primary finding is that students who experience significant feelings of safety throughout their school experience are more likely to become resilient. Therefore, the theme, A Sense of Safety, was identified as the foundation on which all other building blocks of resilience can be laid. Every other theme identified in this study intersects with this theme and contributes to feelings of safety and ultimately to resilience in adulthood.

Moving Students Up Maslow's Hierarchy of Needs

It is noteworthy that the interview and focus group questions did not include inquiries about feelings of safety at school, yet every participant was motivated to pursue safety and referred multiple times to the safety provided at school. In addition, the interview and focus group questions did not include inquiries about the participants' experiences at home, yet every

participant consistently provided context regarding the benefits of their school experiences in comparison to the harm of their home experiences.

Figure 3 provides an overview of the polarity of the participants' home experiences and their school experiences as a means of identifying resilience barriers and generators. In addition, Figure 3 provides correlation with the students' position on Maslow's hierarchy of needs. Home experiences of shelter and food insecurity, chaos, unpredictability, criticism, powerlessness, and fear correlate with physiological and security needs, the lowest levels of Maslow's hierarchy. Resilient adults had school experiences that moved them up the hierarchy, all the way to self-actualization. These experiences are described in each identified theme, with A Sense of Safety being foundational and necessary for all other themes to be successful in generating resilience. This correlates with Maslow's hierarchy.

Figure 3

Polarity of Resilience Barriers at Home and Resilience Generators at School

Resilience BARRIERS @ HOME		Resilience GENERATORS @ SCHOOL	
HOME Experiences	Level of MASLOW'S HIERARCHY	SCHOOL Experiences	Level of MASLOW'S HIERARCHY
Fear	Safety & Security	Peace	Self-Actualization
Powerlessness	Safety & Security	Autonomy	Self-Esteem
Isolation	Safety & Security	Connection	Love & Belonging
No Direction	Safety & Security	Encouragement	Love & Belonging
Criticism	Safety & Security	Affirmation	Love & Belonging
Unknown Traps	Safety & Security	Clear Expectations	Safety & Security
Constant Change	Safety & Security	Consistency	Safety & Security
Unpredictability	Safety & Security	Predictability	Safety & Security
Chaos	Safety & Security	Structure	Safety & Security
Need Insecurity	Physiological	Needs Met	Physiological

Note. Figure 3 shows the level of Maslow's hierarchy of needs (Maslow, 1943) associated with experiences at home and experiences at school. For consistency, the colors are congruent with those used in Figure 2.

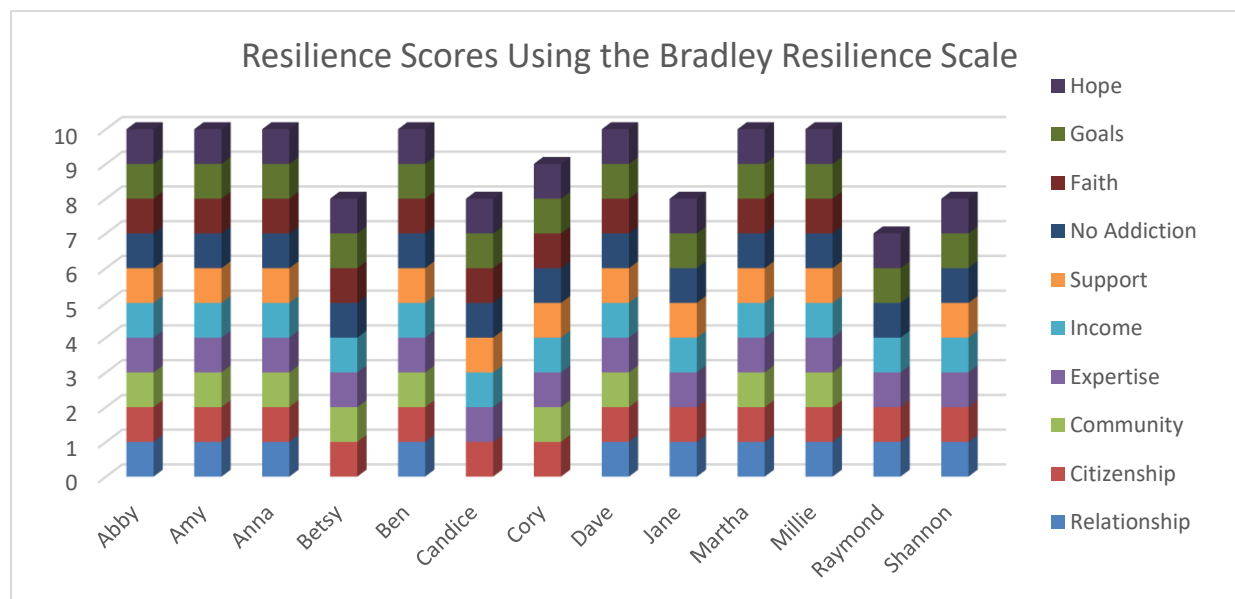
Adult Resilience Scale

The Bradley Resilience Scale developed as the data was analyzed and this scale can be used to quantify resilience in adulthood. Using a resilience quiz (Appendix M), giving one point for each marker of resilience, a person's resilience score is provided. The markers of resilience included on the quiz are each supported by the literature and confirmed by this study. The Bradley Resilience Scale determines an individual's resilience score on a scale from zero to ten. An individual's resilience score includes quotients for Relationship and Community, Education and Employment, Health, and Hope. The participants in the study had an average resilience score

of nine. This high average resilience score is to be expected, since the items selected for the quiz were confirmed by the experiences and factors that the participants, as resilient adults, have in common. The quiz developed as the data was analyzed, so each participant's resilience score is based on answers to the quiz that could be gleaned from the data. Some questions could not be answered from the data and therefore some participants' resilience score may be higher than recorded. I have included rationale for each quotient included on the quiz. The details of the participants' resilience scores can be seen in Figure 4.

Figure 4

Resilience Scores Using the Bradley Resilience Scale



Relationship and Community. As a person's ACE score goes up, so does the likelihood that they will be divorced (CDC, 2022; Felitti et al., 1998; Gwinn & Hellman, 2018). In addition, the ACE quiz gives a point for a child whose parents have been separated or divorced. Therefore, the resilience scale provides a point for individuals who have not experienced this likely negative predicted outcome for individuals with ACEs. Nine participants had been married for at least ten years, one was recently divorced, and two have never been married. Because one participant in

the study was a widower after a long marriage, the quiz does not overlook this experience as a marker of resilience.

Resilience is reflected in individuals who contribute to society through altruism and who respect and follow the law. Altruism reflects compassion and empathy which are attributes that come with self-actualization at the top of the hierarchy of needs (Maslow, 1943). In addition, a sense of higher purpose and generativity, the sense of contributing to future generations are associated with a greater sense of well-being (Hamby et al., 2017) and reflect accomplishment at the top of the hierarchy. Lastly, the Relationship and Community quotient accounts for how a feeling of belonging is associated with resilience (Sciaraffa et al., 2018). Nine participants reported being part of a church community, Bible study, club, or friend group that met regularly.

Education and Employment. As a person's ACE score goes up, so does the likelihood that they will not attain high school graduation or a college degree (CDC, 2022). In addition, the higher the ACE score the more likely it is that the person will be unemployed, and face food and shelter insecurity (CDC, 2022). All the participants in the study have obtained a level of education or expertise evidenced by a degree or a position as a manager. In addition, the resilient adults in the study all have secured the needed income to have their physiological needs met. 100% of the participants have Education and Employment resiliency markers.

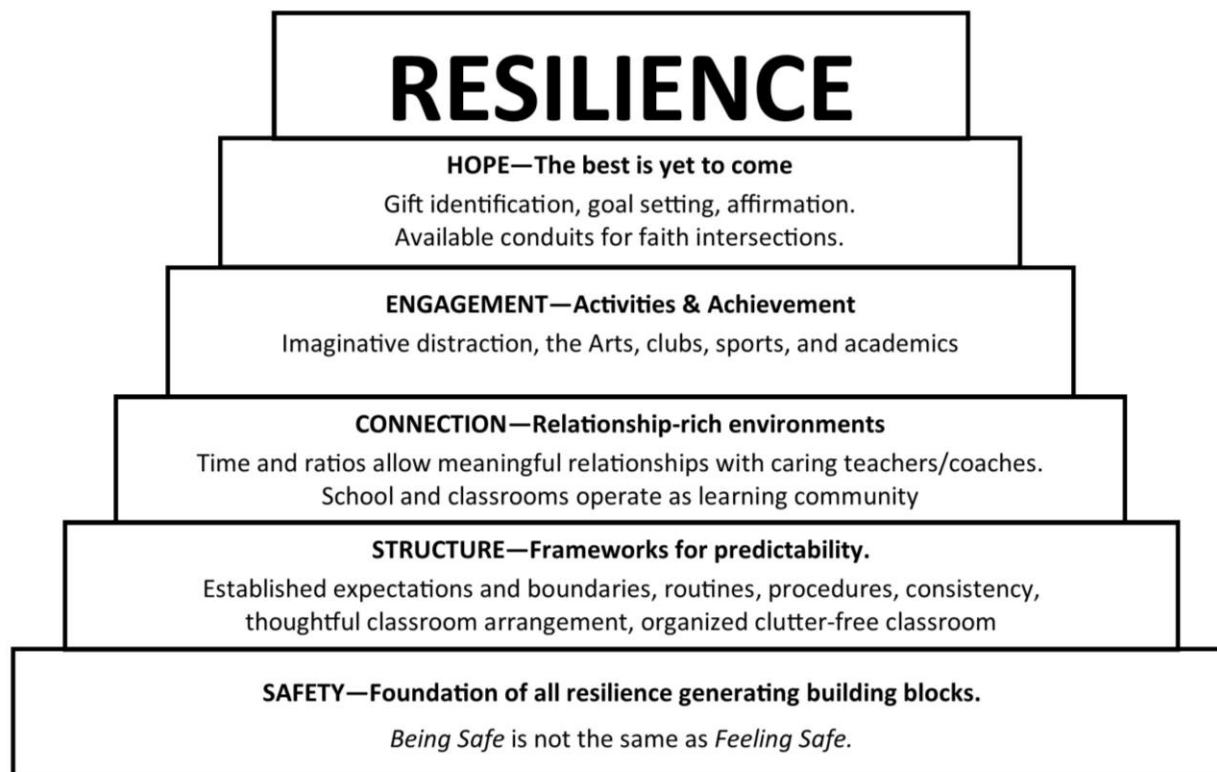
Health. All but two participants have engaged the support of a counselor or therapist. In addition, multiple participants referred to "the work" they have done or are doing with the support of a counselor or therapist to overcome their ACEs. One participant has smoked cigarettes, a different participant reported using illegal drugs, and four other participants reported abusing alcohol or prescription drugs. These six participants no longer smoke or misuse alcohol or drugs. Smoking, alcoholism, drug misuse, and illegal drug use are more likely with increasing

ACE scores (CDC, 2022; Felitti et al., 1998; Gwinn & Hellman, 2018). Individuals who do not display these predicted negative behaviors are more resilient.

Hope. Religious beliefs, practices, and involvement contribute to resilience for individuals who are victims of trauma (Bernardo, 2010; Gwinn & Hellman, 2018; Mefford et al., 2020: OK25 by 25, 2022; Wilson & Somhlaba, 2016). All the participants had experiences at school that intersected with faith, including friendships that began at church and then became valuable at school, teachers who were Christians who provided support outside of the classroom, or an internal belief that God was with them providing them with comfort. In addition, hope in a more positive future through the pursuit of a goal improves an individual's resilience (Gwinn & Hellman, 2018). All the participants had a goal of obtaining a college degree. Several were self-identified as "goal driven". Even the two participants who mentioned that they were inept at setting goals had achieved their goal of obtaining a degree and were employed in the field that they pursued.

Building Blocks of Resilience

Resilience building blocks (Figure 5) were identified as the data was analyzed. The literature and the finding of this study confirm that schools that provide these building blocks will have students that are more likely to become adults with enduring resilience. The Bradley Building Blocks of Resilience include safety, structure, connection, engagement, and hope. The building blocks of resilience intersect and align with Maslow's hierarchy of needs. Descriptions of the building blocks for resilience are presented, but the specific design of procedures for implementation of these building blocks are presented only to the extent that they are surmised within the scope of this study.

Figure 5*Bradley Building Blocks of Resilience*

Safety. Helping student feel safe at school is an absolute necessity. Educators must accept that “being safe” is not the same as “feeling safe”. For students to feel safe at school, their basic (Physiological) needs must be met, including air, food, water, and shelter (Maslow, 1943). The remaining four building blocks of structure, connection, engagement, and hope contribute to feelings of safety, so safety has been identified as the foundation on which all the other building blocks are laid. All four resilience generating building blocks intersect, in that as one is facilitated it allows the others to flourish. In addition, all four building blocks are relative to a level of Maslow’s hierarchy.

Structure. Structure provides predictability and is imperative for students to feel safe. Structure is associated with the safety and security level of Maslow’s hierarchy. Routines that

establish predictability and policies and procedures that manage school climate and culture support students with chronic stress (Bailey, 2015; Blaustein & Kinniburgh, 2018; Dorado, 2016; Purvis et al., 2015; Rishel et al., 2019). Structure is provided through the provision of uncluttered and organized classrooms. Ceilings and walls are not over-decorated, causing distraction and contributing to feelings of chaos. Chairs are arranged thoughtfully to provide full view of the classroom for all students. Expectations and boundaries are clear, known by students, and addressed by teachers when breached. Routines, procedures, and classroom management methods are consistent and reliable across classrooms, grade levels, and the school, making the school experience predictable.

Connection. Promoting students' feelings of safety and connection diminishes how students with ACEs interpret the school environment within the context of a persistent state of fight, flight, or freeze (Purvis et al., 2015). Connection is associated with the safety and security level as well as love and belonging level on Maslow's hierarchy (Maslow, 1943). The shared experience of resilient adults includes a significant meaningful relationship with a caring teacher or coach. Students feel connected and safer in classrooms with teachers who were kind, loving, and maintain a regulated composure. Classrooms that provide fun activities as well as collaborative learning opportunities foster friendships and feelings of community, enhancing feelings of safety. These classrooms where learning becomes a social event and there is freedom to be social, within boundaries, transform into a learning community where resilience is cultivated.

In learning community classrooms teachers provide special events, experiences and projects where students participate and learn collaboratively. Learning community classrooms provide executive function development (Grasmick, 2017; Parris et al., 2015; Purvis et al., 2015;

Record-Lemon & Buchanan, 2017; Rishel et al., 2019) such as how to take notes, developing outlines, setting priorities, and organizing belongings. Learning communities foster the development of social skills and teachers provide social coaching regarding conflict resolution and behavior appropriateness as students work together. Social-emotional competence is associated with improved school performance and resilience in students (Voith et al., 2020; Yule et al., 2019). Furthermore, in learning community classrooms, teachers balance the students' need to be seen and known while also framing questions and activities in a way that protects student privacy. Research has identified executive functioning skill development, and social-emotional learning activities as trauma-informed practices that overcome barriers to learning for individuals with ACEs (Grasmick, 2017; Parris et al., 2015; Purvis et al., 2015; Record-Lemon & Buchanan, 2017; Rishel et al., 2019). Students have improved self-esteem (self-actualization) as they learn alongside peers (belonging) and with the support of a caring teacher (love and belonging), rather than feelings of social, executive function, or academic incompetence (lack of security) that prevail when they are left to learn and figure everything out on their own (lack of security).

Engagement. Students with ACEs benefit from opportunities to engage in imaginative distractions, the Arts, clubs, sports, and academics. Engagement is associated with the self-esteem and the self-actualization levels of Maslow's hierarchy (Maslow, 1943). Imaginative distractions are activities such as pretend and reading where the student can be distracted from their circumstances and "go to another world". All four male participants described that they benefitted from opportunities to pretend, fantasize, or take on another role through their imagination. Nine participants expressed that they performed well at school and eight of them took advanced placement courses with significant engagement in academic achievement.

Students also benefit from the release as well as the connections and friendships that were cultivated through participation in the Arts, school clubs, or sports. These engagement opportunities provide opportunities for students to be distracted and escape from their hypervigilance and fear, to extend their safety after school for practices and meetings, to feel that they belonged or fit into a group or team, and to achieve.

Hope. High hope is associated with resilience (Gwinn & Hellman, 2018). This study shows that hope leading to resilience can be cultivated at school through experiences that identify personal gifts and passions, provide encouragement toward goal setting, and affirm effort and growth. School activities, assignments, and processes that facilitate the identification of personal strengths, aptitudes, and interests amplify students' self-esteem and internal feelings of value and purpose. In addition, schools that facilitate activities, assignments, and processes that help students set and pursue goal pathways that leverage identified personal gifts and passions are more likely to graduate resilient adults. Furthermore, ongoing teacher or coach affirmation of student effort, growth, and steps towards goals generates increased effort, growth, and steps towards goals. Finally, conduits that allow faith intersections in the school setting provide opportunities to build hope. These experiences increase hope about the future and foster feelings of safety, and therefore generate resilience.

Implications for Policy or Practice

Implications for policy and implications for practice have been included. Since the impact of ACEs are significant for medical, social, legal, criminal, and education systems, the implications for policy are endless. Therefore, the policy implications included are only those relative to education. Nevertheless, the benefits of policy changes in education would provide compounding benefits across all systems and all of society. The implications for practice revolve

around the inclusion of professional development to inform and equip teachers and administrators in methodology that is not only trauma-informed, but that incorporates the building blocks of resilience including safety, structure, connection, engagement, and hope.

Implications for Policy

ACEs contribute to most major chronic health issues, mental health issues, and social health issues, and are responsible for most of the costs associated with health care, emergency response, mental health, and criminal justice (CDC, 2022; Peterson et al., 2018). Taking only substantiated incident cases into account, the estimated US population economic burden of child maltreatment was \$428 billion in 2015 (Peterson et al., 2018). Utilizing the estimated 2.3 million nonfatal and 1670 fatal cases, the estimated economic burden was \$2 trillion (Peterson et al., 2018). The burden on the economy calls for significant measures. Therefore, the opportunity cost of continued negligence in responding to ACEs through only sporadic or nominal programs will be compounded ACEs and compounded negative outcomes for future generations.

The primary implication for educational policy is budgetary. Candice said, “Our schools used to be better resourced with human people.” As budgets are cut, the number of students in classrooms go up while the number of faculty on every campus goes down. We are already facing a teacher shortage across the country (Devier, 2019; Wiggan et. al., 2021), and budgetary decisions that continue to make teaching more difficult will only exasperate the problem. Cory, a resilient adult who is an award-winning public-school teacher, explained that not only are public school class sizes getting bigger, but the percentage of students with learning and behavior challenges are increasing. Even teachers who prioritize relational, learning communities are caught in a situation for which the solution is inconceivable due to the growing sizes of their classrooms and the increased challenges of their students. We will continue to face a growing

teacher shortage as well as compounding negative ACE outcomes, until we facilitate smaller class sizes, resource our schools with more faculty, and enable classroom methodology that includes the resilience generating building blocks. It is critical that budgets immediately reflect an awareness that we are in a growing crisis.

For resilience generating building blocks to realistically work in our schools, classroom sizes must be smaller to allow relational learning communities to thrive. This means higher property taxes so that more schools can be built to allow more classroom spaces to keep class sizes smaller. The opportunity cost of this negligence is compounding and staggering. If we do not begin to prioritize smaller class sizes so that resilience generating building blocks can become normal practice, we will soon be building more prisons, needing more foster parents, and providing more government subsidies instead (CDC, 2022; Felitti et al., 1998).

Significant consideration was given as to how to present the findings related to the value of faith-based experiences that intersected with school experiences. Faith, primarily Catholicism and Christian faith, intersected with the school experiences of each participant. This intersection occurred through attendance in a Catholic or Christian school for a time, participation in faith-based clubs, caring teachers that invited students to church activities, and relationships with peers that were initiated in a church setting and carried over to school. Two participants do not identify with any religious faith in their adulthood, but they had faith-based intersection experiences in their K-12 experience that were significant and contributed to their resilience.

Organizations that provide Bible studies and faith-based programs are encouraged in partnerships with prison systems. Some states, like Florida, are privatizing the prison system and reaping improved rehabilitation outcomes using faith-based partners (Griera, 2021). Within the school system, we have taken a contrasting path and have prioritized removing God from our

schools. The findings of this research show that the intersection of faith and schools is beneficial for students with ACEs. Policies that allow and encourage faith-based activities, clubs, gatherings, and strategic partners will provide a doorway for students with ACEs to find hope. A belief in a supernatural source of support, external to an individual's strengths and attributes, contributes to hope in an improved future and hope leads to resilience (Bernardo, 2010; Wilson & Somhlaba, 2016). Faith in a higher power improves a person's sense of purpose which allows for greater personal well-being, posttraumatic growth, and fewer clinical mental health symptoms such as depression and anxiety (Hamby et al., 2018). Religious beliefs, practices, and involvement contribute to resilience for individuals who are victims of trauma (American Bible Society, 2021; Baylor University, 2021; Macinnis, 2021). If we do not provide this opportunity in our public schools, non-resilient adults may have this benefit through faith-based prison systems.

Implications for Practice

Addressing adversity in childhood during primary and secondary education, before students end up in our justice system, on unemployment, or in social service programs is critical for our society. A staggering 25% of children will experience trauma that has long-term impacts on their development, behavior, and learning (National Child Traumatic Stress Network, 2017b; SAMHSA, 2014). Educational challenges emerge when students who experience ongoing traumatic environments at home interpret the classroom environment within the context of a persistent state of fight, flight, or freeze (Purvis et al., 2015). Unwanted behavior and barriers to learning in the classroom are related to students' unmet basic needs, the pursuit of safety, and feelings of fear and mistrust (Parris et al., 2015; Purvis et al., 2015) reflecting the theoretical significance of Maslow's hierarchy of needs. No other conduit has a more generous allocation of

time in which to implement an intervention to change the expected outcomes of ACEs. Schools have daily prolonged access to children over the years that ACEs are occurring at home.

Schools cannot wait for policy makers to compensate for the impact of their negligence in responding to this crisis. Resilience generating frameworks must be initiated immediately. Professional development days should include training regarding ACEs, the negative predicted outcomes, the correlation between Maslow's hierarchy and brain science, the need for feelings of safety, and resilience generating building blocks. Educators will begin to understand that the growing percentage of learning and behavior challenges are relative to ACEs (Grasmick, 2017; Parris et al., 2015; Reid et al., 2018). As altruistic caring adults, they will be motivated to implement resilience generating building blocks within their classrooms. In addition, educators will find more success in their classrooms once they have the depth of insight that their students need to feel safe to learn. Classrooms are overcrowded and teachers are overwhelmed with their student load, but the research shows that resilience generating building blocks help students feel safe and will therefore provide improved outcomes in learning and in behavior. Smaller classrooms would make relationships more possible, but that is in the hands of policy makers. Therefore, in summary, changes in practice can begin immediately following professional development regarding ACEs and resilience building blocks.

Because educators appreciate alliteration, Figure 6, the Bradley Resilience Ladder was created and included. The Bradley Resilience Ladder merges all the themes and the building blocks of resilience into ten categories for practice and the headings spell resilience. Schools that are serious about resilience generating practices, can take ten "steps" to generate resilience in their students and counteract the ten ACEs. Individual professional learning communities can

successfully generate resilience by selecting one step at a time on the resilience ladder to integrate into their practice.

Figure 6

Bradley Resilience Ladder

Theoretical and Empirical Implications

The section begins by addressing the study's theoretical implications, followed by a description of the empirical implications. The theoretical implications provide an explanation of the significance of the correlation between Maslow's hierarchy of needs and brain science. Next, a description of the study's empirical implications is provided explaining the improved source of data in resilience research.

Theoretical Implications


The correlation between Maslow's hierarchy of needs and brain science, explored earlier in Chapter Two, was confirmed adding depth of understanding about the participants' experiences. This correlation is significant and should not be discounted since the correlation not only connects Maslow's well-known hierarchy with brain science, but it also extends the understanding from both platforms for research. Students living in chaos and suffering harm at home, live in a state of hypervigilance, anxiety, and fear. These students are operating in the survival brain state, so there is a constant push of cortisol (a stress hormone) across their brain that prioritizes the need for safety, so the student continuously interprets their environment from a state of fight, flight, or freeze (Bailey, 2015). Until the student moves beyond concerns with safety, connection (belonging) and new learning (self-actualization) cannot take place (Bailey, 2015; Maslow, 1943). When a child experiences an ongoing lack of safety (ongoing survival brain), this state of toxic stress will cause continued pushes of cortisol across the brain causing the child to respond to the environment from a state of hyperarousal, an ongoing state of fight, flight, or freeze (Bailey, 2015). Even when the child is safe at school, the brain is conditioned to continue to push cortisol, because the child will return to an unsafe home after school (Bailey, 2015).

For depth of understanding, it must be understood that “being safe” is not the same as “feeling safe.” When a student feels safe, they move out of the survival brain (brain stem) to the feeling brain (limbic system) where they can make connections with others in friendships, relationships, and family (Bailey, 2015). This correlates with love and belongingness, the next level of Maslow’s hierarchy of needs (Maslow, 1943). When relationships are successful, a student can move into the “upstairs brain”, the thinking brain (prefrontal lobe) where new learning can take place (Bailey, 2015). This correlates to the highest levels of Maslow’s hierarchy of self-esteem and self-actualization (Maslow, 1943). At any given time, when a student begins to feel unsafe, they will revert to the safety brain (limbic system), or if they feel that a relationship is in jeopardy, the child will revert to the belongingness level (Maslow, 1943) or the feeling brain (limbic system) (Bailey, 2015).

The findings of the study show that feelings of fear, anxiety, and hypervigilance do not diminish at school, unless the environment includes frameworks and practices that contribute to feelings of safety. These factors that contribute to feelings of safety are the building blocks to resilience in adulthood. At school, participants felt more secure and stable, and they described school as a place where they could breathe and be themselves. Though the planned interview and focus group questions did not target safety at school, the participants described their school experiences through the lens of those things that enhanced their sense of safety. In addition, participants often described their school experiences in a way that recalled how the experience contrasted with their experience at home, further enhancing their feelings of safety at school. Figure 7 shows the contrast between the home experience and the school experience, the level of Maslow’s hierarchy where a student is during the experience, as well as the brain state during the experience.

Figure 7

Resilience Barriers vs. Generators with Level of Maslow's and Brain State

Resilience BARRIERS @ HOME		Resilience GENERATORS @ SCHOOL		BRAIN STATES
HOME Experiences	Level of MASLOW'S HIERARCHY	SCHOOL Experiences	Level of MASLOW'S HIERARCHY	
Fear	Safety & Security	Peace	Self-Actualization	 Learning Brain
Powerlessness	Safety & Security	Autonomy	Self-Esteem	
Isolation	Safety & Security	Connection	Love & Belonging	 Feeling Brain
No Direction	Safety & Security	Encouragement	Love & Belonging	
Criticism	Safety & Security	Affirmation	Love & Belonging	
Unknown Traps	Safety & Security	Clear Expectations	Safety & Security	 Survival Brain
Constant Change	Safety & Security	Consistency	Safety & Security	
Unpredictability	Safety & Security	Predictability	Safety & Security	
Chaos	Safety & Security	Structure	Safety & Security	
Need Insecurity	Physiological	Needs Met	Physiological	

Note. Figure 7 shows the level of Maslow's hierarchy of needs (Maslow, 1943) and the brain state (Bailey, 2015) associated with experiences at home and experiences at school. For consistency, the colors are congruent with those used in Figure 1 and Figure 2. Adapted from *Conscious discipline: Building resilient classrooms*, by B. Bailey, 2015, Loving Guidance, Inc. and "A Theory of Human Motivation" by A. Maslow, 1943, *Psychological Review*, 50(4), p. 370-396. (<https://doi.org/10.1037/h0054346>).

Empirical Implications

Unwanted behavior and barriers to learning in the classroom are related to students' unmet basic needs, the pursuit of safety, and feelings of fear and mistrust that are reflected in their ACE scores (Parris et al., 2015; Purvis et al., 2015) as well as being reflected in the theoretical significance of Maslow's hierarchy of needs. The original ACE study (Felitti, 1998), the Merrick (2018) study, the Peterson study (2018), and the ACE rankings done by the United Health Foundation (America's Health Rankings, 2019) are among the many studies that have identified the staggering impact of ACEs. The available information on trauma-informed practice and protective factors has come from the perspective of teachers and practitioners. This study is

novel in that it identifies resilience generating experiences from the perspective of resilient adults. This is a new and valid source of valuable data on the topic of resilience and trauma-informed practices. In addition, the study supports the use of the Bradley Resilience Scale for future research. The findings inform the practice of all educators and are applicable through the lens of the well-known theoretical framework of Maslow's hierarchy of needs and incorporate brain science.

Limitations and Delimitations

The limitations of the study involve the sample. A purposeful sampling method, followed by snowballing resulted in a sample that was 69% female and 92% Caucasian. A more ethnic diverse sample with more male participants would have been more ideal. The criteria for the participants did not include gender or ethnic qualifiers, as these demographic attributes were not those identified as resilience markers for this research. In addition, considerable time was spent in securing participants, therefore time restraints limited the possibility of adding gender and ethnic qualifiers.

Another limitation involving the sample relates to the requirement that participants be adults who were resilient as Oklahomans. Oklahoma was chosen because the state was considered the least healthy state in terms of ACEs in 2019 (America's Health Rankings, 2019). Although the participants met the requirement to be resilient as Oklahomans, the qualifications did not require that the participants grew up in Oklahoma. The demographic questionnaire (Appendix F) revealed that states of childhood residence included Arkansas, California, Colorado, Kansas, Missouri, Tennessee, Texas, Louisiana, Ohio, Oklahoma, Pennsylvania, Virginia, and West Virginia. Four participants spent their entire childhood in Oklahoma and two others spent part of their childhood in Oklahoma.

The theoretical framework chosen for this study was a delimitation. Though it might be expected that resilience theory would provide the theoretical framework, resilience theory is not adequate to meet the goals of this study. Resilience theory shows how biological predispositions and positive personal attributes lead to a measure of immunity against the predicted outcomes of childhood maltreatment or stress (Garmezy et al., 1984). Resilience theory fixates on how an individual's intrinsic strengths and traits serve as the agents of resilience defining why some individuals do not reap the negative expected outcomes of trauma (Schauss et al., 2019). Since this research focuses on experiences that contribute to resilience in adulthood and was likely to identify intrinsic as well as extrinsic protective factors that generate resilience, resilience theory did not serve as the primary theoretical framework. Maslow's (1943) hierarchy of needs as a theory of human motivation advances and informs the literature on this topic. As the primary theoretical framework that effectively guides this research, Maslow's (1943) hierarchy of needs allows the findings to be generalized and situated in the greater context.

Recommendations for Future Research

Four participants shared concerns that their parent was overwhelmed and needed support. Each one felt that their family situation would have improved if their school had provided a pathway to access support. Future research is recommended that could explore the partnership between parents and the school with a goal to improve access to family support programs. In addition, because all but one participant in this study was Caucasian, the study only scratched the surface of the experiences relative to cultural issues that impact ACEs. Future research is recommended that will explore the experiences of resilient adults with culturally diverse experiences. The following topics are recommended for future research: the impact of racism on students with ACEs, the effect of a students' cultural identity on resilience and feelings of safety

and belonging, and the role of the cultural aspects of race and ethnicity on how individuals heal and become resilient.

Personal attributes of determination, compassion, and empathy are associated with altruism (Maslow, 1943) and in this study with resilience. The resilient adults in this study were found to have these attributes as well as determination, grit, fortitude, and commitment. Future research that reveals the school experiences that cultivate these personal attributes associated with resilience would be beneficial. As overcomers, resilient altruistic individuals promote hope and serve as role models for future success for the individuals in need of altruistic activities (McCormack & Katalinic, 2016). ACEs beget ACEs, while hope begets hope. Findings produced in such research could provide recommendations for practice that perpetuate compounding cycles of hope and diminish the compounding cycles of ACEs.

This study is novel in that it identifies resilience generating experiences from the perspective of resilient adults. Resilient adults are a valid and new source of valuable data on the topic of resilience and resilience generating practices and experiences. In addition, the study validates the use of the Bradley Resilience Scale that developed in this study for future research. Therefore, future research is recommended that utilizes the Bradley Resilience Scale to identify resilient adults as participants.

Finally, if this design is repeated, the questionnaire should include a question to inform the researcher if a participant is currently a widow or widower. This possibility was unfortunately overlooked during the creation of the questionnaire and undervalued a significant marriage relationship that is certainly a marker of resilience. In addition, the questionnaire asks if the participant has ever been separated but should delineate if the participant has ever been

separated from their current marriage partner. This delineation impacts an individual's resilience score, so the questionnaire should be updated to include this relevant data.

Conclusion

The sheer magnitude of the compounding impact on our culture, the number of people facing the negative outcomes (CDC, 2022), and the economic effects for individuals and society (Peterson et al., 2018) show that ACEs impact all people and should incite a significant intervention across humanity. Educators have the most advantageous position to foster resilience in that students spend over 15,000 hours in school between kindergarten and graduation, more waking hours than they spend at home. No other conduit has a more generous allocation of time in which to implement an intervention of resilience generating experiences to change the expected outcomes of ACEs. To mobilize teachers as the first responders to ACEs, the school experiences that resilient adults identify as those that contributed to their resilience were identified.

Maslow's hierarchy of needs served as the theoretical framework and Moustakas' transcendental phenomenological research design was utilized to analyze the data from writing prompts, and transcripts from interviews and focus groups leading to the identification of K-12 school experiences that contribute to resilience in adulthood for individuals with ACEs. Resilient adults, selected through purposeful and snowball methods, revealed that the rich description of their shared experience as the essence of the phenomenon include a Sense of Safety, Structure as Security, Connection and Community, Affirmation, Hope and a Reason to Continue, and Distraction and Escape. School building blocks of resilience were identified including safety as the foundation of all other building blocks, structure, connection, engagement, and hope. For resilience generating building blocks to be the most beneficial, teacher-to-student ratios must be

prioritized. Because resilient adults are a novel source of data, an adult resilience scale developed and can be used for future research.

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Appendix A

The Benevolent Childhood Experiences Quiz

1. Did you have at least one caregiver with whom you felt safe? Yes No
2. Did you have at least one good friend? Yes No
3. Did you have beliefs that gave you comfort? Yes No
4. Did you like school? Yes No
5. Did you have at least one teacher who cared about you? Yes No
6. Did you have good neighbors? Yes No
7. Was there an adult (not a parent/caregiver or the person from #1) who could provide you with support or advice? Yes No
8. Did you have opportunities to have a good time? Yes No
9. Did you like yourself or feel comfortable with yourself? Yes No
10. Did you have a predictable home routine, like regular meals and a regular bedtime?
Yes No

(Narayan, 2018)

Appendix B

IRB Approval

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

December 21, 2021

Susannah Bradley
Matthew Ozolnieks

Re: IRB Exemption - IRB-FY21-22-298 EXPLORING THE K-12 CLASSROOM EXPERIENCES THAT CONTRIBUTE TO RESILIENCE IN ADULTHOOD AS DESCRIBED BY RESILIENT ADULTS WITH ADVERSE CHILDHOOD EXPERIENCES: A PHENOMENOLOGY

Dear Susannah Bradley, Matthew Ozolnieks,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information

electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [REDACTED].

Sincerely,

[REDACTED]

Research Ethics Office

Appendix C

Recruitment Email

Dear _____:

As a doctoral student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to describe the K-12 classroom experiences that contributed to resilience in adulthood for individuals with adverse childhood experiences, and I am writing to invite eligible participants to join my study.

Participants must be at least 24 years of age, who have experienced childhood trauma in at least four of ten ACE (Adverse Childhood Experience) categories, have at least a bachelor's degree or serve in a management position, and be altruistic in their career choice or in volunteerism. Participants must also be currently employed, must not be homeless, and must not have been convicted of a felony. Participants, if willing, will be asked to:

1. Complete a demographic questionnaire and ACE quiz that will take no more than 15 minutes.
2. Provide a detailed three to four paragraph response to a writing prompt to provide personal reflections about their resilience. This is estimated to take 30 minutes.
3. Participate in an individual interview, approximately one hour in length. The interview will be audio-recorded and transcribed.
4. Participate in a focus group that will be approximately one hour in length. The focus group discussion will be audio-recorded and transcribed.
5. You will have the opportunity to read the transcribed data from your interview.

The participants' total expected time commitment will be three hours over one month. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at [REDACTED] or, by email here or at [REDACTED] for more information.

A consent document is attached to this email and contains additional information about my research. After you have read the consent form and are confident that you are willing to participate in the research, please complete the form and email it back to me. After returning the consent form, please click the links to proceed to the [demographic questionnaire](#) and the [CDC's ACE quiz](#).

Sincerely,
Wyndi Bradley, Ed. S.

[REDACTED]

Appendix D

Script for Verbal Recruitment

Hello _____,

As a doctoral student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to describe the K-12 classroom experiences that contributed to resilience in adulthood for individuals with adverse childhood experiences, and if you meet my participant criteria and are interested, I would like to invite you to join my study.

Participants must be at least 24 years of age, who have experienced childhood trauma in at least four of ten ACE (Adverse Childhood Experience) categories, have at least a bachelor's degree or serve in a management position, and be altruistic in their career choice or in volunteerism.

Participants must also be currently employed, must not be homeless, and must not have been convicted of a felony. Participants, if willing, will be asked to:

1. Complete a demographic questionnaire and ACE quiz that will take no more than 15 minutes.
2. Provide a detailed three to four paragraph response to a writing prompt to provide personal reflections about their resilience. This is estimated to take 30 minutes.
3. Participate in an individual interview, approximately one hour in length. The interview will be audio-recorded and transcribed.
4. Participate in a focus group that will be approximately one hour in length. The focus group discussion will be audio-recorded and transcribed.
5. You will have the opportunity to read the transcribed data from your interview.

The participants' total expected time commitment will be three hours over one month. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

Would you like to participate?

[Yes] Great, could I get your email address so I can send you the link to a demographic questionnaire and the CDC's ACE quiz?

[No] I understand. Thank you for your time. [Conclude the conversation.]

A consent document will be attached to the email you receive. The consent document contains additional information about my research. After you have read the consent form and are confident that you are willing to participate in the research, please complete the form and email it back to me. After you have returned the consent form, please click the links to proceed to the demographic questionnaire and the ACE quiz.

Thank you for your time. Do you have any questions?

Appendix E

CDC ACE Quiz

The ACE Quiz was utilized as part of the purposeful criterion sampling to identify participants with an ACE score of at least four. The ACE Quiz is as follows.

PRIOR TO YOUR 18TH BIRTHDAY:

Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

No If Yes, enter 1 _____

Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

No If Yes, enter 1 _____

Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

No If Yes, enter 1 _____

Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

No If Yes, enter 1 _____

Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No If Yes, enter 1 _____

Were your parents ever separated or divorced?

No If Yes, enter 1 _____

Was your mother or stepmother... Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

No If Yes, enter 1 _____

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No If Yes, enter 1 _____

Was a household member depressed or mentally ill, or did a household member attempt suicide?

No If Yes, enter 1 _____

Did a household member go to prison?

No If Yes, enter 1 _____

Adverse Childhood Experiences ACE Score: _____ (Center for Disease Control, 2022)

Appendix F

Demographic Questionnaire

The purpose of this study is to explore the K-12 school experiences that contribute to resilience in adulthood for individuals with adverse childhood experiences (ACEs).

This demographic questionnaire was intended to obtain basic demographic and descriptive information. The data was collected to explore possible patterns. Qualtrics was used to facilitate this questionnaire.

BASIC INFORMATION

1. Name:
2. Gender: Female Male
3. Age:
4. Race/Ethnicity:
5. Before you turned 18, in which states did you live and for how many years?

FAITH and HOPE

6. Do you affiliate with a religious faith? Yes No
 If yes, which faith?
 Do you actively practice your faith? Yes No
 If yes, how?
7. Do you believe that your future will be...
 Less positive than today Same level of positivity as today More positive than today

EDUCATION

8. What year did you graduate from high school or earn your GED?
9. If applicable, what trade certification(s) or degree(s) have you earned?

EMPLOYMENT

10. Are you employed? Yes No
 - a. If yes, where are you employed?
 - b. How long have you been employed there?
 - c. What is your position?
11. Do you now or have you ever received unemployment? Yes No

12. Since the age of 18, have you received Women, Infants, & Children (WIC); Welfare; Food Stamps; or any other government subsidies? Yes No

ALTRUISM

13. Do you have an altruistic vocation (a position that supports individuals who are in need, dependent, marginalized, suffering, recovering, etc.)?

Yes No

If yes, describe your altruistic work in one or two sentences.

14. Do you regularly volunteer for an altruistic organization (an organization that supports individuals who are in need, dependent, marginalized, suffering, recovering, etc.)?

Yes No

If yes, how often?

At least weekly At least monthly At least six times per year At least annually

Other: _____

15. Since the age of 18, have you ever been accused of or committed a crime? Yes No

16. Have you ever been convicted of a felony?

HEALTH

17. Since the age of 18, have you abused alcohol or prescription drugs or have others mentioned to you that you may have a problem with alcohol or prescription drugs? Yes No

18. Since the age of 18, have you used illegal drugs? Yes No

19. Since the age of 18, have you smoked cigarettes? Yes No

20. Have you pursued the support of a counselor, therapist, support group, etc. to process adverse childhood experiences? Yes No

HOME

21. Are you married? Yes No

If yes, how long have you been married?

22. Have you ever been separated or divorced? Yes No

23. Since the age of 18, have you been homeless for any length of time? Yes No

24. Since the age of 18, have you had the ongoing availability of utilities (water, electricity, temperature control). Yes No

Appendix G

Informed Consent

CONSENT

Title of the Study: Exploring the K-12 Classroom Experiences that Contribute to Resilience in Adulthood as Described by Resilient Adults with Adverse Childhood Experiences (ACEs): A Phenomenology

Principal Investigator: Susannah Wyndi Bradley, a doctoral candidate in the School of Education at Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be at least 24 years of age, have experienced childhood trauma in at least four of ten ACE (Adverse Childhood Experience) categories, have at least a bachelor's degree or serve in a management position, and be altruistic in your career choice or in volunteerism. You must also be currently employed, must not be homeless, and must not have been charged with a felony. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to participate.

What is the study about and why is it being done?

The known negative outcomes and costs of childhood trauma are profound and compounding. Educators are in the most advantageous position to build resilience and to reduce the negative predicted outcomes of childhood trauma. The purpose of the study is to describe the K-12 classroom experiences that contributed to resilience in adulthood for individuals with ACEs.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete an online demographic questionnaire and ACE quiz that will take no more than 15 minutes.
2. Provide a detailed, three to four paragraph response to a writing prompt to provide personal reflections about your resilience. This is estimated to take 30 minutes and will be completed by email.
3. Participate in an individual interview, approximately one hour in length. The interview will be audio-recorded and transcribed. The interview will take place either in person or through Zoom.
4. Participate in a focus group that will be approximately one hour in length. The focus group discussion will be audio-recorded and transcribed. The interview will take place either in person or through Zoom.
5. You will have the opportunity to read the transcribed data from your interview.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

This study has the potential to inform classroom settings about the impacts of attitudes, methodologies, and experiences of students who have childhood trauma. This further understanding may change or create practices to help students become resilient into adulthood.

Liberty University
IRB-FY21-22-298
Approved on 12-21-2021

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. Completing the ACE quiz and talking about childhood can bring painful memories to the forefront for participants. In addition, certain questions during the interview and focus group may make you feel negatively as you are asked to reflect on your experiences.

Information revealed concerning child abuse or neglect or potential harm to you or others will be disclosed to the appropriate authorities in accordance with legal requirements and/or professional standards.

How will personal information be protected?

The records of this study will be kept confidential. Published reports will not include any information that might reveal a participant's identity. Participant responses will be kept confidential through the use of pseudonyms. Research records will be stored securely, and only the researcher will have access to the records. Interviews will be conducted in a location where others will not overhear the conversation.

All collected data will be securely stored with records only being accessed by the researcher. Electronic data, including recorded and transcribed interviews and focus group discussions, will be stored using a password and will likely be used in future presentations. Electronic data will be kept for three years in a password-locked computer and then erased. Physical data will be stored in a locked, fireproof, file storage box for three years and then shredded. The researcher and transcriptionist will have access to these recordings. Participants will have the opportunity to review their transcribed data. Confidentiality cannot be guaranteed in focus group settings. While discouraged, members of the focus group may share what was discussed with persons outside of the group.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Susannah Wyndi Bradley. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions about your rights as a research participant or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, [REDACTED].

***DISCLAIMER:** The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. If you have any questions after signing this document, you can contact the researcher or faculty sponsor using the information above. You will be given a copy of this document for your records. The researcher will keep a copy with the study records.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Printed Participant Name

Signature & Date

Liberty University
IRB-FY21-22-298
Approved on 12-21-2021

Appendix H

Writing Prompt

All participants were given a writing prompt to complete and return by email one week before their interview. The writing prompt served as the initial engagement that is intended to support the participants' readiness to take time to focus on their experience (Moustakas, 1994). The writing prompt responses allowed me to gain potentially insightful information about the phenomenon outside of the information gained during the interviews (Creswell & Guetterman, 2019).

Instructions for Participants: Please respond to the writing prompt below in three to four paragraphs. Please email your completed response to [REDACTED] prior to our scheduled interview.

The Writing Prompt: The contexts or situations in my K-12th grade school experiences that contributed to my resilience (overcoming childhood adversity) are...

Appendix I
Site Permission Request

October 30, 2021

Mr. [REDACTED]
[REDACTED]

Dear Mr. [REDACTED],

As a doctoral student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research project is Exploring the K-12 Classroom Experiences that Contribute to Resilience in Adulthood as Described by Resilient Adults with Adverse Childhood Experiences (ACEs): A Phenomenology. The known negative outcomes and costs of childhood trauma are profound and compounding. Educators are in the most advantageous position to build resilience and to reduce the negative, predicted outcomes of childhood trauma. The purpose of my research is to describe the K-12 classroom | experiences that contributed to resilience in adulthood for individuals with ACEs.

I am writing to request permission to conduct research interviews and focus groups with the study participants in a conference room or office [REDACTED]. The participants will consent before participation, take part voluntarily, and can discontinue participation at any time. [REDACTED].

Thank you for considering my request. If you choose to grant permission, respond to this email. A permission document is attached for your convenience.

Sincerely,

Wyndi Bradley, Ed. S.
[REDACTED]

Appendix J
Site Approval Received

Dear Mrs. Bradley:

After careful review of your research proposal entitled Exploring the K-12 Classroom Experiences that Contribute to Resilience in Adulthood as Described by Resilient Adults with Adverse Childhood Experiences (ACEs), I have decided to grant you permission to conduct your interviews and focus groups at [REDACTED]

I am requesting a copy of the results upon study completion and/or publication.

Sincerely,

[REDACTED]

Appendix K

Interview Questions

1. Please introduce yourself to me, as if we just met one another.
2. Please describe what influenced you to select the altruistic organization where you volunteer or work.
3. While in school did you benefit from an altruistic organization?
4. In what way did your adverse childhood experiences affect your success at school (K-12)?
5. Excluding the teachers, how do you describe the classroom environments (K-12) where you feel you were the most successful?
6. Excluding the teachers, please describe the classroom environments (K-12) where you feel you were the least successful.
7. Please describe any factors other than teachers that were the most significant in your school (K-12) success.
8. Please describe any factors other than teachers that undermined your school (K-12) success.
9. Please describe the (K-12) teachers who had the most positive impact on your success.
10. Please describe the (K-12) teachers who were a detriment to your K-12 success.
11. How would you describe the classroom mechanisms and practices (K-12) that were the most impactful regarding your success?
12. How do you describe the classroom mechanisms and practices (K-12) that were detrimental to your success?

13. In what way did extra-curricular activities (sports, Scouts, band, clubs, arts, etc.) contribute to your K-12 success?
14. In what way did participation in faith/church-based activities (church, Sunday School, VBS, Youth Group, etc.) contribute to your K-12 success?
15. Describe academic, athletic, and/or financial goals that you set for yourself when you were a student. Did anything or anyone in your school experience contribute to you accomplishing these goals?
16. Describe any career or life goals you set while you were a student for the time beyond high school graduation. Did anything or anyone in your school experience contribute to you accomplishing these goals?
17. How did you go about overcoming obstacles to your goals while you were in school?
18. Please describe two significant events that you feel contributed to your (K-12) success.
19. Please describe the one factor that you believe was the most significant and beneficial to your overcoming your adverse childhood experiences.
20. These topics can bring things to the forefront that may not be comfortable talking about. Thank you for your willingness to participate in this study. One final question... What else do you think would be important for me to know about the factors in school (K-12) that may have contributed to your resilience?

Appendix L

Focus Group Preliminary Questions

1. Please introduce yourself to the group. Please also describe what influenced you to select the altruistic organization where you volunteer or work.
2. Since the completion of your individual interview, are there experiences that you would like to add or expand upon?
3. Please describe the most positive aspect of your K-12 experience.
4. Please describe the most difficult aspect of your K-12 experience.
5. Please discuss any goals that you set while in school that were accomplished in adulthood.
6. If you consider yourself resilient, please discuss the reason(s).
7. Please discuss the role, if any, your educational experience had on your resilience.
8. Please discuss any supports that if they had existed would have supported you in school.
9. Please discuss how school settings can stimulate or cultivate resilience.
10. Please discuss recommendations or advice you have for K-12 students with your childhood.
11. Please discuss any additional information you would like to share concerning your K-12 experience that contributed to your resilience.

Appendix M

Bradley Resilience Quiz

SINCE YOUR 18TH BIRTHDAY:

Relationship & Community Quotient

Are you currently in a stable marital relationship...for longer than 10 years without separation or divorce, or are you a widow(er) after being married for longer than 10 years and have not remarried?

No If Yes, enter 1 _____

Are you a positive member of society ...following the law (have not committed a crime) and either working in an altruistic vocation, or donating or serving monthly as a volunteer to support individuals with need?

No If Yes, enter 1 _____

Do you actively participate in a group of people with similar interests...at least monthly attending church, participating in a community club, or meeting in a support group?

No If Yes, enter 1 _____

Education & Employment Quotient

Have you attained a level of education and/or expertise to prepare for employment ...as evidenced by a college degree, a trade certification, or a trade license? Or as evidenced by employment as a manager or business owner for more than ten years?

No If Yes, enter 1 _____

Is your household income sufficient to provide shelter, food, and ongoing utilities ...without a government subsidy (unemployment, welfare, food stamps or other)?

No If Yes, enter 1 _____

Health Quotient

Have you engaged support to process adverse childhood experiences ...on at least 12 occasions through a counselor, a therapist, a support group, etc.?

No If Yes, enter 1 _____

For the past five years, have you been clean and sober and avoided unhealthy habits ...including smoking cigarettes, misusing alcohol, or drugs (illegal or prescribed)?

No If Yes, enter 1 _____

Hope Quotient

Do you believe in God and practice your faith ...through activities such as reading the Bible, memorizing scripture, prayer, and going to religious gatherings regularly?

No If Yes, enter 1 _____

Do you set goals ...with steps to achieve the goal and a completion date?

No If Yes, enter 1 _____

Do you believe that your future will be positive ...so that your score on this resilience quiz will stay the same or go up?

No If Yes, enter 1 _____

Appendix N

Permission to Use Conscious Discipline Content

Aug 1, 2022, 9:50 AM EDT

Hi Wyndi,

Thank you for your inquiry regarding permission to use Conscious Discipline Content. Our Copyright policy is as follows:

Paid Presentations

It is illegal to charge a fee for a presentation unless you become a Certified Instructor. You may contact [REDACTED] for information about becoming certified.

Free Presentations

It is illegal to charge a fee for a presentation unless you are a Certified Instructor. You may conduct a free presentation if you follow all four of these points:

1. Your presentation is absolutely free of charge.
2. You refer often to the source of your information (Conscious Discipline Summer Institute, Managing Emotional Mayhem, etc.).
3. You use our designated terms (Safe Place, School Family, etc.).
4. You print the following on every slide: Adapted from www.ConsciousDiscipline.com [REDACTED].

Printed Materials

You may not print more than three pages of content for sharing or any other purpose. You may print up to three pages of content to share if you include the following on every page: Concepts adapted from Conscious Discipline by Dr. Becky Bailey.

www.ConsciousDiscipline.com [REDACTED]

Digital Media

It is illegal to refer to our content without attributing it. You may blog about us, review books/products and write articles as long as you attribute the source of your information by saying things like "In Managing Emotional

Mayhem, I learned..." or "When I began using Dr. Becky Bailey's Safe Place..." or "Dr. Becky Bailey teaches that..." and including our website www.ConsciousDiscipline.com. It is illegal to copy our content and make it available on your website, blog, etc.

You may link to our website www.ConsciousDiscipline.com and YouTube videos: www.youtube.com/lovingguidance instead. It is illegal to duplicate or broadcast our handouts, books, CDs, DVDs or CDroms.

You may inquire about volume discounts and digital licensing by emailing [REDACTED].
When Conscious Discipline or any concept developed by Dr. Becky Bailey is your source of information for a handout, presentation, slide or other material, you are legally obligated to provide credit.
Questions? Email [REDACTED].

A PDF copy of this information is also attached for your information.

Thank you for asking and I hope this has been helpful.

If we can be of further service to you, please contact us at your convenience at [REDACTED] or via email at [REDACTED]. You can also visit us online at www.consciousdiscipline.com for more than 300 free and premium resources to assist in your implementation of Conscious Discipline.

We wish you well.

Wishing you well,

[REDACTED]

[REDACTED]

Attachment(s)

[Copyright_2018.pdf](#)