

A PHENOMENOLOGICAL STUDY OF RESOURCE PARENTS' EXPERIENCES
PROVIDING FOR THE EDUCATIONAL NEEDS OF CHILDREN WITH ADVERSE
CHILDHOOD EXPERIENCES

by

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Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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Abstract

The purpose of this transcendental phenomenological study was to examine the lived experience that resource parents (e.g., kinship, foster, adoptive) undergo to care for the education needs of their children with adverse childhood experiences (ACEs). The theory guiding this study is Bandura's theory on social learning (1977). Bandura explained how behaviors and skills from a model were used to guide the central research question: What are the lived experiences of resource parents caring for the educational needs of children with ACEs? Data was collected from 12 adults living in a rural county in Virginia using writing prompts, interviews, and focus groups. Once data collection was completed, themes and subthemes were addressed. The conclusion of the study suggested resource parent circumstances change based on the child they are presently serving. Each child in resource care experienced unique forms of adversity and looked to their resource parent as a model on how to regulate emotions. Future research recommendations and practices were discussed, indicating educators should be open, understanding, and educated regarding adversity, with school systems providing training for them.

Keywords: adverse childhood experiences, resource parents, educational needs, lived experiences

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Dedication

I dedicate this dissertation to the memory of my Nannie, my great grandma, who passed away in the beginning stages of writing, and her daughter, Wanda, who put her life on pause to care for her. She taught me many essential life lessons and ensured that her entire family was cared for even after passing. Nannie, I can never thank you enough; I love you endlessly.

Thank you to my parents and brother, who loved and supported me throughout the journey. I will never be able to repay you for the love and care you have provided. Mom, you are my best friend and the person I go to for everything. Thank you for supporting me, staying up many late nights, front porch conversations, tough love, and many tears. Dad, thank you for showing me what hard work is and teaching me to be kind, gentle, and loving towards others, even when they aren't kind to you.

To my grandparents for the unconditional love, wisdom, and memorable childhood moments.

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To all my students who inspired me to complete this degree and serve others in this capacity.

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List of Abbreviations

Adverse Childhood Experiences (ACEs)

Post-Traumatic Stress Disorder (PTSD)

Social Emotional Learning (SEL)

Resource Parent Curriculum (RPC)

Early Childhood Special Education (ECSE)

Individualized Education Plan (IEP)

Post-Traumatic Stress Disorder (PTSD)

Attention-Deficit Hyperactivity Disorder (ADHD)

Neonatal Intensive Care Unit (NICU)

CHAPTER ONE: INTRODUCTION

Overview

Children in the child welfare system are at the most risk for adversity, and academically, they struggle the most (Erickson & Harvey, 2023). School systems must adhere to legislation dictating focus subjects for exceeding standardized expectations (Davis et al., 2022). Neglected trauma can be detrimental to a child's future, creating long-lasting mental and physical effects into adulthood (Crouch et al., 2019). Resource parents have a crucial role in the academic and general welfare of children in the child welfare system (Stenason & Romano, 2022). Foster, kinship, and adoptive families often feel lost when not given support and resources to assist a child who has undergone adverse childhood experiences (ACEs) (Day et al., 2022). Educational systems are the natural setting to provide support and address childhood trauma before long-term effects settle in (Mendelson et al., 2015; Pataky et al., 2019). Many resource parents with children who have ACEs do not have sufficient support to assist with educational needs (Bartnikowska et al., 2022; Campbell, 2020). This study was significant because it will assist educational systems and stakeholders in understanding the lived experiences of resource parents and the assets needed for the educational needs of children who have experienced adversity, thus improving the outcome of the children's futures. Background information on the subject is covered in Chapter One, along with theoretical, social, and historical ideas that frame the study's challenges. The significance of the study is then discussed, along with pertinent definitions. The chapter concludes with the study's purpose and problem statements, the central research and sub-questions, and a summary.

Background

The field of research regarding ACEs has only existed for 20 years and has continued to

evolve through current studies (Felitti, 2019; Krugman, 2012; Pataky et al., 2019; Treat et al., 2020; Ximenes et al., 2019). Childhood adversity has become a national issue, especially for children in rural areas (Frankland, 2021). Social learning theory provides context regarding modeling behaviors children and students may follow to become resilient adults. This section will provide an understanding of the historical, social, and theoretical contexts of the research problem.

Historical Context

The original adverse childhood experience (ACEs) research was published in the *American Journal of Preventive Medicine* more than 20 years ago and remains under ongoing investigation (Felitti, 2019; Krugman, 2012; Pataky et al., 2019; Treat et al., 2020; Ximenes et al., 2019). In 1985, Dr. Vincent Felitti, a Department of Preventive Medicine chief, commenced a related study in an obesity clinic, and lost more than half of the clients each year due to dropout (Felitti, 2019; Simkin & Felitti, 2022). Felitti and the team of doctors then began comprehensive research regarding ACEs from 1995–1997 and has followed patient progress for more than 15 years. Through the resulting discoveries, Felitti and team found much of the dropout rate was linked to ACEs unmitigated during early childhood (Felitti, 2019). Dr. Felitti and Dr. Anda developed the ACEs scale, whereby individuals' points are scored based on adversities (Felitti, 2019; Souers & Hall, 2020). This initial study provides the most extensive ACEs investigation, connecting childhood abuse and neglect with household trouble and long-term mental and physical health problems (Felitti, 2019).

The ACE study has increased awareness of the impact of trauma on general health and wellness (Souers & Hall, 2020). The ACE study has linked eating disorders, depression, suicidal behavior, and substance abuse to child maltreatment (Krugman, 2021). Trauma effects have been

identified as more than a checklist of horrifying events, but rather the collection of experiences and responses to new stressful events (Souers & Hall, 2020). The original ACEs study has raised many questions and considerations regarding ACEs and their impact on individuals of all ages (Davis et al., 2022).

Social Context

Stress and trauma have become serious problems in the United States (Mendelson et al., 2015). Most current research emphasizes the educator or student perspective, rather than the caregiver perspective (Lambert et al., 2022; Shenaar-Golan et al., 2022). Research compiled since the original 1998 ACEs study has increasingly reported the long-term effects of ACEs, including psychological and physical health conditions, substance abuse, and lack of achievement (Campbell, 2020; Jones et al., 2020; Kia-Keating et al., 2019; Zare et al., 2018; Zarei et al., 2020). Resource parents raise more than 402,378 children, and one in three children in the United States has undergone at least one adverse childhood experience (Gigengack et al., 2019; Zarei et al., 2022). Schools across the United States report over 53% of children are at risk of ACEs (Eismann et al., 2020). Children in the resource system are at greater risk of ACEs and, thus, linked to more severe symptoms and drawbacks (Eismann et al., 2020; Stenason & Romano, 2022). Resource parents require assistance in all aspects, especially to meet the educational needs of children with adversity (Stenason & Romano, 2022). Educators are essential in assisting resource parents with the academic success of children in the child welfare system (Moyer & Goldberg, 2020).

Unique challenges persist for students in rural schools compared to urban locations (Frankland, 2021). Rural communities may not always provide access to mental health and academic resources to assist students who need them (Davis et al., 2022). Resource parents

cannot always detect symptoms of ACEs; however, school environments are a natural setting for ACEs to be seen and supported (Gigengack et al., 2019; Mendelson et al., 2015). Children with ACEs need emotional regulation and behavior coaching from a caregiver or educational professional to become resilient adults (Acar et al., 2021).

Theoretical Context

Many studies have been conducted regarding ACEs, children's educational needs, and children in the child welfare system (Angelöw et al., 2023; Barlett & Smith, 2019; Deston et al., 2022). However, no apparent qualitative research has evaluated resource parents' experiences as the primary area of interest. Many articles provide supporting evidence of the need for assistance to children living in adversity, to enable them to lead resilient lives, but most do not describe what aid is required to begin the process of resiliency (Eismann et al., 2020; Pylypow et al., 2020; Shenaar-Golan et al., 2022). Although many schools have started recognizing the need to be trauma-sensitive within the educational environment, rural locations may not always be able to provide the full support necessary to meet academic and emotional needs (Kataoka et al., 2018; Spring et al., 2022). Over 25% of US students attend schools in rural locations; when resource parents need assistance with a child's emotional and educational needs, it is essential to ensure the avenues are present for them to obtain the needed assistance (Frankland, 2021; Mendelson et al., 2015).

Bandura's (1977) social learning theory offers a perspective on modeling and demonstrating behaviors, enabling children to learn specific skills to meet their emotional and educational needs. Models influence children regarding behaviors and life skills, contributing to their overall resiliency (Bandura, 1977; Horsburgh, 2018). Most adolescents' emotional development occurs from a model (Elliott et al., 2021). Many children in resource homes have

been exposed to physical, sexual, and emotional abuse, and these are often the only forms of modeling the children observe until they enter a new home or school environment (Horsburgh, 2018; Stenason & Romano, 2022). Once a child enters a home with a resource family, new familial and behavioral models are displayed, and the child must adapt (Acar et al., 2021; Elliott et al., 2022; Pylypow et al., 2020). Educators and school personnel are additional models from whom students learn, allowing them to develop social skills, trust, and supportive relationships with non-biological adults (Lambs et al., 2022).

Problem Statement

The problem is that many resource parents with children who have ACEs cannot assist with educational needs, thus leading to learning delays, classroom disruptions, and the likelihood of the children not completing school (Bartnikowska et al., 2022; Campbell, 2020). More than 402,378 children with mental instability in the United States are in the child welfare system, and ACEs are typical among those placed in environments other than their original home (Angelöw et al., 2023; Blodgett & Lanigan, 2018; Gigengack et al., 2019). Resource parents tend to be ill-equipped to acknowledge or to adequately care for managing the educational needs of children with ACEs (Blodgett & Lanigan, 2018; Gigengack et al., 2019). Adverse experiences may include separated or divorced parents, physical abuse, physical neglect, sexual abuse, verbal abuse, emotional neglect, a depressed family member, an imprisoned parent, witnessing abuse, or a parent addicted to alcohol or any other substance (Campbell, 2020; Felitti, 2019; Zarei et al., 2021). School personnel are more likely to gain an accurate ACE score for a child; however, parents often prefer to test children independently (Blodgett & Lanigan, 2018; Conn et al., 2018). Educators work with children who have ACEs daily; in elementary school alone, 59% of children have an ACE score of one or more, and nine percent have an ACE score of five or more

(Blodgett & Lanigan, 2018). ACEs have long-term effects linked to more than 40 long-term adverse outcomes (Campbell, 2020; Jones et al., 2020; Kia-Keating et al., 2019; Zarei et al., 2020). Resource parents and educators are essential to the growth process of children with ACEs (Blodgett & Lanigan, 2018; Stenason & Romano, 2022). Social learning theory supports modeling as an avenue for children to observe educators and resource parents, allowing them to learn behavioral, personal, and environmental approaches (Bandura, 1977). The primary method for learning in the adolescent stage occurs through observing a model (Horsburgh, 2018). The problem involves ensuring resource parents can maneuver, with school and community support, through any educational situation. The lack of empirical research regarding resource parents' experiences caring for the educational needs of children with ACEs provides an opportunity for the voices of resource parents from a rural Virginia County to be heard. The gap also leaves an opening to explore the resources needed to meet the educational needs of children with ACEs.

Purpose Statement

The purpose of this transcendental phenomenological study was to explore the lived experiences of resource parents—kinship, foster, adoptive—while caring for the education needs of children with ACEs. At this stage in the research, the educational needs will be defined as what each child needs from their respective educational system, community, and resource parents, based on their adversity. The theory guiding this study is social learning theory. ACEs are the experience of several traumatic instances before adulthood (Blodgett & Lanigan, 2018). Children who enter the child welfare system, at any age, have at least one adverse experience from being placed in a non-biological home, increasing their risk of educational delay. Resource parents' perceptions were observed regarding the resources they desire to assist a child with specific educational needs and to improve their understanding of the trauma the child has

experienced. The researcher examined the forms of reinforcement available in schools and the community to support the educational needs of children with ACEs, and the resource parents who lack information about providing support at home. The goal of this study aimed to understand the challenges in the lives of resource parents, and identify ways educators may assist, within educational boundaries, in alleviating those challenges. The importance of imitating emotional behaviors and reactions via modeling by resource parents and educators is supported by the social learning theory (Bandura, 1977). The social learning theory tenets consider the interrelated environmental and cognitive influences on learning and behavior; the theory also adds a description of the importance of educators' and resource parents' emotions and reactions to a child's trauma and behavioral responses. In this phenomenological study, social learning theory was used to improve understanding of the lived experiences of resource parents in modeling behaviors for children, providing insight into improving education on how the children may conduct themselves in the community and classrooms; these may contribute to better educational outcomes.

Significance of the Study

ACEs have existed for centuries (Felitti, 2019). During the last 20 years, researchers have formally recognized several ways adverse experiences have affected the everyday lives of many. Studies to improve understanding of adversity and its impact have continued to accrue (Krugman, 2012; Pataky et al., 2019; Treat et al., 2020; Ximenes et al., 2019). However, a research gap remains regarding a lack of perspective from the resource parents. The significance of this study was evident through the empirical, theoretical, and practical outlook. The data accumulated throughout the research will provide qualitative perspectives absent from the

current analyses. The research may benefit educators, administrators, counselors, and community members.

Theoretical Significance

Bandura's social learning theory concepts were applied to the lived experiences of resource parents caring for children with ACEs. Resource parents must navigate a child's understanding of the emotions and behaviors previously modeled in the biological household and display new behaviors to be observed (Bandura, 1977; Horsburgh, 2018). In addition, school personnel need to collaborate with resource parents to create a positive approach to improving student outcomes (Bandura, 1977; Smolkowski et al., 2016). Role modeling is one of the most influential forms of education for adolescents; it is essential to ensure modeling in all environments (Horsburgh, 2018).

Empirical Significance

From the empirical perspective, this study added to the literature resource parents' perspectives on caring for the educational needs of children with ACEs. The study gives parents a formal voice regarding what is needed to improve children's education and emotional state. To fill the gap in the literature, it is essential to consider resource parents' feelings and how they believe stakeholders and educational systems could offer further support, especially in a rural community. The research approach utilized in the transcendental phenomenological study accumulated the lived experiences of resource parents in a rural community in southern Virginia. The data was collated through writing prompts, interviews, and focus groups to improve understanding of the resource parents' perspective and describe common themes (Creswell & Poth, 2016; Moustakas, 1994). Similar studies have evaluated educators or the children in

resource care, focusing on children in the resource system, but few qualitative studies have focused on the resource parents' perspective (Bell et al., 2021; Stenason & Romano, 2022).

Practical Significance

Utilizing a transcendental phenomenological study design offered the ability to fill the research gap by describing the lived experiences of resource parents in providing for the educational needs of children who have experienced adversity. The study's practical significance illustrates the need for change among educational entities, to improve understanding of the unique dynamics resource families live within, and further support their needs (Stenason & Romano, 2022). In any school environment, students should consistently feel a sense of belongingness and safety (Davis et al., 2022). One in three children in the United States has experienced at least one adverse experience (Zarei et al., 2022). The long-term effects of ACEs are detrimental to children's futures (Jones et al., 2020; Zarei et al., 2022).

Research Questions

The following questions will guide the study in describing the lived experiences of resource parents who care for the educational needs of children with ACEs; the questions can also be found in Appendix C.

Central Research Question

What are the lived experiences of resource parents who care for the educational needs of children with ACEs?

Sub-Question One

How do resource families perceive and describe the challenges involved in caring for the educational needs of children with ACEs?

Sub-Question Two

How do resource parents who have children with ACEs perceive and experience the shortcomings of the educational system?

Sub-Question Three

How does the experience of being a resource parent caring for a child with ACEs shape their perceptions regarding the educational resources they deem necessary from schools and their community?

Definitions

1. *Adverse Childhood Experiences (ACEs)* – ACEs are traumatic events before the age of 18, and include neglect, parental separation, familial mental illness, and other types of childhood instability (Blodgett & Lanigan, 2018).
2. *Resource Parents* – Individuals who care for children outside the biological home, including kinship, foster, and adoptive parents (Day et al., 2022).
3. *Modeling* – The act of displaying cognitive, emotional, and behavioral characteristics others will observe (Horsburgh, 2018).
4. *Foster Parents* – A non-relative temporary individual who provides a safe environment and basic needs for children who experienced one or more ACEs.
5. *Kinship Care* – Kinship care consists primarily of grandparents or close relatives who care for the children of their family members (Mancielli et al., 2022).
6. *Adoptive Parents* – Adoptive parents care for children who are not biological; they have taken on the responsibility of caring for the child until they reach adulthood (Paine et al., 2023).

7. *Resilience* – The ability to function normally or successfully modify behaviors when facing adversity (Zhu et al., 2023).

Summary

The purpose of this transcendental phenomenological study was to describe lived experiences from the resource parents' perspective on caring for the educational needs of children with ACEs. If a child faces unmitigated adversity for a prolonged period, the long-term effects of such experiences can be life-threatening. The existing literature demonstrates the need for trauma-informed education in schools and communities; the approach improves the capacity to care for children's needs and families' ability to receive assistance. Rural locations tend to provide limited access to trauma-informed resources, making it more difficult for families to obtain the necessary assistance for their children to achieve academic and emotional success. The study investigated the forms of assistance resource families require from rural schools to meet these educational needs.

CHAPTER TWO: LITERATURE REVIEW

Overview

The following systematic literature review explores the general lack of trauma-informed care training among resource parents, and their inability to provide proper social–emotional wellness to children whose adverse childhood experiences (ACEs) affect their day-to-day learning abilities. Social learning theory was chosen and discussed in the first section of Chapter Two, followed by a review of recent literature regarding appropriate elements of trauma-informed care and social–emotional learning training for parents regarding assisting students who have undergone trauma reach their fullest classroom potential. The available literature discussing resource parents’ perceptions and knowledge of trauma-informed care and social–emotional learning, in addition to their baseline understanding of social learning theory, is evaluated. Finally, gaps in the literature warrant additional research, such as the need for qualitative research on the use of modeling techniques in conjunction with resource parent training programs to enhance emotional regulation and academic performance outcomes among students in small rural communities.

Theoretical Framework

Observational learning is the primary learning method among children (Bandura, 1977; Horsburgh, 2018). Social learning theory informs the study. Children in resource homes often have observed traumatic scenes or experienced physical trauma (Campbell, 2020). Abuse may be the only observation some children have seen; resource parents are then tasked with modeling a new environment for observational learning (Bandura, 1977; Stenason & Romano, 2022).

Social Learning Theory

The social learning theory provides an examination of the importance of modeling and imitating emotional behaviors and reactions. The theory considers how environmental and cognitive elements interrelate to influence learning and behavior. Children constantly observe the behaviors around them; behavior learned from an environment is conducted via observational learning (Bandura, 1977). Models display behaviors children emulate; children encode the behavior they observe (Bandura, 1977; Horsburgh, 2018). Bandura's theory of social learning offers insight into how people learn from observation and modeling.

Bandura (1977) described three underlying themes regarding social learning theory: behavioral, personal, and environmental factors. Bandura proposed four stages: attention, retention, reproduction, and motivation (Horsburgh, 2018). In the first stage, the observer attends to the behavior and watches what will be reproduced (Bandura, 1977; Horsburgh, 2018). Next, the observer will embody and retain what has been seen; in this stage, behaviors are mentally rehearsed. The individual then reproduces the behavior attended to and retained; in this phase, the action is taken. Finally, the individual is motivated to consistently reproduce the behaviors seen.

Observation

Most learning occurs through modeling and observing others to formulate ideas and new behaviors (Bandura, 1977). Observations occur not only through watching but also live, symbolically, or verbally. A live model is a physical person who acts a certain way; the observer then behaviorally reciprocates. Symbolic models consist of fictitious characters who display behaviors in films, television shows, or other dramatized forms, while verbal models comprise communications, descriptions, or interactions with a physical being. For an example of live-

modeled behavior, as described in Bandura's 1977 study, an adult plays roughly with a doll as children observe; moments later, the children are allowed to play with the same doll and are seen to begin treating the doll violently.

Mental State

Consistent reinforcement throughout a child's interactions can be helpful to development. However, reinforcement is not the only factor influencing behaviors and learning. A child's mental state and motivation level can influence them to learn, or not to learn, certain behaviors (Bandura, 1977). When children begin to self-motivate with pride and a feeling of accomplishment, they learn to connect behaviors to their internal feelings.

Role Models

Role models are critical elements of the primary learning method among adolescents (Horsburgh, 2018). Learning from a role model is one of the most influential educational methods; the understanding sheds light on how students grasp what they are learning from home. Social learning theory focuses on the concept of learned behavior from modeling. Children are attentive to the models around them, from whom they learn specific skills and behaviors they emulate (Bandura, 1977; Horsburgh, 2018). Early childhood developments before school age are essential for transforming skills into practice in preparation for school (Yildirim et al., 2020). Later, adolescents from a previously unstable environment must relearn acceptable behaviors from their current models; thus, it is essential to ensure resource families can adequately support such children (Stenason & Romano, 2022). Social learning theory may enhance the study of emotional and behavioral reactions in children with ACEs to the positive behaviors their resource parents and educators exhibit. Parent self-reports and child reports can measure theoretical educator observation (Acar et al., 2021). Parental self-reports offer an efficient way to

gather insight into behaviors at home; additional reports are needed to ensure validity throughout a study (Stenason & Romano, 2022). The literature lacks constructive alignment among individuals who have gained and experienced practical knowledge of the social learning theory (Horsburgh, 2018).

After a child is exposed to physical, sexual, or emotional abuse or any other sign of neglect, they are often removed from the home and placed in the child welfare system (Stenason & Romano, 2022). Once in the system, children carry learned behaviors from their previous home, effecting the cognitive abilities instilled in their brains and their capacity to learn new behaviors in their current home (Horsburgh, 2018; Stenason & Romano, 2022). Children who have learned negative behaviors in their previous environment tend to have higher levels of adversity and deal with multiple mental health challenges due to the traumatic impacts (Stenason & Romano, 2022). Resource parents caring for children with traumatic pasts must ensure they have access to a model who empowers them and displays emotional support (Horsburgh, 2018; Stenason & Romano, 2022). As explained in the social learning theory, given time, children can learn positive behaviors to overcome negative behaviors (Bandura, 1977). Resource parents are often unaware of the time required to assist the child in coping with these behaviors (Stenason & Romano, 2022).

Bandura's social learning theory (1977) shaped this study, including the importance of consistent positive modeling at home and school. The perspective of social learning theory offers insight into how modeling behaviors for children to learn via imitation can improve the ability to meet their emotional and educational needs. Most children in resource care have been exposed to some form of abuse emotionally, sexually, or physically, and comprises the only prior modeling they have observed (Horsburgh, 2018; Stenason & Romano, 2022). Once children enter the

welfare system and the homes of resource families, they must adapt to new routines, emotions, and modeling conditions (Acar et al., 2021; Elliott et al., 2022; Pylypow et al., 2020). Children may also start a new school, where they will observe educators and school personnel modeling social skills, developing trust, and building supportive relationships (Lambs et al., 2022).

Related Literature

Around the world, many children are raised in a child welfare system; 402,378 alone are in the United States (Gigengack et al., 2019). The need for parental resources inside and outside the educational system, while caring for a child with ACEs, is addressed in related literature discussing children's emotional regulation, well-being, and educational needs. The literature addresses areas regarding balancing emotional regulation and attaining positive outcomes.

Parents who have completed training programs while in service have tended to provide children with improved social and emotional skills (Shenaar-Golan et al., 2022). This section of Chapter Two discusses the literature on emotional regulation, modeling, resource parents, and the educational needs of children with ACEs. Several quantitative studies have evaluated student outcomes regarding social–emotional regulation and development due to resource parent knowledge and assistance (Deston et al., 2022). Few qualitative studies have explored the lived experiences of resource parents caring for children with ACEs to shed light on enhancing emotional regulation and classroom outcomes, warranting additional research (Shenaar-Golan et al., 2022).

Childhood adversity primarily correlates with poor health and well-being (Eismann et al., 2020). Children who embody adversity are more likely to drop out of school, have strained adult relationships, and experience lifelong health concerns (Pylypow et al., 2020). Trauma necessitating support with daily supplements affects many adolescents with ACEs in the resource

care system (Shenaar-Golan et al., 2022). Children often arrive in resource care with some or most of childhood taken from them, including nonexistent emotional regulation. Childcare programs have disclosed 53% of children are at risk of experiencing childhood adversity (Eismann et al., 2020). Adolescents with ACEs live atypical childhoods, not nurturing to development or regulation (Stenason & Romano, 2022); children require a balance of cognitive, social, and emotional regulation to attain positive overall outcomes (Chen et al., 2018). Children in homes with parents who have experienced childhood adversity are more prone to experience it themselves (Eismann et al., 2020). Teachers and other adults can observe and measure adverse behaviors through learning activities (Acar et al., 2021). Educators can provide observations to enhance a study by providing the ability to compare parental self-reports.

Parents exposed to ACEs are 62% more likely to expose their children to them (Crouch et al., 2019; Eismann et al., 2020). However, parents who have experienced ACEs often feel discomfort knowing another child may share similar experiences; many desire to break the cycle (Conn et al., 2018). Resource parents are vital in the lives of children who have experienced adversity, and are tasked with parenting complex needs, providing a stable environment, and ensuring access to the services required (Stenason & Romano, 2022). Host families are not usually trained to understand how to handle specific traumas the children embody. Resource parents are provided some pre-service training on trauma, but few reliable in-service resources exist for parents to gain assistance. Resource children with unmanaged emotional behavior often go to school and other places in the community (Pylypow et al., 2022). Serving as a resource parent in any capacity can be daunting, but school and community support may promote increased mental stability in children (Day et al., 2022). Children with deficits in emotional self-regulation lose focus academically and socially (Pylypow et al., 2020). Scholars have

recommended future studies involve a more significant number of students with teacher observation regarding behavior, to measure how children emotionally regulate. Knowledgeable resource parents who have consistent training regarding childhood ACE trauma often provide their children with an alternative mindset (Stenason & Romano, 2022).

Adverse Childhood Experiences

ACEs include traumatic childhood events, such as neglect, parental separation, familial mental illness, or unstable life circumstances (Blodgett & Lanigan, 2018; Matlin et al., 2019; Zarei et al., 2022). ACEs are physically or emotionally traumatic events during childhood or adolescence (Blodgett & Lanigan; Jones et al., 2020). Children in poverty are twice as likely to experience three or more childhood adversities (Choi et al., 2019). Internal and external mental disturbances are common among children and adolescents who have experienced adversity (Viswanathan et al., 2023). However, many symptoms in traumatized children are difficult to observe (Martin et al., 2017). In the United States, one in three children has undergone at least one adverse childhood experience (Zarei et al., 2022). ACEs are linked to various short- and long-term health problems, including cardiovascular disease, behavioral health, and neurodevelopmental conditions, such as learning disabilities, anxiety, substance use, depression, post-traumatic stress disorder (PTSD), high blood pressure, suicide attempts, and high-risk sexual behavior. Exposure to three or more ACEs increases children's risk of behavioral problems at a rate of three to five times higher than others (Choi et al., 2019). ACEs correspond to increased adverse outcomes (Jones et al., 2020). The overall mortality rate is higher in those with ACEs (Zarei et al., 2022). The ACEs framework includes some limitations in addressing other sources of stress due to membership in a disadvantaged population (Parnes & Schwartz, 2022). Minority and lower-income individuals tend to experience higher rates of

ACEs (Mosley-Johnson et al., 2019). Children exposed to at least one ACE are more likely to experience additional ACEs (Choi et al., 2019). Children in adolescent and teen years are more likely to internalize their emotions and experiences, affecting their mental health (Hawes et al., 2021). ACEs also affect parent–child interactions in various ways (Treat et al., 2020). Crouch et al. (2019) have suggested a future study is warranted to improve understanding of parental stress affecting children with ACEs.

ACEs Scale

The first study on ACEs was completed 20 years ago (Treat et al., 2020; Ximenes et al., 2019). The first ACEs study was conducted at Kaiser Permanente, to examine childhood trauma, household traumas, and their long-term impacts on well-being and health (Crandall et al., 2019). The ACEs scale identifies the likelihood of an individual experiencing toxic stress physiology (Harris, 2020). The scale is the most widely used instrument for assessing childhood maltreatment (Schmidt et al., 2020). The tool for screening ACEs is prompt and evaluates the indicators of toxic stress, such as childhood trauma (Harris, 2020; Zarei et al., 2020). The ACEs scale measures childhood experiences of physical, sexual, and psychological abuse (Crandall et al., 2019). The ACEs scale is obtained via a series of questions consisting of yes/no answers (Schmidt et al., 2020). There are no proven harms to screening, but screening for ACEs carries some potential for harm in asking children difficult or triggering questions and, for parents, some risk of being turned over to social services by the screener (Campbell, 2020). Parents are often more open-minded to screening their child independently than a medical professional or educator conducting the screening (Conn et al., 2018). Although some risks exist, screening for ACEs brings substantial benefits, including a ten percent reduction in the severity of physical and mental health disorders (Campbell, 2020). In recent years, vast interest has grown in widespread

ACEs screening to improve early detection (Hawes et al., 2021). The benefits of screening also include preventing possible future ACEs and other forms of child maltreatment (Campbell, 2020). Additional research is required regarding the screening process in the research and clinical setting (Hawes et al., 2021). Limited research is available regarding school-based screenings for ACEs (Pataky et al., 2019). Once a child has been identified with multiple ACEs, they are labeled as high risk for outstanding mental and physical health issues (Campbell, 2020). After research regarding ACEs commenced, a push began for in-school trauma and support interventions (Chafouleas et al., 2016).

Long-Term Effects of ACEs

When the first ACEs study was conducted, researchers were interested in the long-term outcomes, but more research remains to be undertaken for further understanding of immediate impacts (Treat et al., 2019). During the past 20 years, research has linked more than 40 adverse outcomes to ACEs, including mental and physical health conditions, suicidal thoughts or actions, substance abuse, and lack of academic achievement (Campbell, 2020; Jones et al., 2020; Kia-Keating et al., 2019; Zare et al., 2018; Zarei et al., 2020). Persistent vulnerability to familial stressors is linked to distal measures of brain functioning in children (Obradović & Armstrong-Carter, 2020). Unmitigated continuous exposure to ACEs can activate stress-related hormones in the brain and disrupt neurological development (Crouch et al., 2019). In addition, childhood ACE exposure is linked to adult mental health problems (Bethell et al., 2019). The American Academy of Pediatrics recommends standardizing measurements of adversity on the community level (Campbell, 2020). Prolonged exposure to adversity in early life can alter capacities for decision-making, memory, and all aspects of development; these are also linked to subsequent parenting attitudes and behaviors (Treat et al., 2020; Ximenes, 2019). Those exposed to ACEs

have a higher risk of exposing other children to them (Crouch et al., 2019). Trauma-informed therapy is the most common treatment available for ACEs (Campbell, 2020). The literature lacks information regarding how ACEs affect parenting needs and children's social and emotional development (Treat et al., 2020).

Early Childhood Trauma

Early childhood trauma is categorized as occurring from birth through age six (Barlett & Smith, 2019). Children who externalize mental instability are recognized and receive assistance swiftly compared to those who internalize feelings (Viswanathan et al., 2023). The literature lacks information regarding ACEs in early childhood (Yoon et al., 2021). The earlier childhood trauma occurs, the longer its adverse effects can persist if assistance is not acquired immediately (Ritblatt & Hokoda, 2023). Early childhood adversity can be embedded into neurological pathways (Obradović & Armstrong-Carter, 2020). Recently, young children have been exposed to traumatic events at higher rates than ever (Chudzik et al., 2023; Davis & Aylward, 2022; Yoon et al., 2021). The literature lacks information regarding internalizing emotions and feelings among young children (Viswanathan et al., 2023). Children who undergo early childhood trauma may suffer immediately, or may experience delayed reactions (Barlett & Smith, 2019). Early childhood is a critical developmental period in a child's life: rapid brain development and social-emotional skills are built as lifelong foundations (Yoon et al., 2021). Early childhood socio-emotional development, involving prosocial behavior and social initiative, is linked to internalizing disorders (Viswanathan et al., 2023). When adversity occurs during early childhood, brain development can be instantly stunted, as the brain is more malleable (Ritblatt & Hokoda, 2023). Over time, early childhood trauma has become a significant public health problem with severe consequences for children and caregivers (Barlett & Smith, 2019).

Caregivers able to respond swiftly when a child faces trauma assist the child in forming a higher level of stress tolerance (Riblatt & Hokoda, 2023). Over half of child maltreatment cases occur among five-year-old or younger children (Chudzik et al., 2023). Children without swift caregiver response are at risk for a low stress-tolerance threshold and tend to exhibit heightened anxiety and fear responses to minor stressors (Riblatt & Hokoda, 2023). The research is growing on the relationship between early childhood traumatic stress and future development (Bilbery et al., 2022). Those in early childhood who undergo traumatic events have been described as walking through a nightmare (Marans, 2023). During early childhood, the neurobiological system can become overloaded due to the developmental lack of capacity to respond to traumatic events (Riblatt & Hokoda, 2023). When exposed to adversity, young school children commonly exhibit challenging behaviors (Barlett & Smith, 2019). Early childhood trauma inspires a reaction of a racing heart, rapid sweating, and confusion, due to the disparity between determining reality and psychological terror (Marans, 2023).

Meanwhile, action on trauma-informed practices is widely lacking among the school system and educators in general (Bilbery et al., 2022). Preschool children in state-funded programs who have experienced adversity have a higher expulsion rate three times higher than those in kindergarten through twelfth grade (Barlett & Smith, 2019). Early childhood trauma threatens relationships, including student-teacher relations, self-regulation, and friendships (Bilbery et al., 2022). Educators and early-childhood programs have been encouraged to participate in professional development focused on trauma-informed practices. Children with early trauma often struggle to focus in group situations, and find daily routines challenging (Barlett & Smith, 2019).

Adolescent Trauma

Strong emotional reactions are associated with words, such as abuse, neglect, and adversity concerning children (Yu et al., 2022). Adverse environments inflict high-stress levels on individuals, causing them to physiologically adapt to cope with the stressors (De France et al., 2022). There are three components to trauma: the event causing the trauma, the experience of continuation of the trauma, and the effect trauma has on the individual (Ritblatt & Hokoda, 2023). Little published knowledge is available regarding adolescence and adverse experiences (Roberts et al., 2020). The adolescent age group ranges from ages 10–19; this group may receive healthcare services from pediatricians, general practitioners, or a mixture (Evans et al., 2021). Trauma undergone as an adolescent has been described as a representation of experiences constantly in the back of one's mind (Ruhi-Williams et al., 2022). Adolescents who have experienced trauma may become triggered by a distressing memory even when in a safe environment and are in a constant flight, fight, or freeze state (Martin et al., 2017). The adolescent stage is one of the most emotionally strenuous chapters in a human life (Davis & Aylward, 2022). Adolescents ages 13–17 with adversity are more likely to have behavioral, psychiatric, and substance use disorders; 38% of the adolescent population has been sexually abused (Haliburn, 2014). In addition, behavioral reactions are common among adolescents experiencing triggering memories related to prior trauma (Martin et al., 2017). Trauma is also the leading cause of adolescent mortality and disability; ten percent of deaths worldwide are related (Evans et al., 2021; Roberts et al., 2020). Recent years have involved added stressors, such as school changes, remote learning, and routine changes; these cause additional tension in a child's brain (Davis & Aylward, 2022).

Resiliency

Resiliency is the ability to recover after traumatic events and stressful circumstances (Isokääntä et al., 2019). Trauma has no bounds and can affect anyone (Ritblatt & Hokoda, 2023). Building resilience during early childhood positively affects the individual (Yoon et al., 2022). The body of research lacks information on children who flourish amid growing up in adversity (Bethell et al., 2019). In general, children are less developed than adults and require more social support (Isokääntä et al., 2019). Resiliency is essential to mental health in all children, especially those who have experienced stressors and emotional challenges (Treves et al., 2023). However, resiliency is challenging to measure in children, due to changes in development and human function (Yoon et al., 2022). Promoting resilience is critical to appropriate functioning following adversity (Yule et al., 2019). Nevertheless, research on building childhood resilience is scarce, and many adults lack sufficient knowledge to encourage resilience (Yoon et al., 2022). Resilience built during childhood contributes to essential psychological capacity (Yu et al., 2022). Children who lack resilience can exhibit disruptive behaviors and psychiatric disorders (Isokääntä et al., 2019). Often, adversity is associated with adverse overall outcomes; resiliency can provide an alternative outcome (Yu et al., 2022). A strong support network can instill traits of community connectedness and resiliency (Ritblatt & Hokoda, 2023). Hence, social support is essential for children with low resilience, psychiatric disorders, and disruptive behaviors (Isokääntä et al., 2019).

Educational Needs

Stress physiology significantly impacts how adversity influences students' cognitive development and engagement in the educational setting (Obradović & Armstrong-Carter, 2020). Children should be able to come to school ready to learn without any barriers, but trauma often

prevents it from occurring (Lawson et al., 2019). Children who have ACEs and are in the welfare system may find adapting to the school context difficult (Bell et al., 2021). Existing research lacks information regarding physiological stress response in the classroom (Obradović & Armstrong-Carter, 2020). Children tend to experience the most stress and adversity in the community and the home; schools are essential sites for fostering resilience and providing intervention (Herrenkohl et al., 2019). Exposure to ACEs escalates absenteeism, learning and behavior problems, and decreased school achievement (Blodgett & Lanigan, 2018; Sparling et al., 2022). The previous standard approach to address students with academic and behavioral challenges was to refer students for special education eligibility (Chafouleas et al., 2016). Many schools are poorly equipped to address the mental needs of traumatized children (Herrenkohl et al., 2019). Providing schools with adequate resources for children who have ACEs can help such children confront their adversity daily, and work toward resiliency (Duke, 2020). However, internalizing problems in adolescents can delay the benefits of treatment (Huang et al., 2019). Dropping out of school during childhood due to ACEs has been linked to lower quality of life, poverty, and mental problems lasting into adulthood (Sparling et al., 2022). Repetitive abuse during childhood causes elevated stress levels and activated stress response in the brain, leading to detrimental effects on developmental processes, including those related to the immune and nervous systems (Sparling et al., 2022). Functioning in a classroom with typical goals and learning aspects can feel isolating to those who have experienced trauma and brain dysregulation (Souers & Hall, 2020). Educators' mission to prepare youth to become productive citizens of society can be challenged by adversity children experience outside the school setting (Duke, 2020). When developmental processes are compromised, students' academic attainment, social skills, and emotional skills are inhibited, due to difficulty processing information (Sparling et al.,

2022). Despite adversity, some evidence exists that children can flourish in a safe and nurturing environment (Bell et al., 2021). Some school districts have become open to making alterations to care compassionately for vulnerable children (Herrenkohl et al., 2019). Scholars have advocated for additional studies, to improve understanding of stress physiology in children and related educational disparities (Obradović & Armstrong-Carter, 2020).

Trauma-Informed Schools

Children who undergo ACEs are affected in many ways, specifically by the learning environment (Duke, 2020). In the classroom, providing students with a trauma-informed approach supplies children with tools to help them manage emotions and alleviate stressful situations (Kim et al., 2021). Current rules and regulations often force public-school educators to prioritize students meeting standardized measures, rather than focusing on children's mental health and well-being (Davis et al., 2022). Supporting trauma-affected children is often a stressor for teachers due to a lack of trauma-informed training (Kim et al., 2021). Moreover, school districts face a substantial mental health crisis, and educators have become increasingly aware of the situation (Herbers et al., 2020). Childhood trauma is undoubtedly present in schools; nevertheless, educational systems are positioned to meet the developmental requirements of children exposed to ACEs (Pataky et al., 2019). Recent scholars suggest schools must ensure health, well-being, and safety for all students, especially those with ACEs (Davis et al., 2022). Education professionals have an obligation to understand trauma and its impact on development; those working in the educational system are expressly qualified to target childhood trauma before long-term effects develop (Pataky et al., 2019). Educational systems are natural settings for the prevention and early detection of trauma-exposed students (Mendelson et al., 2015). Schools can support the needs of children with ACEs by creating a trauma-sensitive environment

to target recovery and resilience (Spring et al., 2022). In addition, schools are essential to providing prevention, intervention, and treatment for the traumatic stressors students experience (Kataoka et al., 2018). Trauma-informed schools offer compassion, safety, and tools to assist students (Pataky et al., 2019). When students lack nurturing relationships at home, educators can help them build solid social relationships, to improve their ability to regulate emotional responses (Sparling et al., 2022). Research supports implementing additional trauma-informed schools, although many schools lack sufficient trauma-specific resources (Mendelson et al., 2015).

Social–Emotional Learning

Childhood experiences are essential to early learning and cognitive development (Lang et al., 2020). The scholarly understanding of social–emotional learning has significantly developed during the past 25 years (Walton et al., 2022). Emotionally and behaviorally disturbed children appear at increasingly younger ages; many experience maladjustment and have several risk factors (Deston et al., 2022). However, awareness of children’s well-being is growing internationally. The concept of social–emotional learning focus’ to establish comprehensive development to decrease maladaptive behavior (Moreno-Gómez & Cejudo, 2019). Individuals’ social and emotional well-being impacts their ability to foster resilience and overcome challenges (Deston et al., 2022). Social and emotional well-being is defined as well-being within individuals’ thoughts and feelings regarding themselves and others. Social–emotional learning entails children learning to manage emotions, construct relationships with others, and maneuver through challenging situations (Lee & Simmons, 2022). Introducing interventions to foster learning self-esteem and control counteracts other negativities in a student’s life (Xu et al., 2023). Children with multiple adult-like problems contribute to a complex learning environment

in school due to continuous psycho-social disruptions (Lee & Simmons, 2022). However, developing social–emotional learning competencies leads to empathy for others, self-awareness, and optimal decision-making strategies (Moreno-Gómez & Cejudo, 2019). Moreover, when children do not have opportunities to lead others and boost self-esteem, they are less likely to serve in leadership roles or have self-confidence in the future (Xu et al., 2023).

Implementing trauma-informed approaches in the classroom reduces defiant behavior and leads to fewer disciplinary actions (Kim et al., 2021). Social and emotional well-being programs conducted in school systems have demonstrated higher student academic outcomes (Deston et al., 2022). However, teachers without adequate training can fail to identify the underlying behaviors associated with trauma (Kim et al., 2021). In addition, studies have shown children solely learning literacy and numeracy, without additional types of instruction, decreases achievement outcomes inside and outside of school (Lee & Simons, 2022). Educators have an immense responsibility to “ensure children experience nurturing interactions” with others and partake in enriching activities to facilitate cognitive, social, and emotional skills (Lang et al., 2020, p. 1). The social–emotional learning approach provides a new skill set for educators and students (Kim et al., 2021). Cultural and spiritual influences can impact educators’ social and emotional well-being practices (Deston et al., 2022). Social–emotional learning can also enhance student leadership and empowerment (Xu et al., 2023). Educators are among the most influential factors in student’s classroom behaviors and emotions (Deston et al., 2022). More than 50% of teachers in early childhood education express feeling moderate stress when caring for children due to a lack of social–emotional development (Lang et al., 2020). Social–emotional learning is essential to the quality of the classroom setting and relationships with students (Lang et al., 2020). Childhood adversity can be reversed through preventive interventions in nurturing

environments to promote positive interactions (Lee & Simons, 2022). Teachers' internal biases and cultural competencies in social–emotional well-being can influence students' social and emotional well-being (Deston et al., 2022). Children in an environment with highly stressed adults can jeopardize their brains in life-long ways. Early education teachers, assisting students from birth to 8 years old, have opportunities to provide positive development while brain plasticity is at its peak (Lang et al., 2020). Academics are essential for students; however, social–emotional well-being should be addressed to enable them to learn with open minds (Lee & Simons, 2022). Mounting evidence supports the benefits of stress reduction and resiliency strategies within school settings (Lang et al., 2020).

Mindfulness

Mindfulness life skills assist children in developing resiliency to overcome adversity (Huang et al., 2019). Mindfulness practices help individuals remain non-judgmental, calm, and composed, and regulate personal emotions when interacting with others (Braun et al., 2019). However, opposing literature considers mindfulness in education a “quick fix” (Landger, 2022, p. 1). Mindfulness differs from other practices in exhibiting mindful aspects, rather than developing a skillset through training (Chopko et al., 2022). However, some evidence indicates practicing mindfulness allows individuals to become receptive to awareness of the benefits of physical and mental health (Huang et al., 2019). Empirical studies demonstrate how negative psychosocial and behavioral experiences place students at risk for unhealthy development; mindfulness and resilience may assist in mitigating adverse life outcomes. In addition, mindfulness in the classroom extends beyond academic performance (Honsky et al., 2023). Theorists suggest mindfulness practices improve student–teacher relationships and build regulation of emotional stability (Braun et al., 2019). Individuals who suppress feelings of

irritability, agitation, impatience, or defensiveness are more likely to be well-balanced emotionally and feel relaxed when working with others. Mindfulness mediates environmental and physiological stressors (Fedewa et al., 2022). While promoting well-being, mindfulness has been associated with reducing PTSD symptoms (Chopko et al., 2022). Mindfulness reduces stress and improves physical and mental health (Honsky et al., 2023). Several school districts across the United States have recently developed mindfulness-based interventions to help students reduce stress (Fedewa et al., 2022).

Mindfulness can be embedded into social–emotional learning, and both involve understanding such concepts as emotions, empathy, and self-control (Moreno-Gómez & Cejudo, 2019). Together, mindfulness and social–emotional learning promotes academic integrity, moral comprehension, and emotional enhancement during early childhood and adolescence. Mindfulness brings awareness and requires purposeful attention to detail and movement (Honsky et al., 2023). Successful employment of social–emotional learning and mindfulness practices have proven to improve attention, self-regulation, and pro-social behavior among children who have experienced adversity (Moreno-Gómez & Cejudo, 2019).

Rural Communities

More than 25% of students in the United States attend school in rural areas (Frankland, 2021). Rural communities in America often include barriers to accessing mental health care (Davis et al., 2022). A disproportionate effect persists regarding children with ACEs in rural communities, putting these students at greater risk of academic underachievement (Frankland, 2021). Intervening at the school level would necessitate regulations and require rural areas to gain access they do not always have to mental health resources for children with ACEs (Davis et al., 2022). Existing research lacks sufficient information to support the more than 13 million

rural school students who need assistance in developing resilience to overcome adversity (Frankland, 2021). Rural settings lack social supports and resources for children with ACEs (Davis et al., 2022). Furthermore, lower educational attainment and poverty trends in rural locations place children with ACEs at high risk, without adequate resources to support them.

Emotional Development and Regulation

Recognizing and managing ACEs symptoms is often significantly difficult for resource parents (Gigengack et al., 2019). More than half of US children have been exposed to one adverse childhood experience (Eismann et al., 2020; Zarei et al., 2022). In addition, few studies have explored parents' assessments of such children's social–emotional competencies (Elliott et al., 2021). The stress of experiencing adversity dysregulates the body and brain of a developing child (Eismann et al., 2020). Children who experience irregularities must be able to process them (Pylypow et al., 2020). Emotional regulation comprises the external and internal processes responsible for monitoring, evaluating, and modifying emotional reactions—specifically the intensive and temporal features (Chen et al., 2018). When emotional dysregulation is persistent, and children rapidly shift homes, negative emotions can prevail over positive ones, primarily if dysregulation is also modeled in their environment (Horsburgh, 2018; Pylypow et al., 2020). Cognitive development during early childhood is vital to long-term emotional development regarding interpersonal relationships, mental health, and academics (Chen et al., 2018). Experience and expression of emotions will vary based on age; the literature lacks information on children during the adolescent stage (Pylypow et al., 2020). However, evidence indicates younger children are at greater risk; this consideration can provide further validity to related studies (Eismann et al., 2020).

How a child is cared for affects their future (Mancinelli et al., 2021; Shenaar-Golan et al., 2022). When children are exposed to ACEs and lack a supportive adult, life-altering impairments may result (Bell et al., 2021). Recent research suggests children should be taught how to self-regulate their emotions, rather than someone else regulating on their behalf (Pylypow et al., 2020). Future research suggestions include studying appropriate methods for teaching students to self-regulate their feelings (Shenaar-Golan et al., 2022). To be successful, children must concurrently learn how to focus and regulate their emotions and behaviors (Acar et al., 2021). The current context emphasizes modeling behavior and working through those emotions together (Horsburgh, 2018). Children's emotional development mainly derives unconsciously from models (Elliott et al., 2021). For future studies, scholars have suggested considering larger study pools and broadening geographical limitations to incorporate more subjects for observation (Acar et al., 2021). Due to recent demographic shifts and dated literature, further study is warranted to accumulate current data regarding development among children with ACEs (Elliott et al., 2021). Future studies should also explore the use of social behavior rating scales. In future studies, observing students' actions outside or before school hours would provide additional insight into their self-regulating ability (Acar et al., 2021).

Modeling

Role modeling is adolescents' most effective primary learning method (Horsburgh, 2018). The principal component involves learning cognitive, emotional, and behavioral characteristics from the model (Acar et al., 2021). Children develop strategies to regulate feelings by observing the people around them (Chen et al., 2018). Children who are not in a consistent home are constantly learning different emotional regulation tactics (Pylypow et al., 2020). If they are not educated to follow rules, children often struggle to obey them (González et

al., 2022). In addition, when children lack compatible models, they need to learn from other avenues (Shenaar-Golan et al., 2022). Studies have yet to be conducted regarding children's understanding of identifying a good role model (Pylypow et al., 2020). Because role modeling is among the most influential educational forms in adolescents, ensuring modeling is positively effective is essential (Horsburgh, 2018). Alternative literature argues children should independently navigate ways to regulate themselves (Acar, 2021). Children learn specific behavioral responses via observation and learning through their families and other trusted adults (Chen et al., 2018). Scholars have recommended future studies include additional separated reports, such as parent reports, student reports, and classroom observations (Acar, 2021). The literature lacks examinations of gender differences and ages among children, and a differentiation in how data is collected is recommended to ensure methods are valid and reliable (Chen et al., 2018).

Role Models in Schools

In practice, role models are individuals committed to exemplifying morals and principles to others who need moral guidance (Osman, 2019). Children develop social skills when they build supportive relationships with non-biological adults (Lambs et al., 2022). Traditional behavior management methods in schools include verbal reprimands, timeout, referrals, and suspension; these methods lack incentives for behavioral change (Smolkowski et al., 2016). Social-emotional learning theory supports the idea that moral role models affect a child's moral behavior, and that positive approaches are needed to improve student outcomes (Bandura, 1977; Osman, 2019; Smolkowski et al., 2016). Modifying school environments to promote healthy behaviors, social-emotional well-being, and physical health improves knowledge and development skills (González et al., 2022).

Resource Parents

A healthy family environment is one of the most essential conditions for human development (Monnat & Chandler, 2015). *Resource parents* refers to kinship, foster, and adoptive parents within the child welfare system (Day et al., 2022). Children in the resource care system are at greater risk of “health problems, substandard educational outcomes, mental health drawbacks, externalizing behaviors, suicidal behavior, and decreased well-being” (Stenason & Romano, 2022, p.1). Negative emotional behaviors are physiological reactions to repetitive stimuli (Pylypow et al., 2020). Resource families play a vital role in children’s welfare and have an indispensable obligation to access trauma-informed support (Bartnikowska et al., 2022; Stenason & Romano, 2022). When providing resources in practice, research indicates the main challenge lies in alleviating parents’ initial discomfort when appearing before new families to ask questions about their child’s experiences (Eismann et al., 2020).

Future research is required to pinpoint whether consistencies exist between the type of resource parent and the type of in-service care needed (Stenason & Romano, 2022). Research indicates resource parents need assistance in all aspects; however, little insight exists regarding the specific attributes that would be most effective (Day et al., 2022). For a child with emotional and behavioral issues, stressful challenges can affect well-being (Shenaar-Golan et al., 2022). Meanwhile, when resource parents feel they lack training or support, they are more likely to terminate early and drop out of parenting (Cooley et al., 2021; Stenason & Romano, 2022). Children needing resource-parents’ care have experienced high levels of developmental trauma; therefore, they need consistent care to heal their traumas (Stenason & Romano, 2022). Consistent care can help lessen children’s stress from prior instability (Eisamann et al., 2020). Future study recommendations to incorporate resource parents’ perspectives have included larger sample sizes

and data collection beyond resource parent self-reports (Stenason & Romano, 2022). In addition, at-risk families should meet with a childcare provider to enable observation and intervention, toward studying and gathering data regarding children's social and emotional well-being (Eisamaa et al., 2020).

Foster Parents

A temporary non-relative individual who provides a child with safe shelter and basic needs is considered a foster parent (Mancinelli et al., 2021). An estimated 423,000 children are in the US foster-care system (Cooley et al., 2021). Most children in foster care have experienced or witnessed violence, and over half have experienced direct violence inflicted by a family member (Martin et al., 2017). Foster families receive the most state compensation to provide food, clothing, and other expenses associated with foster children (Foli et al., 2022). Children may live with foster families as briefly as one night, or up to several years (Lambs et al., 2022; Foli et al., 2022). To become foster parents, individuals must undergo a "background check, training in the foster care role, formal approval, and caseworker" approval (Foli et al., 2022, p. 3).

Despite advancement attempts from the federal and state governments, children in foster care continue to encounter barriers (Moyer & Goldberg, 2020). Due to previous traumas, foster children often have complex needs, including social and behavioral disorders (Cooley et al., 2021). Over 30% of children in foster care have PTSD, compared to eight percent living with biological parents (Angelöw et al., 2023). Children in foster care often experience traumatic experiences, mental illness, and academic struggles (Angelöw et al., 2023; Bartnikowska et al., 2022; Cooley et al., 2021). Additional stressors are often present when biological parents are involved, due to animosity and hostility in a traumatized child when visitation is allowed (Mancielli et al., 2021). Limited research is available on foster-parenting practices and

problematic behaviors (Cooley et al., 2021). The desired outcome of foster-care placement is reunification with family members; however, 20% of children within five years of their first placement will re-enter the child welfare system (Foli et al., 2022). The long-term effects of foster care include children experiencing difficulty with education, future careers, and overall health (Angelöw et al., 2023). Government evaluation of the psychosocial and educational outcomes indicates youth who age out of foster care do not tend to make significant improvements, compared with previous years when regulations were not in place (Moyer & Goldberg, 2020).

Educators play an essential role in the academic success of foster youth (Moyer & Goldberg, 2020). To adequately support the educational needs of children in the system, insight must be gained regarding the relationships among schools, foster children, and resource parents (Bartnikowska et al., 2022). Children need relationships with caring adults, which improves overall mental health and social–emotional well-being (Lambs et al., 2022). For foster youth, school and community connections can provide stability. School-aged children in out-of-home care are typically less academically advanced compared to their peers, due to the likelihood they have changed schools or other extenuating factors from foster care situations (Bartnikowska et al., 2022). Foster children pose classroom challenges, including academic difficulties and behavioral concerns; many teachers see it as a “roller coaster of emotions” (Moyer & Goldberg, 2020, p. 2). Moreover, a lack of research exists on teachers’ perspectives regarding foster-care children’s school experiences (Moyer & Goldberg, 2020). Children in the foster system have a higher absenteeism rate due to frequent residence relocation, court hearings, and family visits (Lambs et al., 2022; Moyer & Goldberg, 2020). Educators often struggle with foster parents’ unwillingness to discuss academics or behaviors (Moyer & Goldberg, 2020). Furthermore,

graduation rates and educational achievements tend to be lower for foster children (Bartnikowska et al., 2022). While over 84% of foster children desire to attend college, only 20% enroll (Moyer & Goldberg, 2020). Positive adult role models can assist with resilience and graduation rates (Lambs et al., 2022; Moyer & Goldberg, 2020). Future studies must investigate the relationships among the presence of caring adults and academic achievement, health, and safety in foster children (Lambs et al., 2022). Existing research indicates, although school personnel are essential and many foster parents collaborate, school personnel can often act dismissively toward foster parents (Bartnikowska et al., 2022). The literature also lacks specific information regarding whether relationships with non-parental adults benefit school outcomes among foster care youth (Lambs et al., 2022). In addition, little research evaluates the obstacles to or the overall approach for a successful school experience among children in foster care (Moyer & Goldberg, 2020).

Multi-level stress is involved in fostering, due to the complex needs of the children who are in the system (Mancielli et al., 2021). Challenges persist for foster parents with children with multiple behavioral challenges (Cooley et al., 2021). Evidence indicates foster care parents desire trauma-informed psychoeducation to increase their parental efficacy (Angelöw et al., 2023). To provide children with stable, safe environments, foster families must be supported (Bartnikowska et al., 2022). Little information is known regarding the impact of involved, caring adults on children with physical and emotional disruptions in their youth (Lambs et al., 2022). Research associates child behavior with the longevity of foster parents' willingness to serve (Cooley et al., 2021). Foster parents who receive trauma-informed intervention have been shown to reduce children's behavioral outbursts, strengthen their relationships, and increase their resilience (Angelöw et al., 2023). Further study should be considered to improve understanding of foster parents' point of view (Bartnikowska et al., 2022).

Kinship Caregivers

Grandparents, aunts, uncles, or cousins caring for infant or adolescent family members are considered kinship caregivers (Mancielli et al., 2021). In 2019, 36% of children were cared for by a relative instead of their birth parents (Foli et al., 2022). In the kinship context, each state must ensure children are placed in a safe home through court mandate, which may be with a family member or friend (Foli et al., 2022). Kinship caregiving is often able to provide a child with a more stable environment than they have previously been familiar with (Mancielli et al., 2021). When a child is taken from their biological home, they are typically placed in foster care or kinship care based on the circumstances (Foli et al., 2022). Kinship care can be a more stressful environment for the child, if the caregiving family member allows the child to be around abusive parents without approval or oversight from the system (Mancielli et al., 2021). Kinship has often been informally used when birth parents cannot care for their child, whom family members will then raise (Foli et al., 2022). Kinship parents often prefer to keep the process informal to avoid the social service process, and most often the grandparents care for the child. Kinship offers fewer interruptions in a child's life and supports their cultural identity (Foli et al., 2022).

Grandparents

When grandparents raise grandchildren, it can stress both the child and the grandparent, negatively impacting their health (Lee & Jang, 2019; Havslip., 2019). Grandparents often begin to show signs of depression throughout the years of caring for their grandchildren (Lee & Jang, 2019). Resources are limited for grandparents who provide care for grandchildren, and communities often need increased support. Grandparents influence grandchildren positively when acting as their parental figures (Havslip et al., 2019). Grandchildren living with

grandparents also tend to have their mental and physical needs accommodated, and safety is often the grandparents' top priority.

Adoptive Parents

Adolescents who are adopted have an increased risk of experiencing enhanced emotional irregularities and psychological difficulties compared to non-adopted peers (Ní Chobhthaigh & Duffy, 2019). Foster families share similarities to adoptive families (Moyer & Goldberg, 2020). Sixty-four thousand children were adopted in 2019 in the United States; of these, 52% were adopted by their foster parents (Foli et al., 2022). Adoptive children have a lower prevalence rate of mental health disorders than foster or kinship children (Paine et al., 2023). However, several challenges persist with adoption, including pre-adoption risks and attachment difficulties leading to adjustment difficulties (Ní Chobhthaigh & Duffy, 2019). The adoption process for individuals typically begins through an adoption agency, adoption attorney, church, or legal eligibility (Foli et al., 2022). The adoption process is rigorous, with numerous obstacles and challenges (Foli et al., 2022; Paine et al., 2023). In addition, although adoption is often expected to bring a familial feel to a child's life, it often causes them to feel emotional loss (Ní Chobhthaigh & Duffy, 2019). Children adopted in the non-infant stages will likely have experienced early adversity, in the forms of abuse or neglect. Ensuring the child feels loved and safe can take time (Paine et al., 2023). Due to multiple placements, adoptive foster children can experience maltreatment and have higher neurological irregularities (Ní Chobhthaigh & Duffy, 2019). Parents with adoptive children often sacrifice to accommodate them, such as reducing work hours, taking on a financial strain, and working to establish stable relationships with teachers and healthcare workers (Paine et al., 2023). Interventions to assist with preparing an adoption are generally designed to

understand the emotional, behavioral, and family function dynamics (Ní Chobhthaigh & Duffy, 2019).

Training Programs

Resource parents are required to undertake many steps to care for a child; however, additional in-service training is needed for these parents (Stenason & Romano, 2022). Further study is required for small communities regarding making more adequate resources available for resource families (Eisamann et al., 2020). Resource parents need sufficient resources to provide appropriate care for their children (Shenaar-Golan et al., 2022). It is essential for resource parents to have access to sources, so they feel confident the care they provide is adequate; children experience many inconsistencies throughout home and school (Elliott et al., 2021).

Stenason and Romano (2022) have used a parenting program entitled Resource Parent Curriculum (RPC), developed by the National Child Traumatic Stress Network for parents currently in service. The RPC allows resource parents to take an eight-week course, with before and after surveys, including modules on social support and trauma-informed parenting. The survey has found most resource parents want additional in-service training and support. Resource parents often struggle to help their children because they wish to avoid trauma triggers (Gigengack et al., 2019). Families in the initial ACEs study reported being uncomfortable speaking in front of new families (Eismann et al., 2020). For future research, families should get to know one another before participating so results are more accurate. Structured and free-play situations are recommended for future research to evaluate the interplay between the resource parent and the child (Gigengack et al., 2019). Findings indicate all resource parents wanting to participate in a study should be allowed to participate; thus, more families in need can be discovered rather than only a select few (Eismann et al., 2020).

Summary

Bandura's (1977) social learning theory supports this study to form the theoretical framework to improve understanding of how models impact behavior and skills informing academic and emotional aspects of a child's life. Observing social learning theory and conducting a literature review regarding resource parents caring for the educational needs of children with ACEs has raised the question of whether children should learn through modeling or through independently controlling their behaviors (Acar, 2021; Bandura, 1977; Horsburgh, 2018). Current literature shows children with ACEs urgently need help, especially those in resource care, and indicates the models in their original homes were inadequate (Eismann et al., 2020; Stenason & Romano, 2022). Children require nurturing educational and familial environments to stabilize their development and regulation, to create a positive learning path (Stenason & Romano, 2022). Children often fail socially and academically while experiencing emotional and developmental trauma; altering their future endeavors (Shenaar-Golan et al., 2022). Over 40 adverse outcomes are linked to ACEs; unmitigated exposure can alter brain development (Campbell, 2020; Jones et al., 2020; Kia-Keating et al., 2019; Zare et al., 2018; Zarei et al., 2020). Childhood trauma occurs at a high rate and influences critical early developmental skills (Barlett & Smith, 2019; Chudzik et al., 2023). Adolescents living in trauma experience constant emotional and behavioral triggers (Martin et al., 2017; Ruhi-Williams et al., 2022). Trauma prevents children from achieving the mental clarity necessary to learn and adapt to the school environment (Bell et al., 2021; Lawsone et al., 2019). Educational institutions face a mental health crisis among students and are expected to know how to handle adversity by creating trauma-sensitive environments (Herbers et al., 2020; Kim et al., 2021). Educators and

school staff must work to ensure student safety, academic development, and well-being (Davis et al., 2019; Pataky et al., 2019).

Resource parents are essential to the growth process and require training to respond to any irregularities a child with ACEs is experiencing, with assistance from trained educational professionals (Mancinelli et al., 2021; Pylypow et al., 2020). Alternative literature explains if children could work through their emotions, they would not need to rely on their resource parents as much (Acar et al., 2022). Many children are unaware of how to work through emotions and require a model to demonstrate such actions (Chen et al., 2018; Deston et al., 2022; Horsburgh, 2018). Children should have a trusted adult with whom to discuss their traumas and emotions (Gigengack et al., 2019). Resource parents must be given in-service support to assist their children with ACEs and provide adequate stability (Stenason & Romano, 2022). The educational needs of children with adversity are demanding (Bell et al., 2021). Schools developing trauma-informed environments offer compassion and a toolset to target resiliency for children dealing with adversity (Pataky et al., 2019; Spring et al., 2022). Social–emotional learning and mindfulness tactics assist children with understanding and working with emotions to become resilient (Braun et al., 2019; Moreno-Gómez & Cejudo, 2019). The literature lacks information regarding small, rural communities (Frankland, 2021). Rural settings make accessing resources and social support for children with ACEs more difficult (Davis et al., 2022). For future studies, families involved in a study should be introduced to one another before meeting for group discussion (Eismann et al., 2020). Resource parents desire additional in-service options to obtain training while working with a child in their home (Stenason & Romano, 2022).

Many quantitative studies have been conducted to evaluate student outcomes of social–emotional regulation and development related to resource parent knowledge and assistance

(Deston et al., 2022). However, few qualitative studies have examined how students, and their resource parents, make use of modeling techniques and resource parent training programs to enhance emotional regulation and classroom outcomes. It is imperative to conduct additional research regarding the perspective of resource parents caring for the educational needs of children living in adversity, to improve understanding regarding the educational needs of children with ACEs, and how the educational system can assist resource parents.

CHAPTER THREE: METHODS

Overview

The purpose of this transcendental phenomenological study was to describe the lived experiences of resource parents and caring for the educational needs of children with adverse childhood experiences (ACEs). The study methodology is explained in depth in Chapter Three. To address the research questions, a transcendental phenomenological study design will be employed. In addition, Chapter Three provides descriptions of the site, participants, and the researcher's positionality. Data collection procedures are included, and procedures and plans for analysis of writing prompts, interviews, and focus group data are discussed. The data synthesis strategy, a second on reliability, ethical issues, and a summary are included at the end of the chapter.

Research Design

Phenomenological research is the investigation of commonalities among shared phenomena. It explains the *why* and *how* of a phenomenon and describes the meaning of shared experiences (Neubauer et al., 2019; Moustakas, 1994). Phenomenological research is displayed in the writings of mathematician Edmund Husserl (1970; Creswell & Poth, 2016).

Phenomenology contains a philosophical aspect and is commonly used in social and health sciences and psychology. In research practice, phenomenology is used to discover the perspectives of those who have experienced a common phenomenon (Neubauer et al., 2019). Many writers following Husserl have used phenomenology for their philosophical arguments (Creswell & Poth, 2016). Moustakas (1944) devoted much to developing a psychological perspective on phenomenology; his transcendental phenomenology brings a new dimension to

participants' experiences. I have not personally experienced the phenomenon; therefore, I will gain all my perspectives from the participants.

For this study, choosing the transcendental approach is due to the need to describe the participants' experiences along with their *how* and *why*. According to Creswell and Poth (2016), transcendental phenomenology describes the participant's experience rather than the researcher's interpretation. With transcendental phenomenology, the researcher needs to forget any personal experience with the given phenomenon, to ensure the participant's point of view is accentuated; this is called *bracketing* (Creswell & Poth, 2016). Bracketing is commonly used to assist researchers in understanding their personal and previous knowledge regarding the topic that should be bracketed to the side and held irrelevant during the research process (Neubauer et al., 2019). Bracketing was among Husserl's (1970) original concepts in developing phenomenology, and Moustakas carried it over to the transcendental approach (Creswell & Poth, 2016).

To complete a successful transcendental phenomenological study, the researcher must recognize a phenomenon, bracket any personal understandings, and collect data from several individuals who have experienced the phenomenon (Creswell & Poth, 2016). When analyzing data, the researcher will condense the information from the study into statements or quotes about the theme. It is essential to ensure textural and structural descriptions are developed by explaining participants' experiences, their settings, and how they have experienced the research phenomenon. Finally, the researcher reports the shared experiences of the participants and presents the understanding in written form. Transcendental phenomenology will serve the study by enabling gathering of the shared experiences of resource parents caring for children with ACEs. Their experiences can be compared to develop a common ground describing what each

family has undergone. The purpose is to bring forth each individual's stories through their life lens.

Research Questions

Central Research Question

What are the lived experiences of resource parents caring for the educational needs of children with ACEs?

Sub-Question One

How do resource families perceive and describe the challenges they face when caring for the educational needs of children with ACEs?

Sub-Question Two

How do resource parents with children with ACEs perceive and experience the gaps in the educational system?

Sub-Question Three

How does the experience of being a resource parent shape perceptions of the educational resources deemed necessary from schools and the community for resource parents of children with ACEs?

Setting and Participants

The following section describes the setting and participants incorporated in the study. The study was conducted with participants comprising resource parents of students who attend a rural school system in Virginia. In addition, the section discusses the participants' specific information and the reasoning behind the selection.

Setting

Phenomenological research, according to Creswell and Poth (2016), is frequently conducted at a single location. The study comprised participants from a rural county in Virginia, United States. According to the US Census Bureau (2022), the rural county has a population of 30,319 people, who are 62.9% White, 33.8% African American, 3.1% Hispanic or Latino, and .08% other. The average household income in the county is \$46.4 thousand, below Virginia's median household income of \$81 thousand (US Census Bureau, 2022). Over 18% of community members in the county live below the poverty line (US Census Bureau, 2022). The school district in the Virginia county has 3,973 students enrolled for the 2022–2023 school year, in its four elementary schools, alternative school, and the middle and high school complex (Virginia Department of Education, 2023). Within the schools, students are 46.1% White, 41.6% African American, 6.1% multi-racial, and 5.2% Hispanic (Virginia Department of Education, 2023). Among these students, 62.4% are economically disadvantaged. The Virginia Department of Education (2023) stated 7.2% of students in the county never complete high school, slightly above the state average of 5.2%.

A rural county in Virginia was chosen for the study due to its current demographic situation. Over half of the students are socioeconomically disadvantaged, some live in a different home than their original and deal with ACEs. The Virginia Department of Education (2023) classifies the four elementary schools as Title I, meaning many students attending the schools are from low-income families. Students in the rural county receive no-cost breakfast and lunch under the USDA's Community Eligibility Provision due to the county being a high-poverty area (USDA, 2023).

Participants

Participants were drawn from a diverse population of resource parents who live in the county and whose children attend the school district. Participants included male and female adults from ages 18 to 75. Creswell and Poth (2016) recommend researchers interview five to 25 individuals who have experienced the phenomenon. Convenience sampling was used to obtain a sample of 12–15 adult participants who were resource parents in the county, caring for children with ACEs who attend the school district. It was essential to ensure all participants had experienced the phenomenon being considered so the lived experiences could be examined (Creswell & Poth, 2016). Experiences included various ACEs, socioeconomic backgrounds, and different ways participants obtained the children in their homes.

Recruitment Plan

The sample of participants were collected from a rural Virginia school district. Participants were recruited via fliers sent out by all staff members in the school district; fliers were also available at the monthly Feed More food drives at the schools. Appendix F provides an example of the fliers that were sent out with students. In addition, social media, and the snowball method was used to recruit participants. Appendix G provides a social media post example. These methods were related to the rural community; many participants knew other resource parents in the area. The Feed More food drives are hosted at two elementary school locations, and all families attending the school are welcome. Writing prompts, individual interviews, and focus groups will be how participant experiences were shared. Participant quotes will be taken from their writing prompts, interviews, and focus group settings.

Researcher Positionality

The following section discusses the interpretive framework, philosophical assumptions, and the researcher's role. The interpretive framework included in the study is social constructivism. The philosophical assumptions to be discussed are ontological, epistemological, and axiological, describing personal viewpoints and reality. The researcher's role includes a personal understanding of why it was essential for me to conduct this study, and the instrument used for collecting and analyzing data.

Interpretive Framework

The paradigm of social constructivism internalizes well with this dissertation topic and the relevant interpersonal qualities. Social constructivism tenets describe understanding the living and working context to understand key background and critical historical features (Creswell & Poth, 2016). As the transcendental phenomenological study was conducted, participants' perspectives and experiences with the phenomenon were examined through interviews. Comparing transcendental phenomenology to the goals surrounding social constructivism, both rely on the viewpoints of the situation. The study aims to understand the lived experiences of resource parents providing for the educational needs of children with ACEs. Social constructivism makes it essential to recognize the personal background of the researcher so they can "position themselves" (p. 24). I have worked as a teacher with children who have ACEs and have found it detrimental to have little ability to help them.

Philosophical Assumptions

The philosophical views of a researcher are naturally connected with how the framework is utilized within the research (Creswell & Poth, 2018). This section will explain my ontological,

epistemological, and axiological assumptions based on my values. The social constructivism lens is the reality I view, and the value stance I take on the research.

Ontological Assumption

Ontology relates to reality and the characteristics one views (Creswell & Poth, 2016). I have a Christian outlook on life; however, I also believe much evil is present in our world. Proverbs 16:6 explains wickedness is removed through mercy and honesty, and through fear of the Lord, people will stow away from evil (New International Version, 2011). Although I see the world as a beautiful place the Lord has created, I am cautious about how I trust individuals based on how much evil exists. Qualitative research combines several realities in addition to the participant's viewpoints (Creswell & Poth, 2016). In addition, I must set aside my personal bias and be open to all participants' viewpoints. The reality I lived growing up was the *picture-perfect* family in my head, with married parents, food on the table, and a warm place to live. For most of my childhood, I was sheltered from everyone not having the luxury of living the way I do. I did not realize the weight of my perspective until I stepped into a Title I school and saw how some students live.

Epistemological Assumption

Epistemology in a qualitative study is when the researcher attempts to obtain a close formal relationship with the participant (Creswell & Poth, 2016). The relationship developed between the participant and me is essential to building trust. In epistemology, conducting field observations where the participants live or work is necessary to develop a sufficiently close relationship. When I build trusting relationships, I form loving relationships in the aspects where I truly care deeply about the person with whom I am working. In addition, I need to ensure caring for my participants does not impact my study of them, and their perspective does not carry

over to my personal biases. I need to listen to their voices and allow them to take control of their story, so it is told in their voice.

Axiological Assumption

Axiology in a qualitative study is the understanding a researcher has their viewpoints, and they should be known (Creswell & Poth, 2016). Positioning comes in axiology, so the researcher understands how to position themselves. As an educator, I have worked for a Title I school and observed many behaviors; this has informed my position regarding children with ACEs. For a while, as many educators do, I held the assumption some students did not have *home training*. I think of the verse in Proverbs 22:6 on raising children and how they should lead; if completed, they will never part from it (New International Version, 2011). However, upon gaining further experience in the industry and realizing many children did not have a home to provide *training*, I felt embarrassed even to consider my previous thoughts. Those children opened my eyes to a realization far more than just myself; if these children behave this way at school, what story are they attempting to tell me? Then, I began to think about the many ways the parents took on the challenge of raising these children who were not even their own. These exceptional people need their stories told, from their point of view.

Researcher's Role

The desire to conduct this research arose at the beginning of my teaching career. I began in a Title I school, and as I entered my classroom full of students, only two had parents who were still together; it instantly affected me due to my parents having been together all my life. I always had a safe, stable home and never had to worry. Not only did my students not all have both of their parents together, but some of them had no parents at all. Many were growing up with ACEs in homes in which they were unfamiliar. I could do nothing to help them except within the

school walls. As I learned, families did not always have adequate resources to help the children work through behavioral or academic situations. They were essentially given a child with no ongoing support. Therefore, when these children came to school with unmanaged behaviors and trauma-affiliated problems, they could not effectively function, affecting their academic lives. These families have lived many experiences I do not have the capability to understand, other than through those who have lived the experiences themselves.

This research follows the social constructivism paradigm. Social constructivism is defined as a research model aiming to grasp, express, or clarify realities within the circumstances of an individual's experience by inquiring using open-ended questions (Creswell & Poth, 2016). The researcher will understand many elements and perspectives from the realities of resource parents and their willingness to share their experiences with their children.

The researcher is the primary human instrument for gathering and analyzing data in this phenomenological study (Creswell & Poth, 2018; Moustakas, 1994). All writing prompts, interviews, and focus groups will be conducted by me, as will all data analysis from the sources to report the themes and provide descriptions of participants' lived experiences (Lincoln & Guba, 1985; Moustakas, 1994). All personal biases and assumptions in this study will be bracketed and will not affect the results. The researcher, myself, has come to the study with prior assumptions about children with ACEs and their resource parents. Bracketing will be completed to eliminate any influence of any assumptions or personal biases (Creswell & Poth, 2016; Moustakas, 1994). As the researcher, I will maintain uniformity and objectivity in the interviews with all participants to ensure the results are not altered. Common themes will be identified by reviewing data multiple times.

I am an educator at one of the six schools from which participants will come. Participants

will be parents of students, and I do not hold any authority over them. Although I have a relationship with the site, it will not provide any conflict of interest; it has been chosen based on proximity.

Procedures

Site approval has been sought and obtained from the school district superintendent to conduct research within the school district and in the community (Appendix A). In addition, Institutional Review Board (IRB) approval was obtained and displayed in Appendix B. An application and research plan were sent to Liberty University's IRB. According to Creswell and Poth (2016), IRB approval is essential when humans are involved in the research process to ensure human subjects are treated ethically. Once Liberty University's IRB approved the study, participants were recruited through convenience sampling and the snowball method.

There were three data collection forms, including writing prompts, interviews, and focus groups. Once the initial convenience sampling was conducted, I utilized the snowball method to recruit participants. Participant recruitment occurred through flyers, emails, and social media posts. Via email, participants received a recruitment letter and an informed consent form. Once they reviewed the documents and signed the consent form, they were sent the writing prompts to begin the process. Along with the writing prompts, participants received a pseudonym, and all identifying information was removed from the data collection. Individual interviews were conducted using methods to help the participants be most comfortable, through Teams or in person at the local library. I took notes throughout the interviews and notified participants they could decline any questions they felt uncomfortable answering. I scheduled focus groups after all individual interviews were conducted, and they were scheduled on Teams, provided all participants could access the Internet. Interviews and focus groups were sound-recorded and

transcribed. Writing prompts, interviews, and focus group questions were discussed later in the chapter. Participants were contacted via email if clarification was needed or if any additional information was needed (Creswell & Poth, 2016; Moustakas, 1994). In addition, participants were emailed their transcriptions to verify all the information was portrayed correctly.

Permissions

To conduct this study, the dissertation chair and committee member reviewed the research plan to ensure it was ready for review by the institution. Then, permission was sought from Liberty University's IRB prior to recruitment for the study. The site permission letter is provided in Appendix A. Participants received permission and consent forms sent electronically, and they had the opportunity to follow up with any questions they might have had.

Recruitment Plan

Participants were resource parents of children attending one of the four elementary, middle, or high schools within a rural district in Virginia. The study consisted of the lived experiences of the resource parents caring for the educational needs of a child(ren) with ACEs. The minimum number of participants recruited was 12; however, the goal was to include at least 15 participants. Ten participants are appropriate for a phenomenological study (Creswell & Poth, 2016).

Convenience sampling was used to recruit participants in addition to the snowball method (Creswell & Poth, 2016). In the rural area where the study was conducted, convenience sampling was the best method for proximity and convenience. Once interviews were conducted among the initial participants, the snowball method was used to recruit additional participants.

Data Collection Plan

Data was collected for the transcendental phenomenological study to describe the experiences of resource parents caring for the educational needs of their children with ACEs. Writing prompts, interviews, and focus groups was used to collect data within the study. As the first data collection method, families throughout the school system received a writing prompt to complete during the initial two weeks. Following the writing prompt, interviews were conducted to hear from participants regarding their points of view on the phenomenon. Finally, guided focus groups were conducted to enable participants to openly interrelate with one another regarding their experiences.

Participant Writing Prompts

The first part of data collection was through participant writing prompts. Within the first two weeks of data collection, participants were asked to respond to four writing prompts. The writing prompt consisted of open-ended questions to allow participants to write in their own voices (Creswell & Poth, 2016). Participants' responses to each prompt comprised one paragraph consisting of at least 150 words. The writing prompts provided an additional consideration method to enhance the overall aspect of the resource parents' shared experiences with the phenomenon of the study. The writing prompts aim to provide supplementary data avenues regarding participants' experiences with the phenomenon while writing on their own schedule to consider questions and enhance responses the interviews do not provide sufficient time for (Creswell & Poth, 2016; Moustakas, 1994).

I initially provided the participants with writing prompts for the data collection process:

Table 1

Writing Prompt Questions

1. Explain your experience on how you and your family model certain behaviors for your resource child to imitate. (CRQ)
2. Describe the day-to-day life of caring for your resource child who has experienced adversity. (SQ1)
3. Explore how your experience caring for a child with adversity has changed your perception of being a resource parent and your view of the educational system. (SQ2)
4. Discuss how your resource child struggles in reaching their educational needs and how the educational system could assist. (SQ3)

The first two prompts have been designed to answer the central research questions and understand background information pertaining to the interviews, being rooted in social learning theory (Bandura, 1977; Creswell & Poth, 2016). The third and fourth prompts enabled resource parents to discuss the experience of caring for their child and provide their point of view as resource parents regarding the educational system and struggles they faced.

The writing prompts were analyzed through the participants' writing via the primary source method; participants did not review what they themselves had written (Creswell & Poth, 2016). The prompts added detail regarding participants' experiences, feelings, and thoughts. The goal was for participants to share detailed reflections of their lived experiences.

Individual Interview Data Collection Approach

Interviews are social interactions to assist the researcher in understanding a participant's perspective on a phenomenon (Creswell & Poth, 2016). The interview data source will tell the story of the participants' lived experiences (Flick et al., 2014). In addition, as Moustakas (1994) explained, the interview is the primary data source in a phenomenological study. Throughout the interviews, the researcher asked each participant a series of open-ended questions focused on the

phenomenon. Moustakas stated the researcher should listen closely when asking open-ended questions to connect experiences to the phenomenon under research. In the study, interviews were set up using Teams for participants who did not feel comfortable meeting in-person; the in-person interviews were conducted at one of the elementary, middle, or high schools in a rural area. All interviews were sound recorded, and the recordings were transcribed by hand.

Participants were asked to share their experiences as resource parents of a child with ACEs, and to describe how they have addressed the child's educational needs. Participants refused any questions they felt uncomfortable answering. In addition, the participants were notified the interviews were expected not to take longer than an hour and a half of their time. Participants also were asked to participate in checking the accuracy of the data collection and received a transcription of the interaction to confirm precision (Creswell & Poth, 2016).

Table 2

Individual Interview Questions

1. Tell me about yourself and your family dynamics. (CRQ)
2. How did you gain custody/adopt/foster the child(ren) you have; how many non-biological children are you raising/have you raised? (SQ1)
3. Explain how you first knew your child had adverse childhood experiences. (SQ1)
4. Once you knew about the adverse childhood experience(s) your child has gone through, how did you change your modeling/behaviors towards them, if at all? (SQ1)
5. How has the dynamic changed between you and your child since you first adopted/fostered/gained custody, if at all? (SQ1)
6. What challenges do you and your family face from having a child with adverse childhood experiences? (SQ1)

7. What resources were you given (by DSS or the school system) to assist you with understanding how to provide/understand the adverse childhood experiences before you gained your child? (SQ2)
8. Since bringing this child into your family, in what ways have the system (DSS, educational, etc.) supported you or provided you with resources long term? (SQ2)
9. What otherwise unavailable support or resources should the school system or stakeholders have provided you? (SQ2)
10. How has the school system helped you with your child(ren) with adverse childhood experiences? (SQ3)
11. In what ways does the school system model cognitive, emotional, and behavioral practices you also carry out at home? (SQ3)
12. In what ways do you feel the school system continues to support you? (SQ3)
13. What are your experiences with teachers and other staff members who have worked with your child? (SQ3)
14. In what ways could the educational system have supported you better in raising a child with ACEs? (SQ3)
15. What else would you like to add?
16. May I contact you if I need clarification or have further questions?

When interviewing participants, they should feel comfortable (Moustakas, 1994); therefore, the first question invited them to openly share about themselves. All questions under SQ1 assisted in answering the first sub-question. SQ1 concerns how the child(ren) were obtained, and queries how they have reacted individually and in the family context. In addition, SQ1 asks the resource parents how, based on knowledge of their child's adverse experiences,

they model behaviors and actions for them. Horsburgh (2018) explained models are adolescents' most effective learning methods. SQ2 questions were designed to help the participants share honestly about any resources they may have received before and during caring for their child with ACEs, assisting in answering the second sub-question. Host families are often untrained in handling the specific traumas their child has dealt with, and few to no resources have been provided to assist them (Shenaar-Golan et al., 2022). SQ3 questions interact with the participants regarding all school-related resources and interactions. Children with ACEs typically attend school without self-regulating, posing challenges for the school to address their behavior (Pylpow et al., 2020). Thus, SQ3 aims to discover what the school system was equipped to handle and what it did systemically to assist resource families. The final two questions allowed each participant time to consider anything further they wished to add and ensured they could be contacted again.

Individual Interview Data Analysis Plan

After transcribing the interviews, I began bracketing my experiences. The process of bracketing, or epoché, involves the researcher steering away from their own understanding to genuinely listen to the stories of other events, people, or things in the research context (Moustakas, 1994). Once bracketing was completed, the next step in data analysis was to conduct horizontalization and coding.

After the interviews and transcription were complete, highlighting was conducted. When highlighting significant statements, themes are generated, and data is collected (Creswell & Poth, 2016). The data undergo horizontalization to list the significant statements related to the research topic. Once the significant statements were listed, direct quotes were also utilized, to describe *how* a participant is experiencing a given phenomenon (Creswell & Poth, 2016; Moustakas,

1994). Moustakas (1994) stated that removing any statements irrelevant to the topic is essential, keeping only the horizons.

Coding follows the horizontalization process by categorizing the meanings behind the significant statements into themes (Creswell & Poth, 2016). Horizontalizing the transcribed texts and pulling out direct questions allows the researcher to code the research properly. I performed open coding, to enable critical terms and essential data to be broken down into themes (Moustakas, 1994). Following open coding, axial coding was conducted by drawing connections between the codes to identify what can be drawn together; after all the data was coded, it was grouped into similar categories (Moustakas, 1994). The similarities and themes brought forth common patterns regarding participants' experiences of the research phenomenon.

Focus Group Data Collection Approach

Focus groups are beneficial when interaction among similar participants brings forth the best information (Creswell & Poth, 2016). When participants are willing to open up, more avenues exist for data collection and interaction observations. Considering all participants come from a remote county in Virginia, their similar attributes supported a focus group. According to Flick et al. (2014), focus groups have garnered positive reactions within healthcare research. Focus groups can be accomplished via chat rooms, video chats, or in-person meetings. For this study, the focus group session was conducted via video chat on Teams. Participants were divided into two groups of five for the sake of time efficiency; this allowed each individual more time to communicate their feelings.

Table 3

Focus Group Discussion Guide and Questions

1. Please introduce yourself and tell everyone about your family.

2. In what ways would you describe your daily lives with your child(ren) with adverse childhood experiences? (CRQ)
3. What challenges within your household do you wish you had resources for, if any? (CRQ)
4. In what ways do you model behaviors for your child to observe in hopes they reciprocate? (CRQ)
5. How do you think classroom size, teacher qualifications, and other factors affect responses to your child's actions? (SQ2)
6. If there was any resource the school or community could provide to you for your child, what would it be; how can they better serve you? (SQ2)
7. How did you decide to send the child(ren) to school within this area was the best fit? Was it your only choice? (SQ3)
8. How could the school system make your life easier as a resource parent to meet the child's educational needs? (SQ3)
9. What else would you like to contribute to this study?

The 12 participants willing to join the focus groups met at a time and a place suitable for the participants (Moustakas, 1994). The groups met during the weeks following the individual interviews. Focus groups comprise group interviews focusing on communication among the participants to gather data (Kitzinger, 1995). The first and second questions provided the opportunity for participants to open up and get to know one another, assisting in answering the central research question. Participants continued answering the central research question with the third and fourth questions while discussing their household experiences and relating to the theoretical framework. Questions five and six answered the second sub-question, allowing the

group members to elaborate on their experience with the school system's shortcomings. To answer sub-question three, questions seven and eight assisted by bringing the understanding of how resource parents' perceptions are shaped about the educational system and what they deem necessary from the schools.

Focus Group Data Analysis Plan

Data from the focus groups was collected similarly to the individual interviews. First, I conducted epoché, referred to as extreme bracketing (Moustakas, 1994). Next, I transcribed the recordings through Teams and re-watched each recording twice to ensure the transcription was correct. Per Moustakas (1994), body language and gestures were considered when the transcription was completed. Two virtual focus groups were conducted with the two groups of six to seven participants. The same data analysis approach used in the interviews were repeated for the focus groups. I transcribed and analyzed the data from focus groups and interviews by hand. Participants in each group were asked to cross-check the transcription to ensure accuracy (Creswell & Poth, 2016). Once the focus group participants confirmed accuracy, the significant statements were highlighted and horizontalized. Similarities in the data were grouped to ensure a smooth coding process. The same coding process was conducted for individual interviews and the focus groups.

Following the coding process, the reduction step was completed to obtain the textural descriptions and imaginative variation necessary to visualize the structural essence of the participants' lived experiences (Moustakas, 1994). The common themes were evaluated, and data patterns were interpreted. Evaluating the common themes among the participants creates textural descriptions of their lived experiences—the *what* participants have experienced (Moustakas, 1994).

Data Synthesis

Within a transcendental phenomenological study, the researcher identifies the phenomenon to be analyzed (Creswell & Poth, 2016). Once the phenomenon is recognized, the researcher distinguishes individuals who are willing to participate in the research and have experienced the phenomenon (Creswell & Poth, 2016; Moustakas, 1994). Representing the qualitative data found within the study is completed by analyzing text and other forms of data collected (Creswell & Poth, 2016). Once the data collection process was complete, I triangulated data collection points based on the themes from the writing prompts, interviews, and focus group data. The next step was to deductively code the data by reviewing the qualitative information to observe the patterns, relationships, and similarities. The writing prompts, interviews, and focus group data were united to generate a “unified statement” regarding the phenomenon (Moustakas, 1994, p.100). I described the participants’ lived experiences via the data collected. I used writing prompts, interviews, and focus group methods to identify the principle experiences, themes, and answers to the interviews and sub-questions. In this way, by recording the lived experiences of the participants, the phenomenon was accurately reported. Textual and structural descriptions from the participants who have experienced the phenomenon were developed. Textual descriptions consist of the *what* a participant has experienced, and the structural descriptions are considered *how* they have experienced the phenomenon, creating the essence of the lived experience (Moustakas, 1994).

Trustworthiness

As Lincoln and Guba (1985) stated, within a qualitative study, trustworthiness is assessed by credibility, dependability, confirmability, and transferability of the findings. The procedures and conditions for a study to be valid, reliable, and objective have been considered, and the

framework established by Lincoln and Guba was followed to confirm the study's validity. Methods to establish trustworthiness within the study are outlined below.

Credibility

Credibility permits a researcher to feel “confident about observations and conclusions” (Creswell & Poth, 2016, p. 256). To uphold credibility in the study, the participants were encouraged to review transcripts and analyses to provide feedback as necessary; this will ensure the information is correct and their story is told from their point of view. According to Creswell and Poth (2016), credibility is essential to ensure participants' meanings are portrayed as they wish. Credibility was further ensured through the process of triangulation. The data was triangulated using the writing prompts, interviews, and focus groups. Creswell and Poth stated the triangulation of data will contribute to the credibility of the study. Within this study, participants will also be contacted if further questions persist and were asked to ensure the information stated is correct, to assess the credibility of the findings.

Transferability

Creswell and Poth (2016) defined transferability as extrapolating study interpretations from research to be transferred to new contexts to generate inferences about common characteristics. Participant feedback on the interview process will aid transferability and assure the same phenomenon will likely have similar outcomes for future studies. Bracketing out researcher bias will further support transferability. In addition, transferability was ensured through a concentrated description provided by the participants of different ages, ethnicities, and statuses who are resource parents for children with ACEs. Based on the description of the study, other researchers were able to transfer the information to other settings and will have the ability to make inferences about similar attributes.

Dependability

According to Moon et al. (2016), dependability is the solidity of findings over time. Dependability consists of consistent and credible research results (Lincoln & Guba, 1985). Confidence in a study typically increases with dependability (Moon et al., 2016). The demonstration of dependability within the study were represented through the research steps conducted, member checks, and an external audit of the data collection and analysis. This audit will consist of the researcher allowing auditing by an external source to investigate the process and product to ensure the study's accuracy (Creswell & Poth, 2016).

Confirmability

Confirmability ensures the researcher has removed all bias to ensure the only remaining information is from the data (Lincoln & Guba, 1985). Creswell and Poth (2016) stated remaining neutral within the research is essential to ensure the data are driven toward transparency. Lincoln and Guba (1985) described confirmability as the degree of impartiality and objectivity during a study. Triangulation by writing prompts, interviews, and focus groups is the first step in ensuring consistent confirmability. The research will also be significantly detailed from beginning to end, to enable the audit trail process to confirm the generation of findings (Creswell & Poth, 2016). In addition, the researcher acted upon reflexivity to position oneself within the study. I will keep a reflective journal, in addition to bracketing, to explore, understand, and recognize my feelings.

Ethical Considerations

According to Creswell and Poth (2016), ethical considerations involve the researcher considering and addressing any ethical implications within the study. All ethical concerns and considerations were addressed throughout the research process. Site permission was obtained from the school district superintendent, and is provided in Appendix A. In addition, per Creswell

and Poth, the first course of action was obtaining Liberty University IRB approval before commencing the study. I ensured all participants approved of taking part in the interviews, consent to being recorded, were informed of the reason they were selected, and were informed of all their rights (Creswell & Poth, 2016; Moustakas, 1994). Participants signed written consent forms and were notified they may withdraw from the study at any time (Creswell & Poth, 2016). After collecting the information from the interviews, the participants' names were changed to pseudonyms, and other identifying marks, such as location, was anonymized. According to Creswell and Poth, participants should be provided a written explanation of their rights and the reason interviews must be recorded. Analysis of the data gathered was conducted on a computer with a password and secure network. Data was also stored in password-protected files. Any physical forms of data obtained were placed in a notebook within a locked filing cabinet for three years, after which data deletion will be conducted. As a token of appreciation, participants received a \$25 Food Lion gift card after completing all three forms of data collection.

Permissions

Permission was obtained from the superintendent of the rural Virginia school district. Participants were recruited from the schools on a voluntary basis; no confidentiality was risked in the recruitment process. All participants received a recruitment letter in email format in addition to a consent form. The recruitment letter and consent form are provided in Appendices D and E.

Summary

Research methods to describe how the transcendental phenomenological research was conducted were discussed in this chapter. This chapter contains an explanation of the research design, settings, participants, questions, data collection and analysis, reliability, and ethical

considerations. The purpose of this study is to describe the lived experiences of resource parents hosting children with ACEs and caring for their educational needs.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this transcendental phenomenological study was to examine the lived experiences of resource parents who are caring for the educational needs of a child with adverse childhood experiences (ACEs). This study defined a resource parent as an individual caring for a foster, adoptive, or relative child. Chapter Four discusses the results of the study. Results were concluded after writing prompts, interviews, and focus groups were conducted.

Participants

The study included 12 individuals who lived in a rural county in Virginia, and the resource children attended school in the county. These individuals were over the age of eighteen and caring for a foster child, adoptive child, or child within their family. Participants included ten females and two males.

Participants came from various socioeconomic backgrounds and obtained their resource child in different forms. All participants shared their experiences through four writing prompts, an interview, and a focus group. Pseudonyms were assigned to participants at random. One-on-one interviews were scheduled via Teams, according to when the participants were available, and signed consent forms were obtained prior to speaking with participants. Four focus groups were conducted due to scheduling conflicts with participants. A reflective journal was kept for epoché. Participants were asked to member-check their transcription from the interviews and focus groups. Additionally, participants could read the completed writing to ensure it was written as they wanted it perceived. Quotes were taken from the writing prompts, interviews, and focus groups, and any clarifying remarks participants sent in from member checks. Common themes emerged from their experiences.

Diana

Diana was a 35-year-old teacher who obtained her resource child four years ago. The child that she has now adopted was previously their foster child at five years old. Diana went through a local agency to become a foster parent due to being told that she was unable to have children of her own. The agency requires all prospective foster parents to participate in the ACEs training because all children within the agency have experienced trauma. The resource child was given to her on respite for the weekend and was later Diana was given the opportunity to keep him. Diana stated, “I fell in love at respite with him.” The child had been in foster care for a few years and had been through several foster homes. During the respite period, Diana was given a run-down of a few traumas that the child went through; she was not given the full disclosure until the adoption process began when she learned that the biological mother consumed drugs while pregnant.

Due to being a teacher, Diana knew exactly how to model behaviors in a way the child would retain them. The child had abandonment concerns to the point that it was even a struggle for Diana to go to the grocery store. Diana stated, “It took a lot of modeling and patience to show him I was always coming back.” She needed to show the child that he would always have a home with her and would be safe; he no longer needed to worry about having a home. Eventually, the attachment disorder subsided. The child is receptive to his surroundings and displays many of the actions modeled by his mother.

When asked about the challenges the family faces from having a child with ACEs, Diana stated that, although he has grown a lot, the child still has meltdowns due to having severe ADHD, anxiety, and Post-Traumatic Stress Disorder (PTSD), taking medication three times a day. The family is still learning triggers and signs that cause meltdowns due to PTSD and

working through them as they occur. Behaviors occur at home and at school, making it difficult, at times, to focus. Due to the child being an honor roll student, Diana struggled to get him a 504 plan for the help that he needed to be successful at school. Diana stated, “School behaviors occur when his anxiety is high, he is hyper, bouncing off the walls, he doesn’t shut down, he goes to the other extreme that is sometimes uncontrollable.” When discussing the challenges, Diana stated that she has received no assistance from social services or the agency that the child came from. She explained that the counselor the child had since being in the system did not take the family insurance, leaving them to pay out of pocket for the services needed.

When the child entered school, Diana wished they automatically put in place a 504 and behavior plan. Diana stated, “Now he is in fourth grade, and I have fought since first grade to get a 504 in place because he was making A’s and his behavior was not impacting him educationally.” The school models voice levels and expectations like at home; however, there are few social-emotional skills that children learn in the day-to-day classroom. Diana felt that she must consistently advocate for him to ensure that the 504 in place is being followed. Diana wrote for the writing prompt, “I wish the school system would assist more in making sure parents were aware of their rights for 504s for children with adverse childhood experiences.” It has been a different experience each year, and Diana shared that the child works hard each day to do his best.

Jane

Jane was a 34-year-old participant who wanted to foster for many years after having her last child. The family obtained a five-year-old child within the last year through social services; it was an emergency situation, and the family agreed to take the case on short notice. The child had few life skills and boundaries, and the family had to model many new behaviors. Jane

noticed that the child did not know how to react to this loving environment that the family strived to create; the family kept an open mind. When fostering, Jane modeled desirable behaviors and used positive reinforcement. Jane and her husband completed the trauma-informed training to become foster parents, and social services did not provide information related to the child's trauma. Jane felt that social services should have provided more information to them to serve the child better.

Jane stated, "To get what we needed educationally, it was pretty much solely up to us to get the ball rolling." There was a transition period for the child to begin school after transferring to a different county. Jane stated in the writing prompt, "I did not know there would not be as many resources available for new placements in need of educational services." Jane was responsible for switching the child over from the county the child lived in into the county Jane and her family lived in. The family needed substantial paperwork to get him started in the new county. Jane was responsible for providing childcare; the school system pushed back for three additional days from when the child was supposed to start. Jane stated, "I feel like social services and the educational system should collaborate with the foster care case worker to create a cohesive plan."

School for the child has been continuous work for the resource parents; however, Jane stated that they are "willing to work on what he needs to learn to be successful." Jane expressed her concerns regarding the curriculum not aligning with the social-emotional needs of the children, especially those with adversity. The school system allows for field trips and other avenues to provide real-world socialization and facilitate life skills. Jane felt that the school system can support resource families by communication to ensure all needs are met educationally and emotionally.

Linda

Linda was a foster parent who had been fostering since 2017; she had five adoptive children who were all initially fostered. Linda and her husband have two sets of twins, at seven and three and another seven-year-old. When her first set of twins came to the family at 11 months old, they were severely malnourished, fitting into three months' size clothing. Linda stated, "When you gave them a bottle, it was gone in all of like 30 seconds." The family had to get the twins on a regular feeding schedule of every two hours until they were regulated. The non-verbal three-year-old was unable to perform daily activities, such as using the restroom. Linda's three-year-old foster child was severely neglected and living in an unsanitary environment with no running water or basic needs. Immediately, the family took the child to a pediatrician and began extensive physical, occupational, and speech therapy. The child suffered from medical conditions, such as epilepsy, autism, and glut-1 deficiency syndrome, causing the family to visit the neurologist, various therapists, and a dietician.

To conduct daily routines, the family must model behaviors and provide frequent reminders. Linda has taught primary sign language for the middle child to express her needs, in addition to using descriptive language to increase vocabulary. The school system where the children attended had also agreed to keep the consistency at school for some of the family's routines, such as their timeout schedule, and when the middle child goes through seizures, they have somewhere for her to lie down.

Linda expressed in the writing prompt, "The education system in the rural community has been lacking." The oldest twins struggled with feeling secure in the fact that they would receive meals, constantly trying to hide food in school, which many teachers did not understand. In addition, the older twins had behavioral issues due to the trauma experienced at a younger age.

Many teachers struggled with the twins not acting like the other students, but Linda stated it gets better when she explains the situation. Her middle resource child was placed into the SPED classroom due to her needs; however, the rural community has had a new teacher every year due to the lack of teacher retention. The family has concerns regarding the “lack of training” in dealing with children with special needs, adverse childhood experiences, and strong behaviors. Due to the lack of teachers in the rural district, the middle child is in a SPED classroom with students from kindergarten through fifth grade; therefore, learns extreme behaviors. Linda stated, “Our middle child had an IEP in place that, as resource parents new to dealing with a special needs child, we were clueless as to what needed to be included.” The family’s insurance included an education specialist who instructed the family on what should have been included or removed. Linda included, “details lacked in areas for specific goals to show improvement or decline.”

Luckily, the system provided Linda and her family with medical coverage, which was especially needed for the children attending various doctors’ appointments and therapies. However, the school system was not able to provide the best resources for the family due to the rural location. Linda stated, “I think it’s just a lack of access because of the rural community we live in.” Although the resource children have struggled to become accustomed to life, due to adversity, Linda shared that they all love unconditionally and work together as a team.

Shirley

Shirley was a kinship mother to her niece; the child was taken from the biological parents at nine due to being in an unsafe environment. Prior to the child being with Shirley, she was with a grandparent, Shirley’s mother, for six years. However, within the last year, counselors decided the child needed a family-centered environment with a mother-father figure. The child went to her aunt, Shirley, at fourteen and is now fifteen. Shirley has always been close with her niece;

however, even more so when they were taken from her brother and his wife. Shirley stated, “It’s really a tough situation when it’s your family.” The child stayed to herself after being taken away, due to feeling as if she would get someone in trouble if she spoke. Shirley noted that it was not until her niece began high school English and wrote about her past that she truly understood everything going on; “just reading what she wrote literally brought me to tears because I did not realize how bad she actually had it in the home.” English class and completing writing prompts became a form of therapy for the child; Shirley says, “She’s an excellent writer.” She wrote about her adversities, including her mother being drunk and abused, as well as her parents having relations right in the bed beside her. Shirley was shocked that teachers never reached out after reading these prompts.

Shirley and her family included the niece in all activities, vacations, and family portraits. The daily routine often changed with the behaviors she saw in the child. Often, the child felt insecure, jealous, and even had suicidal thoughts. The family displayed a loving dynamic that included their Christian faith and family-oriented relationships. Shirley shared that the biggest change had been going from an aunt to a parental role. The child was previously close to her dad and wanted that same form of relationship with Shirley’s husband; however, there are jealousy issues with Shirley’s other children.

When Shirley’s mom, the child’s grandma, was originally given custody, there was little to no help. She did get Medicaid to assist with medical bills; however, at the time of this study, the child needed braces that were five thousand dollars, and the family received no assistance with that. As for educational needs, the child was a straight-A student, and saw an outside counselor. Shirley said that “some of the teachers are kind, uplifting, and encouraging.” Shirley appreciated the structure within the school system because the routine modeled there was also

modeled in the home. When the child began living with Shirley, she needed constant reassurance. “Are you going to pick me up? Are you going to do what you say you’re going to do?” were many feelings that the child expressed to Shirley. Shirley stated, “There’s a morning routine, afternoon routine, even down to the weekends; everybody is a part of that team; having a school system that has structure has helped.”

Mark

Mark was a foster father of one and has five biological children himself. The child attends lower elementary school in a rural community. The child was obtained through the foster care system. He and his wife completed foster care training in the past six months. Social services called the family and explained a few of the child’s adversities; however, they were not provided with the full story or trauma-specific training. The family had strong values, such as using manners, understanding how to behave appropriately at home and in public, and being respectful. Mark stated that it is difficult not knowing what the resource child has gone through in the past or what behaviors have been modeled for them. The focal points for Mark and his family were to model positive behaviors in their home for the child so they could understand how to act in certain environments. The family struggled with the child’s adversity when it came to the child attempting to overpower the other children in the house. It took extra time and modeling for the family to teach him household rules, chores, and manners. Mark and his family taught the child their daily routine, and he began trying hard to learn.

The child attended school in a different location prior to being in foster care with Mark and his family. The caseworker for the child was required to provide all of the paperwork needed; however, they did not assist with the transition. Mark wished that social services in “getting school stuff set up through them would be easier than us trying to figure out

everything,” considering this was their first time with a foster child. The school system had been a positive experience for Mark and his family; he stated that they model similar positive actions they had at home. Mark appreciated the amount of communication in the school system to ensure the child was on the right track. Although the school did not provide the child with counseling or any form of therapy, they worked hard to ensure he was learning.

Peggy

Peggy was an educator and a foster parent of one four-year-old, with hopes of adopting in the future. The child was previously living in a kinship environment, not with the biological parents; Peggy was his third household after just turning three. The child had broken bones, scars, and many memories of adversity. Peggy’s household was run with consistency and structure and modeled behaviors. Peggy said, “I have found that it takes much repetition to truly have my foster son learn the positive behaviors.” The child followed a routine daily, and Peggy communicated with him regarding what to expect for the day. Private speech services were conducted once a week, and counseling sessions were completed every two weeks for the child. Peggy’s child was said to have attention deficit hyperactivity disorder (ADHD), was autistic, and was prone to possible seizures, hydrophobia, depression, and hypotonia. The child was put on an anti-depressant pill at age three. However, Peggy has taken the child to several doctors and was able to prove many of these as false diagnoses.

Social services, Peggy believes, truly helped with the fostering process. The caseworker for her child had answered any questions or gotten an answer quickly. Peggy took classes prior to gaining her child and must recertify every year with new content. However, the school system “has been a fight for everything,” according to Peggy.

The child has attended school in the county since coming into Peggy's home. There was an individualized education plan (IEP) put into place for him based on the previous guardian's word, due to the lack of participation in testing. Peggy could do little to the IEP or remove him from public school due to the restrictions social services had in place. The child was in early childhood special education (ECSE) for a year and a half until going into the general education classroom. The only services that the child currently gets are speech services, which are not consistently followed even though they are in the child's IEP. Peggy stated, "The educational system has not been great for the child because of behaviors" that are not being supported. There have been multiple meetings regarding behavior, "With him being so smart and excelling academically, it has truly been a battle getting what he truly needs." Academically, the child succeeded far past expectations, even going a grade above for intervention groups. Social services would not allow the child to be placed in a private school due to the IEP. Peggy wished the educators would take time to give him a fresh start, challenge, and love the child. Peggy shared, "It saddens me deeply to say that because everyone knows he is a foster child and came from a very rough background, they don't give him the chances and patience the child so greatly deserves."

According to Peggy, to provide additional support, the school system could better train the staff to adequately provide for children with adversity. The child's caseworker had been helpful with enforcing the teachers to create positive visual systems that work well. The child did not have a counselor from social services; the school system stated that the child had anger problems that were not occurring at home. Peggy sought out a counselor, but the school counselor did not step in. The school had a counselor and behavioral specialist, and neither had

reached out to help the child with ACEs. Peggy stated, “It’s been really disappointing; I love that child to pieces, and he deserves so much more than what he’s getting right now from school.”

Maxine

Maxine had been a foster parent through social services for over 17 years and worked with children of all different ages; she had also adopted three of the children she had fostered. Maxine had served children with many diagnoses, including behavioral issues, special needs, PTSD, and more. Maxine understood that there are many realities that these children have lived, and she must remain calm. Most of the foster children have come without basic life skills and have little understanding of manners, hygiene, or social skills. Maxine said, “It’s traumatic for us to learn the things they have been through.” Maxine has had foster children from four months old to 15 years old. Maxine stated, “Foster care classes do not prepare you for all of this.” The child that Maxine and her husband had at the time of this study was right out of the NICU at four months, having a stage four brain bleed. Many doctors told the family he was a ‘vegetable’; he was on oxygen until he was 11 months old. However, today, he is walking, talking, and in fourth grade.

The educational system has disappointed Maxine and her family when caring for foster children. Maxine stated, “Teachers do not know about reactive attachment disorder; they do not understand ACEs.” There are many times that Maxine felt she and the foster children had not been treated fairly. She was constantly trying to advocate for the children, even providing the teachers with educational materials regarding ACEs. Throughout all the foster children Maxine had served, the school system had not provided her with any form of assistance or resources. In a previous year, she felt as if the teacher bullied the child, and Maxine did not feel supported. Maxine wished the school provided more trauma-informed care, patience, and more resources

for teachers regarding disorders and the effects of ACEs. Maxine shared, “Any kind of adverse issues that kids have at home, I mean, they need to be dealt with before they can learn.” Maxine appreciated that the school was structured and provided the same form of discipline, like behavior charts that she also did at home. Maxine had noticed that there was a constant transition in special education teachers.

Mary

Mary was an adoptive parent initially from Ohio; however, moved to southern Virginia close to family to assist with raising her children. Mary and her husband were told they were unable to have children and decided to foster-to-adopt through an agency with children with mental health or behavioral problems. The couple had to go through 40 additional training hours. Mary received two biological siblings in foster care at ages six and 18 months. The oldest was 15 at the time of this study, and the youngest child was 10. Mary stated she saw adversity “immediately within the first few days.” Once adversity was displayed and there was a shift in behaviors, Mary had to adjust her modeling and behaviors. Mary stated that the social services system did not “do a lot for us.” Once the adoption process was finalized, social services did not reach out to check on the children or see if any assistance was needed. Mary wished that the system provided family counseling or individual counseling for the children to better assist with their social-emotional needs and traumas.

The children had attended school in the county since moving, and Mary stated that the school had been “as supportive as they can be.” The older child, when in fourth grade, was expelled from the public county school and sent to an alternative education school for the behaviorally challenged. Mary said with the rural location, “It’s so hard around here to get therapy; they don’t, you know, deal with this kind of thing.” When the child was at the

alternative school within the county, they had room to breathe deeply, exercise, a sensory room, and a counselor on staff at any time. In the public school system, Mary wished the staff would communicate better with her to understand what is happening there. In addition, Mary had to “fight hard for an IEP” for the children who have had various mental health problems and adversity since entering the school system. Mary stated, “The school system is frustrating.” With many personal issues arising at home, no help from social services, and little help from the school system, Mary stated, “We were drowning.”

Jackie

Jackie was an administrator in a public school and was the kinship grandparent to her step-grandchildren with whom she already had a relationship. The children were taken out of custody of Jackie’s stepdaughter due to being in a domestic violence situation with the child’s father. Jackie stated, “There was a lot of drug use and abuse; she had meth and coke in her system.” The oldest child, at age two, told Jackie, “Her daddy would slap her Mama.” When the youngest came to Jackie, she was nonverbal and was diagnosed with dysphagia. Jackie modeled desirable behaviors for the girls, such as “kindness to strangers, using a calm voice, showing respect, and spending time with other positive role models.” Within the household, Jackie ensured there was a strict routine followed and advocated for their well-being.

The children were in kindergarten and in third grade. The oldest was with Jackie when she began school; however, the younger child struggled in pre-k the previous year. DSS did not assist Jackie with long-term resources; she was responsible for figuring it all out. Being the building administrator where the children received their education, Jackie knew all the resources available to them and utilized them as needed. Jackie stated that there was professional training to improve what the staff knew about trauma and adversity. For Jackie’s grandchildren, having

structure and expectations in place in the educational environment and at home assisted them in keeping consistency.

Jackie stated that in a school system, it is essential to build relationships with parents, especially resource parents. Jackie explained, “You don’t want them to feel like they’re failures because of the way the children are behaving; we’re here to do whatever, even if we have to find the resources ourselves.” Although impossible, Jackie stated, “I wish we could fix all of them”; there are many events that children experience and need assistance regulating emotions.

Wanda

Wanda was the adoptive mother of an eight- and four-year-old. Initially, the children came from the foster system in western Virginia. The children were non-biological siblings; however, came to the foster-to-adopt family on the same day. The older child was four when he came to the family; it was his fifth home the child had been in. The child was in and out of foster care for four and a half years; he was born addicted to drugs. When originally going into the system, the oldest child, at eight months, tested positive for cocaine. The child went back into the foster care system at four years old and tested positive again for cocaine. The youngest child came to the family at four weeks old, right out of the Neonatal Intensive Care Unit (NICU), with withdrawal symptoms from opioids. Wanda stated that the family was learning as they go and doing their best to understand, “It’s so much harder than we ever anticipated.” It is difficult when the two children were together; they fed off one another and displayed unique behaviors based on their adversities. The family adapted to the children’s needs as needed; the oldest needed visuals with a schedule, and the youngest needed outdoor time to regulate.

The family received little support from Department of Social Services (DSS) or the school system. Once they moved from western Virginia, there was no support. Wanda stated,

“This county, in general, is just kind of a dead zone for any kind of resources for adoptive families.” In the school, the oldest child initially had an IEP; however, when “he checked all of the boxes,” they stated that the child did not need it anymore. Wanda shared in their case, the school counselor and psychologist were still “watching him” and believed they will see other impacts of his trauma later on. Wanda appreciated that the school modeled proper “verbiage” and being a “whole-body listener”. Wanda stated, “If I can ask more of them, you know, is being more aware of ACEs and trauma, and how that presents in a child.” Overall, Wanda was very appreciative of the effort educators put into the work with her children.

Christy

Christy was the mother of an 11-year-old foster child, who was seven when she first received the child through social services. Social services provided the child’s history to Christy, so she understood the complexity. The child came into Christy’s care with severe trauma, abuse, and neglect. Christy had to model most life skills for the child; she stated, “This was hard for me as I was raised in a very different way.” The child was in four different foster homes within a year, but, Christy stated, “We had a really close relationship.” Christy was told by DSS that she would receive respite for a break as needed; however, she never received that. Social services provided Christy with minimal training, and the school system offered no assistance with understanding adversity; however, she did receive the ACEs training throughout her career. Christy explained, “They just didn’t have the resources or trained personnel to handle her.”

The child was sent to the alternative school within the county from the public school system because it was believed that they were better equipped to handle the children behaviorally. The school system assisted the child with learning how to cope with emotions and understanding what the triggers were for particular feelings. In addition, Christy appreciated the

communication to “try and help the child so that we can handle her.” Christy felt that the public school could not handle her child: “The public school just didn’t have the resources the child needed to be successful,” and the child “really struggles with going to school.” The child was a potential danger to themselves and others. Christy explained, “Every child has their own story, and it is hard to imagine what they were put through at a very young age.”

Michael

Michael was the adoptive father of two school-aged children and also had a biological child of his own who was not yet in school. Michael and his wife adopted the children through foster care in the county they were living in at the time. Social services explained both children’s adversities prior to the family gaining them. The youngest child was “exposed in utero to narcotics, but just learned about that in the past few months.” Michael and his family were always exploring new ways to learn about their children and took online classes to understand how to care for them better. Michael explained, “Our biggest challenge is understanding how to move forward and helping them to develop appropriately and in a healthy way.” Michael stated that other than a financial stipend, the family receives no assistance from social services. It has been challenging for the family to find resources in the county, “I feel like there’s not a lot available, or it’s difficult for us to find.” Michael wished that there was more counseling available and training to assist children with adversity.

The school system had been “wonderful,” according to Michael; however, he did not think the school was “set up to provide support to parents, and that is what is lacking.” Michael felt that his children were loved at the school, and it was a very happy place for them. Michael wished the school system communicated more regarding how situations were handled so they

could be reciprocated at home. In addition, the family wished that the school would have focused on social-emotional learning to coach the children through more appropriate behaviors.

Table 4

Resource Parent Participants

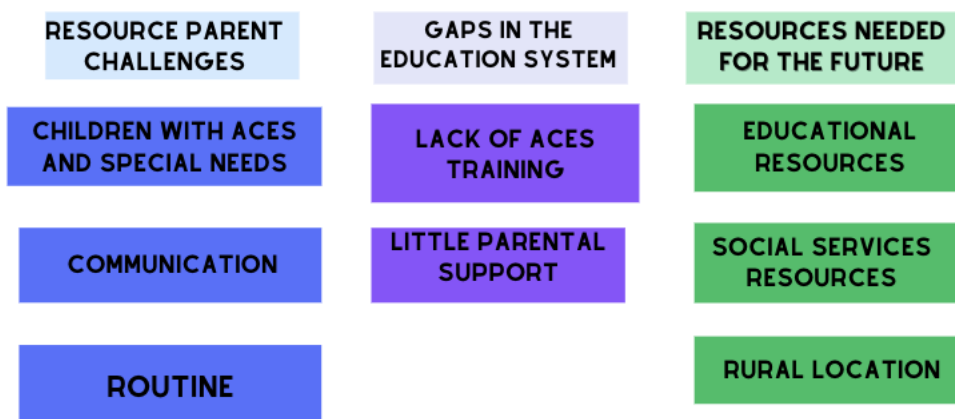
Participant	Number of Years	Type of Parent	Grade Level of Child
Shirley	1	Kinship	High School
Mark	1	Foster	Early Elementary
Peggy	2	Foster	Early Elementary
Maxine	17	Foster and Adoptive	All Levels
Mary	9	Adoptive	High/Elementary
Jackie	3	Kinship	Early/Mid Elementary
Wanda	4	Foster/Adoptive	Early/Mid Elementary
Christy	3	Foster	Middle School
Michael	4	Foster/Adoptive	Early/Mid Elementary
Diana	4	Foster/Adoptive	Elementary
Jane	1	Foster	Early Elementary
Linda	6	Foster/Adoptive	All levels

Results

The results from the research focus on three main themes. The organization of themes consists of participant quotes that reinforce the narrative results. Writing prompts, interviews, and focus groups were used as triangulated data collection for the transcendental phenomenological study. For data analysis, a detailed audit trail of the data was created and securely stored. Writing prompts, interviews, and focus group writings and transcriptions were transferred to a Microsoft Word document. Member checks were completed by sending participants a copy of the transcriptions and their participant descriptions. Using a reflective journal, I epochéd any personal biases carried in the study or data evaluation. Evaluation of the transcriptions, writings, and focus groups was conducted to create common themes. Themes were then used to create textural descriptions of the participants' lived experiences (Moustakas, 1994).

Figure 1

Themes and Sub-themes



Resource Parent Challenges

The first emerging theme is resource parent challenges. Inevitably, resource parents have a challenging job caring for a child with adverse childhood experiences. Resource parents are often given a child they know nothing about, or the child's life has been significantly altered by the adversity they have experienced. Christy stated in the focus group, "You never know what to expect; you just kind of have to be on your toes and handle any situation that may come," and many participants agreed throughout the study. Many resource parents felt they needed a "Moment to breathe," as Diana stated. Specifically, female participants felt that they never had the opportunity to be by themselves or with their partner and felt guilty to leave the resource child with others. Resource parents agreed that their experiences far surpassed anything that they thought it would be. Michael stated, "In some ways, we grieve that our expectations aren't reality, but we are also trying to form more realistic expectations moving forward."

Children with ACEs and Special Needs

All participants had a child with adverse childhood experiences, and the severity varied. Seventy-five percent of participants had a child with some form of special need with an accommodation in place or previously in place. Ninety-two percent of the participants were caring for children whose parents were substance abusers. Many participants had to assist their children through withdrawal symptoms prior to modeling life skills or daily routines. Maxine stated in the writing prompt, "Advocating for special needs kids and foster kids is super hard." Many participants found that much of their trouble came from the lack of teacher retention within the special education department. Linda stated, "The child has had four different teachers in the four years she has been in school." Participants found that it is harder for their child as they get older because classroom sizes are larger; however, the number of educators in the classroom does not.

Figure 2

Pie Chart of Participants with Children with Special Needs

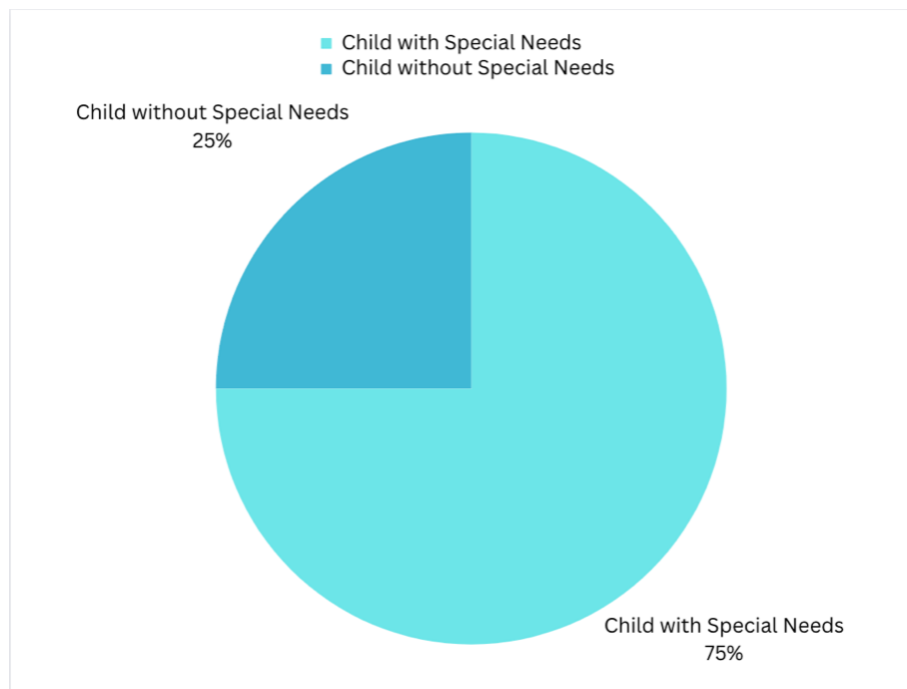
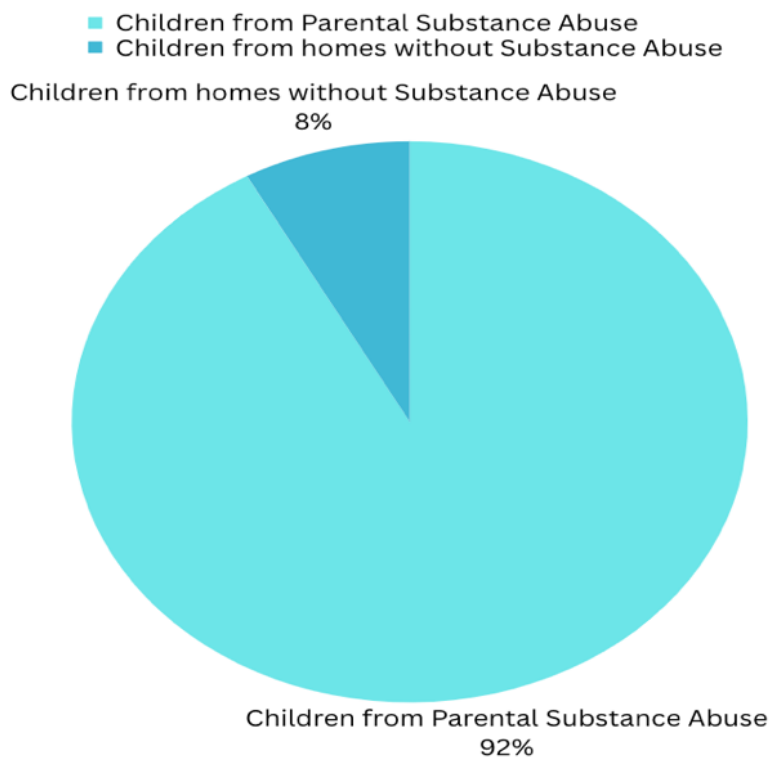


Figure 3

Pie Chart of Participants with Children Who Came from Homes with Substance Abuse



Communication

All parents were adamant that communication was extremely important to them when considering their child with ACEs. Resource parents explained that specific triggers are unpredictable, and it is essential they know what happens throughout the day. Participants were divided on the topic of communication; some participants believed there was great communication, and others did not. Linda stated, “They’ve been great about communication.” Most participants could agree on communication with the school system. Parents appreciated teachers keeping direct communication with them. However, many resource parents struggled in communication between the school and social services, agreeing, “It would be easier for

everybody to work together,” as Mark stated. Resource parents felt like the “middle man” when it came to social services and the school system.

Routine

Having a daily routine is essential for any parent caring for a child with ACEs. All participants believed that without routine, there would be chaos. Peggy explained in the writing prompt, “We talk and communicate so the child knows what is going on that day.” Daily routines are constantly adjusted to the child's needs for the day as needed. Schools having a consistent schedule assisted with the needs of the children and continued the consistency kept at home. Shirley stated, “Just having structure and coming home and having structure has definitely helped.” Participants agreed that due to adversity, routine gave their child consistency and assisted greatly with abandonment issues. Many resource parents had children who have been in and out of the system multiple times and feel having a routine and being on time provides reassurance.

Gaps in the Educational System

Most participants agreed that class sizes make a difference in the education and social-emotional care given to a child. Wanda expressed, “If class sizes are bigger, it makes it harder on the teacher if they have multiple students with ACEs.” Parents with children in older elementary or higher had larger classroom sizes than younger children and did notice a difference in the attention given to their children. Many parents were concerned with larger class sizes, and their child's accommodations were not being met as well as if they were in a smaller classroom.

Many participants had good experiences with the educational system; others did not, depending on location and other factors. When speaking about their experience with the educational system, Diana stated, “I've had some really great experiences, and then I've had

some not-so-great experiences.” Parents stated that their experiences with the school system depended on the teacher, their understanding of ACEs or willingness to learn, and communication. Most parents believed that the educators were doing everything they could to assist their child with the training they had, but wished they could become more aware of ACEs.

Lack of ACEs Training

All resource parents felt that it was hard to understand what it was like to be a resource parent until you had been one. Most educators, according to some resource parents, do not completely understand triggers and adversities. “If I raise my voice at all, shut the door or shut off the lights, the child shuts down, and teachers just don’t seem to understand it,” Peggy explained. The adversities that children with resource parents have experienced are far beyond imagination. Although educators cannot understand all adversities students may experience, a better understanding of how to handle the adversity would assist resource families. Training educators on ACEs is important to all resource families, as these are the individuals caring for the children when they are not in resource family care. Diana stated in the focus group, “Better training, more behavioral counselors in the school, and training for the teachers to understand what ACEs are and how it affects different children” would be helpful.

Little Parental Support

Most resource parents felt they had nobody to call on when they needed help. Wanda stated, “I was told to let them (social services) know once I found the resources I needed here.” Several participants had similar experiences. Families needed counseling, doctors to assist with disabilities, and assistance with transferring schools, but were provided with no services. Jackie shared, “I’ve seen children over the years that just the system seems to fail.” All kinship families

believe that it is not always best for the children to go back to their biological parents; however, social services often do not allow kinship families to have a voice.

All participants stated that the public school their child goes to was their only choice based on their job, social services, and financials. Many participants were unsure that the public school was the best choice for their child due to the lack of training and classroom sizes. Mary stated, "It's hard when you can't afford to do what's best."

Resources Needed for the Future

Participants in the study all needed resources to assist their child with adversity. However, no category of resource parent needed the same resource. Parents who had children who were academically successful often needed social-emotional support or counseling from the school. Parents who did not need educational resources for their children, needed resources from social services. Although many schools the children attended within this study had behavioral interventionists, many participants felt they were not adequately trained on ACEs or how to handle them.

Most participants needed assistance from social services but could not receive the resources needed due to the rural location and lack of support. Resource parents felt alone and that they could not reach out to social services when needed. After adoption or kinship families went through the process of obtaining their child, social services never reached back out or were unreachable. Foster families found social services unreliable.

Educational Resources

Many resource parents needed resources from the educational system; however, not all parents needed academic assistance. Resource parents needing assistance from the education system were mainly for special education needs or accommodations related to their ACEs. Diana

suggested, “They (social services communicating with the school system) should have automatically put a 504 and a behavior plan in place for the child.” Most resource parents had to “fight for years” to have accommodations put into place.

The school system resource parents’ children attended were equipped with school counselors and behavioral specialists. Many resource parents found, for the counselors or behavioral specialists to work with their children, they had to initiate contact. Most participants thought that if a child is identified with ACEs, the counselors and behavioral specialists should automatically work with and check in on those students.

Social Services Resources

Most of the children that were in the care of foster and adoptive families had been in multiple homes; however, they were sent back into the system because families were unable to handle their adversities and did not have the resources to reach out. Jane stated, “If there are resources out there to help parents, maybe instead of letting them figure it out themselves, have them readily available.”

All resource families could use additional resources from social services. Some resource parents felt that “The social services training did not prepare us for this,” as Maxine stated. Other participants believed that social services training did assist them, but after the training, they felt “alone.” Parents needed resources for the child, such as therapists, doctors, and additional education on the specific needs of the child they were caring for. Wanda shared, “We’re struggling; we’re trying; I am coming to you for help and get nothing.”

Rural Location

Children with ACEs who attend school in a rural location are at a disadvantage in gaining access to social support and resources needed for resiliency (Davis et al., 2022). All participants

struggled to find a resource for their child with ACEs in some capacity. Linda stated, “Everyone is super helpful; it’s just a matter of access to things.” Being in a rural location restricts families from receiving adequate counseling, doctor’s appointments, and resources for parents. Most participants had to drive at least an hour away from the location to receive proper care for their child with ACEs.

Research Question Responses

This phenomenological study explored the experiences and emotions from the participant’s point of view. Resource parents, foster, kinship, and adoptive, caring for the educational needs of children with ACEs exemplified needing help in unique avenues based on their child’s specific needs. The twelve participants provided their perspectives on what it was like to care for a child with ACEs and how the educational entities supported their specific needs. Data was collected through writing prompts, individual interviews, and a focus group to answer the central research question and sub-questions.

Central Research Question

What are the lived experiences of resource parents providing for the educational needs of children with adverse childhood experiences? Resource parents identified many of their experiences while caring for the educational needs of children with adverse childhood experiences. Participants shared their experiences and viewpoints on the topic while providing potential improvements. Three themes identified the findings: resource parent challenges, gaps in the educational challenges, and resources needed for the future. Under each theme were sub-themes furthering the understanding of resource parent experiences: children with ACEs and special needs, communication, routine, lack of ACEs training, little parental support, educational resources, social services resources, and rural location. The themes suggest that resource parents

are overwhelmed in their duties, and they do not receive the support necessary to provide adequately for their children. Although the participants needed assistance with various things, overall, the participants struggled. Wanda expressed, “It’s so frustrating at times”; all participants agreed. Findings suggest resource parents are continuously advocating and working on social-emotional learning in addition to academics to ensure their child is successful. Communication and routine have been the most beneficial for all participants when caring for the educational needs of children with ACEs.

Sub-Question One

How do resource families perceive and describe the challenges they face when caring for the educational needs of children with ACEs? Most resource parents have experienced extreme challenges with their children prior to their children entering the school system, such as “broken bones,” “bruises,” “abandonment,” “abuse,” and “neglect,” to name a few. Many resource parents described not being capable of completing work after school. Maxine stated, “Teachers get upset because no homework was done, or they don’t have their supplies; those things are the least of their worries.” Trauma often prevents children from coming to school ready to learn without any barriers (Lawson et al., 2019).

Most resource parents with children with special needs and accommodations struggled to get an IEP or plan in place to serve their resource child. Some resource parents already had an IEP or 504 in place for their child, and the educators or staff members did not follow them according to the plan. Shirley explained, “Nobody should struggle to get a child help.”

Sub-Question Two

How do resource parents with children with ACEs perceive and experience the gaps in the educational system? Many resource parents with children with special needs or

accommodations struggled to get them put in place or have them followed. Peggy stated, “It’s been a fight for everything I have for him, even actually to get those services that are in the IEP.” Most participants who have children with special needs or accommodations agree, even those who work in the school system. All resource parents agreed that class sizes affect attention and the accommodations that are followed for the child. Diana stated in the focus group:

“There’s an average of 23 to 25 kids per room, and that’s hard on any teacher to be able to manage five students at a time, let alone somebody’s who’s prone to having any type of mental health issue or someone who gets overstimulated easily.”

Sub-Question Three

How does the experience of being a resource parent shape perceptions of the educational resources deemed necessary from schools and the community for resource parents of children with ACEs? Being a resource parent has changed the perception of all participants in unique capacities. Fifty percent of participants work in the school system, and Christy stated, “Being a resource parent has helped me see things in a different way; it has made an impact on my way of thinking.” All resource parents found that social-emotional learning is essential in the daily lives of their children. Resource parents relied heavily on support for the educational system and social services. Many participants were unable to get what they needed in the rural location due to specialists being further away or not having the resources needed in the area at all.

Summary

Resource parents have a distinctive perspective on caring for children with ACEs that is overlooked and often not considered. This transcendental phenomenological study explored resource parents’ perceptions of caring for the educational needs of children with ACEs. Participants were involved in four writing prompts, individual interviews, and focus groups.

Common themes surfaced from data collection, including parents' resource challenges, gaps in the educational system, and resources needed for the future. Subsequential themes followed under each theme. Many resource parents struggled with the lack of ACEs training for educators, social-emotional learning, or assistance. Some resource parents struggled to find more trauma-specific training for themselves, or resources needed from social services. Overall, all families needed something based on the traumas their current children experienced, including their reactions.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study was to explore the lived experiences of resource parents caring for the educational needs of children with adverse childhood experiences in southern Virginia. Twelve resource parents participated in the study. The purpose of Chapter Five is to present the research findings discovered through the lived experiences of resource parents and the challenges faced as they care for the educational needs of a child with adverse childhood experiences (ACEs) in southern Virginia. Within Chapter Five, there will be a discussion of the interpretation of findings, implications for policy and practice, theoretical and methodological implications, limitations and delimitations, and recommendations for future research.

Discussion

The study conducted included 12 resource parent participants caring for a foster, adoptive, or kinship child. The overarching goal of the study was to answer the central research question and three sub-questions regarding the experiences of resource parents in a rural county in Virginia. Data was collected through writing prompts, interviews, and focus groups. The analysis of data occurred through Moustakas' process (1994). There were three emerging themes followed by eight sub-themes discovered during data analysis.

Summary of Thematic Findings

Twelve resource parents serving children with ACEs in the capacity of foster, kinship, or adoptive care and their educational needs replied to four writing prompts, participated in an interview with 16 questions, and engaged in a focus group with nine questions. Data was interpreted through themes developed and relationships developed between the phenomenon,

theory, participants, rural location, and empirical literature to grasp the experiences of resource parents and recently developed comprehension of the topic. The central research question and sub-questions guided the focus of this study. This section provides a summary of the thematic findings, as discussed in Chapter Four.

Interpretation of Findings

Data analysis occurred through writing prompts, interviews, and focus groups, resulting in the recognition of three overarching themes and three sub-themes. The following themes were used to summarize the participants' experiences: (1) resource parent challenges, (2) gaps in the educational system, and (3) resources needed in the future. The themes included two to three sub-themes, each providing more in-depth information. Participants explained their daily lives caring for the child with ACEs and described how social services and the school system have assisted parents in caring for the child and their education.

Resource Parents Need Help

Although the capacity in which resource families need assistance varies, all of them need help. Resource parents who participated in this study each had unique experiences to share. Many resource parents needed resources from the education system to provide more counseling avenues and social-emotional learning. Most resource parents needed assistance from social services. Resource parents were displeased with the lack of assistance received from social services. While most participants enjoyed the training they received to become a resource parent, many believed it was not enough for the amount of adversity, special needs, and behavioral disorders. Wanda stated in the focus group, “The county doesn't have any resources; that doesn't mean that the resources aren't needed;” all participants agreed. When resource parents lack the training or support needed to be successful, they are likely to terminate being a resource parent

earlier (Cooley et al., 2021; Stenason & Romano, 2022). Many of the resource parents' children had been in multiple homes from families that "gave up on them," as Maxine stated.

Having Structure is Essential

Regardless of what type of resource parent, all parents agreed that having a routine and structure is an essential part of their daily lives. E All resource parents communicated that school having structure and a daily routine aligns with the structure kept at home and has assisted the child. All parents explained their daily routine within the writing prompts. Jane explained, "Our family sticks to a solid routine, and we do our best to teach it with grace while remembering that our lifestyle is vastly different." Having an inconsistent routine can add stress to the existing trauma, along with school changes, adding additional tension to the child's brain (Davis & Aylward, 2022).

Resource parents are often unaware of how many homes a child has been in prior to the child entering their home. However, Wanda explained that her child had been in "five homes since being in the system." Each household a child goes into changes the child's behavior, emotions, and regulation. Children who are in and out of homes often learn emotional regulation tactics based on the environment they are in (Pylypow et al., 2020).

Expect the Unexpected

All resource parents did not know what to expect when their child came into their home, with the exception of kinship families. However, even within kinship, the children still lived in adversity, and they were developing a parental relationship as opposed to just a family member. All foster and adoptive parents had children who had little to no life skills, and those parents had to model everything for the child. The children in the resource homes were nurtured and loved as if they were biological family members, and this made a significant difference in their lives.

Every day in the resource families' homes were different. Families had to learn what triggers set the child off and how they could emotionally work through them together.

Implications for Policy or Practice

Implications were provided within the study for both policy and practice. Participants shared a variety of their experiences as resource parents caring for the educational needs of children with ACEs. The following sections provide a discussion on the concerns many participants expressed regarding the need for adequately trained teachers regarding ACEs and the ability to know how to assist the children through their emotions. Educators should be more aware of the adversity students carry with them daily. The recommendations for policy and practice were driven by the experiences of resource parents and are outlined in the following sections.

Implications for Policy

Participants from this study expressed their concern and need for strong teachers to love their resource children where they were and create goals for their future along with them. However, many participants did not feel that educators were properly trained on adversity or how to handle children with diverse situations. The first recommendation for policy change is to make it mandatory for educators to learn about children with ACEs and how they can make them feel safer in the classroom. The second recommendation for policy change is to check in with families within social services regardless of whether they are foster, kinship, or adoptive. Participants all agree that they have not received support from social services after receiving kinship care or after adoption has been completed. The final recommendation for policy change is to incorporate social-emotional learning into the everyday classroom in addition to academic

learning. Many participants incorporated emotional regulation at home; however, once the child entered the school environment, they did not reciprocate those practices.

Implications for Practice

For individuals working with resource parents caring for children with adverse childhood experiences, it is essential to understand the impacts of the child's previous environment on their everyday lives. The data collected shows that many educators working with children with ACEs did not completely understand the impact of their previous environment or adversity itself.

Educators are in a distinctive position to extend kindness and understanding to children who are in extremely vulnerable states; they are providing a safe space for these victims of adversity.

Although every day with a resource child is different, when an educator takes the time to learn triggers and other environmental factors to assist the child, the bond will grow stronger, and the child can retain information.

Empirical and Theoretical Implications

This section provides a discussion on the theoretical and empirical implications of the study. The theory used within the study was social learning theory. Social learning theory provides information on modeling and demonstrating behaviors, enabling children to learn specific skills to meet their emotional and educational needs. Children are influenced by models regarding behaviors and life skills that contribute to their overall resiliency (Bandura, 1977; Horsburgh, 2018).

Empirical Implications

Chapter Two reviewed existing empirical literature and existing gaps regarding resource parents, children with ACEs, and education. From the empirical perspective, this study added to the literature resource parents' perspectives on caring for the educational needs of children with

ACEs. The study gives parents a formal voice regarding what is needed to improve children's education and emotional state.

The study aligns with previous research; rural schools are poorly equipped to adequately care for the mental needs of traumatized children (Herrenkohl et al., 2019). Throughout the study, participants discussed not being able to find the resources needed in the area educationally, medically, or the proper training needed to handle their child's specific trauma. All resource parents, minus kinship, went through the basic ACEs training through the foster care system. The training received was not trauma-specific, nor were the participants able to receive specific training after asking for it. Jackie stated in the focus group, "I have done everything myself."

Previous gaps were discussed regarding whether there is consistency in the type of resource parent and in-service care needed (Stenason & Romano, 2022). However, throughout the study, there was no consistency regarding one type of resource parent. All resource parents needed additional resources from social services in some form, regardless of what type of resource parent they were. Not all resource parents needed educational assistance due to their child's being academically strong. Instead, resource families needed access to more counseling, social-emotional, and special education avenues within the educational system. Each resource parent, regardless of which type, needed unique assistance to meet the needs of their child. Resource parents who have served multiple children needed different assistance with each child, depending on their case.

Theoretical Implications

Social learning theory (Bandura, 1977) was the theoretical framework for this transcendental phenomenological study. Observation learning is the way most children learn;

children are constantly observing those around them and learning from their environment. Bandura identified four stages of social learning: “attention, retention, reproduction, and motivation” (Horsburgh, 2018 p. 2). This study utilized social learning theory to understand the experiences of resource parents caring for the educational needs of children with adverse childhood experiences. The findings of this study supported the theory of children observing their environment and then reciprocating those behaviors and observations. Participants stated that they had been modeling the entire time and did not think about it as such. Diana stated, “I just never looked at it that way or knew that is what I was doing.” Most participants had to model all life skills for their resource children, for they previously came from a household that modeled undesirable behaviors that the children picked up on. Most children in the resource homes in the study had been in multiple home and school environments. The children retained what they learned from models in those environments and presumed they were *normal*. Resource parents in the study often picked up and began modeling desired behaviors.

The 12 participants in the study unknowingly understood and reproduced concepts from the social learning theory. Participants understood their child had been through adversities and potentially saw behaviors they would not want to be reciprocated in their home. Much of the modeling resource parents were doing consisted of completing their daily routine and vocalizing their actions. Even without vocalization, many resource children picked up on their actions just through observation. Resource parents with children with special needs often had to model for a longer period of time in order for the child to recognize the consistency of the action.

Within the writing prompts, interviews, and focus groups, there were questions directly asking how the participants modeled behaviors for their children to reciprocate. Many participants mentioned their faith, manners, and daily routine. In addition, participants put

emphasis on showing the child “grace and mercy when handling situations,” as Maxine explained in the writing prompts. Participants agreed that every day should be a new day when working with a resource child, and they all try to model that within their daily actions.

Limitations and Delimitations

Limitations presented in this study were out of the researcher's control and could have potentially affected the results of this study. The first limitation was the internet connection in the rural location. All interviews and focus groups were held on Microsoft Teams for the participants' convenience. However, there were times when several participants' connections dropped, and I would have to ask the question again. The participants then had to repeat themselves, which may have resulted in them leaving out information they previously said. The second limitation was only having two male participants. With only just over sixteen percent of this study considering the male perspective, it may have been more beneficial to have a more even number. Fifty percent of the participants work in the rural school district, which could have affected the results of the study.

The studies boundaries were specifically chosen by the researcher to narrow the scope of data collecting. The study was designed specifically for resource parents' perspective versus the resource child themselves. The purpose of this delimitation was to collect information from the resource parent's experience and ascertain what their individual needs were. The second delimitation for the study was limiting participants to the rural Virginia location to understand the experience of resource parents in this area. The final delimitation was having all participants be over the age of eighteen due to being the legal age of a guardian of a resource child.

Recommendations for Future Research

Empirical qualitative data regarding resource parents caring for children with ACEs was added to this study. Qualitative studies are needed to examine specific populations caring for children with ACEs, such as foster, adoptive, or kinship families alone should be conducted. In addition, due to this study having two male participants, future phenomenological studies that focus on the male perspective regarding caring for a child with ACEs should be conducted. Future studies to investigate this phenomenon from the perspective of educators could improve the overall understanding of caring for children with ACEs. Another recommendation for future studies is to conduct a quantitative study to investigate the correlation between parental substance abuse and children in special education.

Conclusion

The purpose of this transcendental phenomenological study was to describe the lived experiences of resource parents caring for the educational needs of a child with adverse childhood experiences. The theoretical framework accompanying the study was social learning theory, examining the importance of modeling and imitating behaviors. Data was collected and triangulated through writing prompts, individual interviews, and focus groups. The data was member-checked, analyzed, and synthesized into three main themes with two to three subthemes. The findings of this study suggested resource parents are in unique positions that change based on the individual needs of the child they are serving. Children experiencing adversity are often looking to observe the adults around them to understand how to regulate emotionally. Many children in resource homes have been in multiple homes, making it difficult to feel safe and secure in any environment. Most resource families have started from the beginning with their resource child, teaching them how to eat, use the bathroom, and learn their environment prior to

any form of academics. The educational system, particularly in a rural environment, is not always equipped to handle resource children. Resource parents seek help through the educational system to find social-emotional connections, communication, consistent routines, and counselors to assist their child in the educational environment. Resource families look to the educational system to explain their rights to a child who may have adversity and special needs. The recommendations following this study are for educators to be more understanding and educated regarding adversity. Educators working with a child with ACEs of any form should be trained on how to handle the situations that may arise properly. Future research would be insightful to include the educator's perspective.

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Appendix A



Mr. Paul Nichols
Division Superintendent

Paula Giammatteo
Clerk



SCHOOL BOARD MEMBERS

Dora Garner
Chairman

Wanda Bailey
Vice Chairman


Sandra Crowder
Gloria Smith
Lindell Palmer
Gavin Honeycutt
Matthew Dunn
Ricky Allgood
Glenn Edwards

May 24, 2023

Ms. Skyler Nicole Wells



Dear Ms. Wells,

 is pleased to support the research that you are conducting for your Ph.D. dissertation on "A Phenomenological Study of Resource Parents' Experiences Providing for the Educational Needs of Children with Adverse Childhood Experiences (ACEs)." As a teacher in one of our elementary schools I'm sure that you are very aware of the needs of our student with ACES, and are learning about the needs of so many of their parents to support them. I'm sure that our school division will benefit greatly from your findings. Please let me know as you discover that you need further support.

Sincerely,

Paul Nichols, Superintendent



Appendix B

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

October 30, 2023

Skyler Wells
Holly Eimer

Re: IRB Exemption - IRB-FY23-24-567 A Phenomenological Study of Resource Parents' Experiences Providing for the Educational Needs of Children with Adverse Childhood Experiences

Dear Skyler Wells, Holly Eimer,

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.(ii). 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: Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.

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 irb@liberty.edu.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix C

Research Questions

Research Questions

Central Research Question

What are the lived experiences of resource parents caring for the educational needs of children with ACEs?

Sub-Question One

How do resource families perceive and describe the challenges they face when caring for the educational needs of children with Adverse Childhood Experiences?

Sub-Question Two

How do recourse parents with children with Adverse Childhood Experiences (ACEs) perceive and experience the gaps in the educational system?

Sub-Question Three

How does the experience of being a resource parent shape the perception of what educational resources are deemed necessary from schools and the community for resource parents with children with adversity?

Appendix D

Recruitment Letter

Dear Prospective Participant,

As a doctoral student enrolled in the School of Education at Liberty University, I am conducting research as part of the requirements for a PhD degree. The purpose of this research is to understand the lived experiences of parents with adoptive children, foster children, or children cared for by a family member that has experienced adversity. If you meet my participant criteria and are interested, I would like to invite you to join my study.

Participants must be 18 years of age or older and be a parent or legal guardian of a child that has been removed from their biological home and has experienced trauma.

Participants will, will be asked to participate in a writing prompt on their own time (20 minutes each), audio-recorded Microsoft Teams or in-person interview (60 minutes), review of their transcript for accuracy (30 minutes), and participate in a focus group with other participants on Microsoft Teams (60 minutes). Names and other identifying information will be requested as a part of this study but will remain confidential.

If you would like to participate, please contact me at [REDACTED] or [REDACTED] for more information.

If you would like to participate, sign the consent document, and return it to me at the above listed email address. Once I receive the signed consent document, I will email you the writing prompt to complete on your time within 2 weeks.

Each eligible participant who completes all study procedures will receive a \$25 Food Lion gift card.

Thank you for your consideration,

Skyler N. Wells

Doctoral Candidate



Appendix E Consent Form

Title of the Project: A Phenomenological Study of Resource Parents' Experiences Providing for the Needs of Children with Adverse Childhood Experiences

Principal Investigator: Skyler N. Wells, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older, and be a parent or legal guardian of a child that has been removed from their biological home and has experienced trauma. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

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

The purpose of the study is to examine the lived experiences of resource parents caring for the educational needs of children with adverse childhood experiences. For this study, a resource parent is defined as an individual caring for an adoptive child, foster child, or family member caring for a child removed from their original home.

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:

1. Complete writing prompts on your own time that is immediately emailed to you after completing the consent form (no more than 20 minutes each).
2. Participate in an audio-recorded Microsoft Teams or in-person interview (no more than 60 minutes).
3. You will be able to review your transcript and make revisions for accuracy (no more than 30 minutes).
4. Participate in a focus group with other participants on Microsoft Teams (no more than 60 minutes).

How could you or others benefit from this study?

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

Benefits to society include:

- The potential to inform educators and resource parents about how best to help children in resource homes with adverse childhood experiences.
- The potential to change the educational outcomes of students living in resource care with adversity.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study could include secondary traumatic stress from explaining your child's experiences. To reduce risk, I will continue to check in with participants to monitor their psychological well-being, discontinue participation, and provide counseling referrals if needed.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I would be required to report it to the proper authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through pseudonyms (fictitious names). Interviews will be conducted through Microsoft Teams (or in person, according to the preference of the participant) in a secure area.
- Data will be stored in a password-protected computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.
- Data collected from you may be used in future research studies and/or shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Recordings will be stored on a password-locked computer for three years and then erased. The researcher and her doctoral committee team members will have access to these recordings.

How will you be compensated for being part of the study?

Each eligible participant who completes all study procedures will receive a \$25 Food Lion gift card.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether to participate will not affect your current or future relations with Liberty University or [REDACTED]. 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 will be destroyed immediately and will not be included in this study.

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

The researcher conducting this study is Skyler N. Wells. 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. Holly Eimer, at [REDACTED].

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

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

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. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

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 Subject Name

Signature & Date

Appendix F Participant Recruitment

Research Participants Needed

A Phenomenological Study of Resource Parents' Experiences Providing for the Educational Needs of Children with Adverse Childhood Experiences

- Are you 18 years or older?
- Are you a foster, adoptive, or family member caring for a child outside their biological home?

If you answered **yes** to each of the questions listed above, you may be eligible to participate in a research study.

The purpose of this research study is to understand the lived experiences of resource families caring for children that have experienced adversity.

Participants will be asked to participate in a writing prompt, interview, and focus group.

Participants will receive a \$25 Food Lion gift card at the conclusion of data collection.

If you would like to participate, please contact the researcher at [REDACTED]
[REDACTED]

A consent document will be emailed directly to you after qualification is verified by the research and will need to be completed prior to the interview.

Skyler Nicole Wells, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Please contact Skyler Wells at [REDACTED] or [REDACTED] for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

Appendix G

Facebook Announcement

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a doctor of philosophy in educational leadership degree at Liberty University. The purpose of my research is to better understand the lived experiences of resource parents (foster, adoptive, kinship) caring for the educational needs of children with adverse childhood experiences. To participate, you must be 18 years of age or older and be a foster, adoptive, or kinship parent (caring for grandchildren, cousins, etc.). Participants will have a 4-question writing prompt to complete (no more than 20 minutes each), an interview online or in-person (60 minutes) and participate in a focus group (1 to 1.5 hours). If you would like to participate and meet the study criteria, please message me for more information. A consent document will be emailed to you immediately after confirmation of eligibility, please sign and return it as quickly as possible. Participants will receive a \$25 gift card to Food Lion as compensation.

Appendix H

Writing Prompts

Writing Prompts

1. Explain your experience on how you and your family model certain behaviors for your resource child to imitate. (CRQ)
2. Describe the day-to-day life of caring for your resource child who has experienced adversity. (SQ1)
3. Explore how your experience caring for a child with adversity has changed your perception of being a resource parent and your view of the educational system. (SQ2)
4. Discuss how your resource child struggles in reaching their educational needs and how the educational system could assist. (SQ3)

Appendix I

Interview Questions

Interview Questions

1. Tell me about yourself and your family dynamics. (CRQ)
2. How did you gain custody/adopt/foster the child(ren) you have; how many non-biological children are you raising/have you raised? (SQ1)
3. Explain how you first knew your child had adverse childhood experiences. (SQ1)
4. Once you knew about the adverse childhood experience(s) your child has gone through, how did you change your modeling/behaviors towards them, if at all? (SQ1)
5. How has the dynamic changed between you and your child since you first adopted/fostered/gained custody, if at all? (SQ1)
6. What challenges do you and your family face from having a child with adverse childhood experiences? (SQ1)
7. What resources were you given (by DSS or the school system) to assist you with understanding how to provide/understand the adverse childhood experiences before you gained your child? (SQ2)
8. Since bringing this child into your family, in what ways have the system (DSS, educational, etc.) supported you or provided you with resources long term? (SQ2)
9. What otherwise unavailable support or resources should the school system or stakeholders have provided you? (SQ2)
10. How has the school system helped you with your child(ren) with adverse childhood experiences? (SQ3)
11. In what ways does the school system model cognitive, emotional, and behavioral practices you also carry out at home? (SQ3)
12. In what ways do you feel the school system continues to support you? (SQ3)

13. What are your experiences with teachers and other staff members who have worked with your child? (SQ3)
14. In what ways could the educational system have supported you better in raising a child with ACEs? (SQ3)
15. What else would you like to add?
16. May I contact you if I need clarification or have further questions?

Appendix J

Focus Group Discussion Guide and Questions

Focus Group Discussion Guide and Questions

1. Please introduce yourself and tell everyone about your family.
2. In what ways would you describe your daily lives with your child(ren) with adverse childhood experiences? (CRQ)
3. What challenges within your household do you wish you had resources for are you facing, if any? (CRQ)
4. In what ways do you model behaviors for your child to observe in hopes they reciprocate? (CRQ)
5. How do you think classroom size, teacher qualifications, and other factors affect responses to your child's actions? (SQ2)
6. If there was any resource the school or community could provide to you for your child, what would it be; how can they better serve you? (SQ2)
7. How did you decide to send the child(ren) to school within this area was the best fit? Was it your only choice? (SQ3)
8. How could the school system make your life easier as a resource parent to meet the child's educational needs? (SQ3)
9. What else would you like to contribute to this study?

Appendix K

Interview – Diana

Researcher: Tell me about yourself and your family dynamics.

Diana: I am a 35-year-old schoolteacher. I have been married to my second husband for two years now. We have two small daughters, an almost two-year-old and a seven-month-old, that are ours. But I also adopted a son two years ago. He was seven at the time, and he is nine now. My ex-husband and I began the adoption and foster process together. About a month into it, he decided he no longer wanted to be married, and so we got a divorce. I continued to do the adoption process on my own.

Researcher: How did you gain custody of the foster child that you have?

Diana: I went through a local agency, ****. My ex-husband and I had always talked about fostering because I was always told I wasn't going to be able to have children. So we went through **** in **** ****, and he was, my son, a foster child through them. He had been in the foster care system for a couple of years at that point, and he had been through many different homes at that point. When we were eligible to become respite as foster parents, they hooked us up with this special little boy who we actually were just supposed to do respite for the weekend. We kind of fell in love. I always said that I fell in love at respite with him. I mean, it was just an immediate connection, and like two weeks later, they called, and they're like, hey, do you want him? We were like, yes, immediately. The home that he was in could no longer foster him, and so they were looking for an alternate placement. I mean, there was no question it was an immediate yes. He was five at the time.

Researcher: Once you knew, can you explain how you first knew about how your child had adverse childhood experiences?

Diana: When we were doing the respite, they had kind of gone through some of his trauma, some of his history, because they do have to declare and disclose some of that information, but they don't give you the full rundown when it's respite. They do give you the pertinent information; that's how I learned about them.

Researcher: Do you think going in and out of different foster homes added to his adverse childhood experiences?

Diana: Yes, it did significantly.

Researcher: Once you knew about all of that, did you change how or how did you change your modeled behaviors towards him, if at all?

Diana: I've never really changed how I modeled my behaviors as a special education teacher; it's kind of ingrained in me, anyway, as how to do certain things because I do it with my students. Honestly, that helped a whole lot. I will say that given his abandonment issues and the trauma from going through so many foster homes, he had severe reactive attachment disorder when he first came to me and through therapy and everything. Once my ex-husband and I separated, it was a big deal for him. That just compounded the abandonment issues that he had, and because of the way that it was lined out, we had to separate all ties with my ex-husband completely. He was not allowed to see him like he couldn't be a part of his life. That took a lot more modeling and patience. That took a lot more of showing, and one of the biggest things that we had, that I had to do with his counselor was I had to show him that I was always coming back, and that was really hard for me because, like, I would have to leave and go to the grocery store and have my brother and my sister come over and sit with him and be like, I've got to run to the store. I'll be right back. He'd have several meltdowns and be upset the entire time I was gone, but after several times of that, it finally got to where he said okay, Mommy's always coming home. That was the biggest thing that needed to be modeled for him to feel safe. I can say that after the adoption was finalized, he no longer has that attachment disorder. You know, like that was cleared off of him because it was stated that his brain we've worked through all that trauma through the counseling, through the appropriate parenting, through everything. So his brain was able to rework the way it remold itself, basically so that it can get rid of that which I thought was a pretty neat thing. I didn't know that that was even possible. He loves to read, and his favorite thing to do is pick up a book. When I had him as a single mom, I was going through my double masters. At the time, he saw me reading, taking classes, and studying all the time. He is a very bright boy. He is very, very bright all the time. He's a fantastic artist. He has watched me learn

how to draw for him by watching videos. Now he can do that. He has watched me cook and clean now. He cooks, and he helps clean you, you know? He watched; he modeled everything.

Researcher: How did the dynamic change between you and your child since you first gained custody or adopted?

Diana: The dynamic has changed as he's gotten older. He no longer wants Mommy as much as he did when he was younger. I mean, he's nine now, almost ten now. He no longer wants Mommy as much. He doesn't want to snuggle Mommy and that sort of stuff, but he likes the fact that Mommy works at school. He likes knowing that Mommy's always here. He wants Daddy a lot more cause Daddy's fun. Daddy gets to do the fun things with him, like go hunting and fishing and all the boys stuff; he's taken on a very important role as Big Brother. He loves being a Big Brother to his two sisters more than anything in this world, but he has taken on a very active role in that and loves to help out more than he did before. He knows that Mommy's going to fight for him, always, and any situation that it is so, I'd say that it's grown a lot while we're, I mean, he called me Mommy since the first weekend. I mean, there was an instant connection with us, and I think that connection is still there. It's just changed because he's older and he wants Daddy more so they can talk about boy stuff and he's not comfortable talking to Mommy about the boy stuff. You know, Mommy's embarrassed him, and he's going through that phase in life right now. So that's been the only change I've seen in him lately.

Researcher: When you're two younger children were born, did he go back to having those attachment issues, thinking that they were invading his space, or did he come around?

Diana: He did. But we worked really hard through that with him and explained that I talked to him about his adoption. He knows he's adopted; he will tell everybody. It's not something we hide; it's something that we discuss openly. He knows the judge signed papers because he was at that court hearing when I legally adopted him. He knows the judge signed those papers, and he can't go anywhere, and I've told him once he gets a little older, he can understand it. Mommy will read all of it to him, and I will go through every step of it with him so that he understands why he was adopted. He understands why Mommy fought so hard for him. He understands everything that is going on, and we've really explained just that: even though he has a little sister, his Big Brother role is more important than ever, like he's not going anywhere. He will always be

Mommy's first child. He will always be Mommy's only boy. Those hold very special value to Mommy and Daddy. We're not going to let anything ever happen to him. Once we went through that inside a little bit more counseling at that point because I knew he was going to need some cause as the counselor had dismissed him after the adoption.

But then, with the unexpected baby coming, we thought we might need some help.

We got him back and through all of that. We were able to keep him on track the way he was.

Researcher: What challenges do you and your family face from having a child with adverse childhood experiences?

Diana: We deal with meltdowns quite a bit. A lot of different emotions. He's got severe ADHD, anxiety, and PTSD. His PTSD is the worst. Certain things happen that we are not even cognizant of. Most of the time, it causes a meltdown until we look back and we're like, OK, that caused a meltdown. I see why that caused a meltdown. We've got to remember not to do that. Like one of his big things is he cannot have the door to his room shut. It has to stay open. That is a PTSD thing. I know why I know his history. I can understand it. His sister will sometimes go in and shut his door while he is in there. You know, he kind of freaks out. We're working through it. We're trying our very best to get through it. It's just at that point of that it's impacted him at school. He does take medication three times a day. We did put a 504 plan in place for him to get some help at school. This is the first year we've ever had to do that because he's a A/B on A roll student, but he has also had some behaviors at school.

Diana: He has some behavior issues at school, acting out when his anxiety is really high. He's very hyper. He's bouncing out the walls. He's not one that's going to shut down. He's going to go to the other extreme, and sometimes it can be uncontrollable. There are triggers at school that happen, and sometimes he puts his hands on other kids, and we have to work through that and discuss that with him.

Researcher: Is it helpful that you are there?

Diana: It is. It's very helpful, but sometimes it's not so great either because there are times where it's like, do you know what your son did today? Do I need to know every little detail? No, I don't, because that's y'all's job. Major stuff yes, I need to know, but I like the little day-to-day stuff. It's

like he picked up other little kids today. Well, OK, He's also a 9-year-old boy.

Diana: That's what 9-year-old boys do like that. Sometimes it's out of balance. I love being here, but at the same time, it's like maybe I don't need to know everything.

Researcher: What resources were you given (by the social services or educational system) to assist you with understanding how to provide and understand the adverse childhood experiences before you gained your child?

Diana: I went through the ACEs training. The adverse childhood experiences were something training I did have to do through ***, because for all of their children, that is a requirement.

Diana: That is a requirement because all of their children are trauma-based children. They have dealt with a lot going on beforehand, so there's a special agency that only deals with trauma-based children. So I did have to go through that, and I had to be certifiably trained in it, and understanding trauma and all of that and what it looks like. Then, I worked very, very closely with his therapist, who was assigned to him before I even got him. He's kept the same therapist. He went into the system at three, and he kept the same therapist until eight, so that helped a lot because he was very helpful and navigated everything with him.

Researcher: Since bringing this child into your family, in what ways has the system supported you or provided you with long-term resources, or have they?

Diana: I would honestly say that they haven't; since the adoption has been finalized, I have not heard from social services. I haven't heard from ***.

I check in with certain members that I know are no longer there, but we're a part of his journey, and I share with them his journey some more, but they don't. They don't provide any assistance.

Diana: I wish that they would provide a little bit more because of the fact that he, like his counselor, doesn't take Medicaid. In order for me to get counseling, I have to pay out of pocket now. I feel like that's something social services should help me with and help provide all of that. I have not heard one peep out of them in over two years.

Researcher: What otherwise unavailable support or resources should the school system or stakeholders have provided you?

Diana: I think that they should have automatically put a 504 in place for him when he became of school age. I think that would have been very beneficial. I think they should have done a behavior plan on him that would have been very beneficial. Now in 4th grade, I have fought since first grade to get those in place for him, but because he was making A's, there was no need because it wasn't impacting him educationally. Even though I'm a teacher at the school, I still had to fight. Now here it is 4th grade, and I finally got it in place.

We never did put a behavior plan in place because we were able to do other avenues where he didn't need the behavior plan. He's still got N and U's on his report cards for his behavior because there wasn't that extra assistance.

Researcher: How has the school system helped you with your child with adverse childhood experiences?

Diana: I would say, given the unique position that I'm in, that I'm a teacher at the school, I can always go to the counselor and be like, hey, I need you to pull him. I need you to talk to him because he's having a really rough day. He's mad at Mommy today, or he's, you know, very anxious. Today, I need you to pull him and talk to him, and she'll pull them anytime I ask her to and talk to him. We have a behavior specialist now who pulls him and worked with him a lot last year, especially when I was out having my second baby. That has been beneficial. That's been very, very helpful.

Researcher: In what ways does the school system model cognitive, emotional, and behavioral practices that you also carry at home?

Diana: Well, we use VTSS, so voice levels are a big thing. Like he understands his voice levels at school and home, and he knows what the word expectations are. He knows what consequences are for his behavior good and bad. So he does understand that aspect of it. I'd say that that's just about it, honestly. I wish there were more social interactions and social skills class for kids that sort of thing, it would probably be better than just straight rules and expectations.

Researcher: In what ways do you feel the school system continues to support you, or do they?

Diana: I feel like they do support me now. Especially considering I'm still having academic issues with him. I went today to our 504 coordinator, and I said, hey, I'm still having issues; a certain teacher is not giving him the accommodations that he needs. He is very honest with me. He brought home a D on his math test. My son is not a D student. You need to fix this. He addressed it today. He also we're going to have another meeting soon, and we're going to adjust his accommodations so that we can give him more support.

So I think that now they're very supportive, but I had to take on that role of pushing to get what he needed.

Researcher: You had the advocate consistently?

Diana: Yes, yes.

Researcher: What are your experiences with teachers or other staff members who have worked with your child?

Diana: I've had some really great experiences. Then, I had some not-so-great experiences. Most of my experiences I've been fantastic. They've been very understanding and I think that that's another reason why he's never had a 504 is because especially in the primary grades, all those teachers were very understanding they would come to me with the major stuff. But other than that, they were willing to do whatever it took. They were willing to sit there with him and give him his stuff one-on-one. They are willing to go above and beyond for him, and they were aware of his background. They were aware of the foster situation. They were aware of the divorce. They were aware of me being a single mother. I work at the school, so they have a lot of information about me. They were aware of all of that. They really went above and beyond. I cannot say enough about his teachers. My issue is now that we're getting to the older grades, and it happens. It's hard when you have 26 or 27 students in your class and half of them have accommodations. It's hard to make sure that everybody's getting what they need, so that's my biggest concern right now.

Researcher: In what ways could, the educational system have supported you better in raising your child with aces?

Diana: I'm really not sure to be honest with you. I think they could have helped a little bit more with social skills, trainings, social skills classes. I know COVID sucked because he was in kindergarten when he went out, and he did not go back until mid-first grade. That was rough, but I'm a school teacher, so we made up for it academically at home, but he lost a lot of social stuff in that period of time because it was just him and I at home. So, I mean, he has four cousins that live right down the road, and he saw them often, but that still was not so. I mean, I do think there is a lot more socialization through the school. Learning what's socially appropriate, that sort of thing is better than setting them on a computer all day.

Researcher: Have you had a teacher ever initiate social-emotional learning or anything like that, at your school?

Diana: Not that I'm aware of. I know that our behavior specialist goes in and does lessons, but other than that, no. I mean, our school counselor goes and does lessons, but nothing additional, no.

Researcher: What else would you like to add?

Diana: He's really grown a lot in the last five years. He is my biggest blessing in the entire world, and I will always be so proud of him. He works so hard. Every day, just to be where he is. I wouldn't have changed it even if I would have known everything up front. I never would have changed it, and I'm very blessed to be where I am and to be able to help him.

Researcher: Thank you. Can I contact you if I have any further questions?

Diana: Ohh yeah.

Appendix L

Codes/Meaning – Themes/Sub-Themes

Sub-Themes	Code/Meaning	Number of Participants
Theme 1: Resource Parent Challenges		12
Children with ACEs and Special Needs	biological parent substance abuse	9
	504/ADHD/IEP	
Communication	conversations	12
	collaboration	
	modeling with redirection	
Routine	structured environment	12
	reassurance	
Theme 2: Gaps in the Educational System		11
Lack of ACEs Training	social skill classes	8
	trauma-informed resources	
	adequately trained	
Little Parental Support	little communication	10
	little parental training	
	lack of parental involvement	
Theme 3: Resources for the Future		10
Educational Resources	smaller class sizes	10
	better communication	
Social Services	little resources	11
	lack of counseling	
Rural Location	access to resources	12

Appendix M

Audit Trail

Data	Individual interviews and focus groups were audio-recorded using an iPad and computer. The audio files were uploaded to the researcher's file. The file was protected on a password-locked computer. Any physical notes or data were stored in a locked filing cabinet.
Data Analysis	Individual Interviews were recorded and transcribed using Teams on a password-protected computer. The interview transcripts were printed and stored in the researcher's locked files.
Data Synthesis	Thematic codes were produced from pattern codes. Data was synthesized by hand and kept in a locked file.
Bracketing Notebook	A notebook containing bracketing was kept and stored in a locked file. Any digital notes or files were stored on a password-protected computer.
Materials	Consent forms signed by each participant were printed and kept in a locked file in addition to the password-protected computer.
Others	IRB approval, site approval, individual interviews, and focus groups were kept on a file in the password-protected computer. Any physical copies were kept in a locked file.