UNIVERSITY OF CALIFORNIA

Santa Barbara

An Exploration of Healing: Intergenerational Impacts of Parental Protective and Risk Factors in Early Childhood

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor of Philosophy in Counseling, Clinical, and School Psychology

by

Samira Amirazizi

Committee in charge:

Professor Erin Dowdy, Chair

Professor Matthew Quirk

Professor Miya Barnett

September 2024

The dissertation of Samira Amirazizi is approved.

Matthew Quirk

Miya Barnett

Erin Dowdy, Committee Chair

June 2024

An Exploration of Healing: Intergenerational Impacts of Parental Protective and Risk Factors

in Early Childhood

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Samira Amirazizi

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I am so grateful for the people who have made this project and earning my doctoral degree possible. I could not have done this without…

Dr. Erin Dowdy – I cannot thank you enough for your encouragement, mentorship, and guidance throughout my academic journey. You have been instrumental to my growth and development as a psychologist and researcher. I am so grateful for your support and belief in me and this project.

My dissertation committee- Thank you to Dr. Matthew Quirk for your mentorship in working with community partners to advocate for young children and families and for supporting my development as a researcher. Thank you to Dr. Miya Barnett for your guidance and support with my qualitative research and fostering my love for parent-child dyadic interventions.

My parents – You two are my inspiration. Thank you for believing in me and encouraging me to pursue my doctoral degree in psychology. The sacrifices you have made in your most formative years have allowed me to follow my dreams. I am grateful for your unwavering support.

My husband – Thank you for supporting me every step of this way in this journey. I am forever grateful for the sacrifices you have made to support me in obtaining this degree. I could not have done this without you.

My sister – You have shown me what perseverance, strength, and courage looks like. Thank you for being a source of inspiration in my life.

To my friends, lab family, supervisors, and colleagues in graduate school, I am so grateful for your support along this journey. A special thank you to Ashley Garcia and Samantha Hutchinson for your invaluable contributions and dedication to the qualitative analysis. Thank you to Emily Edelman for your partnership throughout graduate school in many clinical and research endeavors.

Dr. Rachel Hopsicker – Thank you for being such a wonderful supervisor and mentor. I am so grateful for your support of my dissertation and assistance with recruitment. You have taught me so much about supporting families who have experienced adversity and trauma.

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And lastly - my immense gratitude and acknowledgement to the resilient caregivers who donated their time to support this research and trusted me to share their inspiring lived experiences.

Samira Amirazizi

CURRICULUM VITAE

EDUCATION/TRAINING

2019 – 2024
Ph.D. in Counseling, Clinical, & School Psychology
University of California, Santa Barbara
Advisor: Erin Dowdy, Ph.D.
Dissertation: An Exploration of Healing: Intergenerational Impacts of Parental Protective and Risk Factors in Early Childhood

2023-2024
Children's Hospital Los Angeles Clinical Child and Pediatric Doctoral Internship
APA Accredited Pre-Doctoral Internship
Early Childhood Specialty Track

2019 - 2021
M.Ed., Counseling, Clinical, & School Psychology
University of California, Santa Barbara

2014 - 2018
B.A., Psychology; Minor: Sociology
Chapman University
Summa Cum Laude

CERTIFICATIONS

2022
PCIT Certified Therapist, PCIT International

GRANTS/FELLOWSHIPS

April 2023 Hosford Memorial Fellowship (amount $1,230)

February 2023 James Hong Memorial Research Fellowship Recipient (amount $2,000)

January 2023 Southern CA Regional Partnership Graduate Stipend Program (amount $6,000)

October 2022 Gale and Richard Morrison Fellowship (amount $5,000)

May 2022 UCSB Graduate Division Dissertation Fellowship (amount $14,145)

June 2022 UCSB Individualized Personal Skills Grant (amount $225)

January 2020 CCSP Travel Grant, UCSB (amount $900)

2019- 2020 CCSP First Year Fellowship, UCSB (amount $5,000)

May 2016 Fellowship Recipient, Chapman University Summer Undergraduate Research Fellowship Program (amount $3,000)

HONORS & AWARDS

May 2022 Ray E. Hosford Award for Excellence in Clinical Dedication (2021-22), UCSB

January 2022 Nominated for Outstanding Teaching Assistantship Award, UCSB

April 2018 Gottfried Western Psychological Association Research Award in Developmental Psychology, Senior Capstone Project *"Does questioning matter across development?"*

May 2018 Outstanding Senior in Psychology, Crean College of Health and Behavioral Sciences, Chapman University *(Selected as one of two students in the graduating class)*

May 2018 Finalist for the Ronald M. Huntington Award for Outstanding Scholarship, Campus Leadership Awards, Chapman University

May 2018 Departmental Honors, Crean College of Health and Behavioral Sciences, Chapman University

PUBLICATIONS

PEER-REVIEWED

Manuscripts Published

Amirazizi, S., Edelman, E., Dowdy, E. & Quirk, M. (2023). Parental self-efficacy: Impact of a brief school readiness intervention for parents. *Journal of Applied School Psychology.*

Amirazizi, S., Dowdy, E., Sharkey, J. & Barnett, M. (2022). Role of adverse childhood experiences (ACEs) in the school system: Ethical and legal considerations. *Psychology in the Schools.*

Moore, S., Long, A., Coyle, S., Cooper, J., Mayworm, A., **Amirazizi, S.,** Pannozzo, P., Miller, F., Eklund, E., Bohnenk, J., Whitcomb, S., & Dowdy, E. (2022). A roadmap to equitable school mental health screening. *School Mental Health*

Edelman, E., **Amirazizi, S.,** Feinberg, D., Quirk, M., Pagán, C., Persoon, J., & Scheller, J. (2022) One approach to supporting the English language development of English

learners. *TESOL Journal,* e659.

Amirazizi, S., Edelman, E., Quirk, M. & Dowdy, E. (2021). Transition to kindergarten: Parental efficacy and experiences. *Perspectives on Early Childhood Psychology and Education, 6(*2), 107-130.

Manuscripts Under Editorial Review

Spiess, M., **Amirazizi, S.,** Sharkey, J. & Dowdy, E. (Manuscript under revision) Transformative social emotional learning (SEL): Ethical and legal considerations, conceptual analysis, and recommendations for sustainable change. *Psychology in the Schools.*

Manuscripts in Preparation

Edelman, E., **Amirazizi, S.,** Quirk, M. & Dowdy, E. (Manuscript in preparation). Family school readiness: Supporting parent in the transition to kindergarten.

PROFESSIONAL & TECHNICAL REPORTS

Amirazizi, S., Terzevia, A., Dowdy, E., Quirk, M., Robertson, M. (2022). Improved Systems of Care Evaluation Brief. Report Submitted to First 5 California.

Amirazizi, S., & Lepore, C. (2022). Annual Report for California Health Facilities Financing Authority (CHFFA): Investment in Mental Health Wellness Grant Program. Report Submitted to Santa Barbara County Behavioral Wellness.

Amirazizi, S., Hopsicker, R., Hickman, M., Vargas, G. (2021). School-Based Mental Health Consultation Services Evaluation. Report Submitted to CALM Organization.

Amirazizi, S. & Khatapoush, S. (2021). Annual Data Report Fiscal Year 2020-2021. Report submitted to Santa Barbara County Behavioral Wellness.

Amirazizi, S. & Khatapoush, S. (2021). Semi-Annual Data Report Fiscal Year 2020-2021. Report submitted to Santa Barbara County Behavioral Wellness.

Amirazizi, S. & Khatapoush, S. (2021). Treatment Perception Survey Report. Report submitted to Santa Barbara County Behavioral Wellness.

Amirazizi, S. & Khatapoush, S. (2021). Consumer Perception Survey Report. Report submitted to Santa Barbara County Behavioral Wellness.

Amirazizi, S. & Hopsicker, R. (2020). Mental Health Services Provided by CALM to Santa Barbara Unified School District. Report Submitted to CALM Organization.

Amirazizi, S. & Edelman, E. (2020). *Distance learning & COVID-19: Promoting school*

readiness from home. [Infographic]. Carol Ackerman Positive Psychology Clinic. https://www.ucsbpositivepsych.org/covid/backtoschool

Amirazizi, S. & Khatapoush, S. (2020). Annual Data Report Fiscal Year 2019-2020. Report submitted to Santa Barbara County Behavioral Wellness.

Amirazizi, S. & Khatapoush, S. (2020). Semi-Annual Data Report Fiscal Year 2019-2020. Report submitted to Santa Barbara County Behavioral Wellness.

Amirazizi, S. & Khatapoush, S. (2020). Treatment Perception Survey Report. Report submitted to Santa Barbara County Behavioral Wellness.

Amirazizi, S. & Khatapoush, S. (2020). Consumer Perception Survey Report. Report submitted to Santa Barbara County Behavioral Wellness.

PRESENTATIONS

Oral Presentations

Spiess, M., **Amirazizi, S.,** Hinojosa, G., Fleury, I., & Hutchinson, S. (2023). Transformative SEL: Are your SEL Practices Appropriate for Minoritized Students? Presentation at the annual convention of the National Association of School Psychologists, Denver, CO.

Hinojosa, G., Spiess, M., & **Amirazizi, S.** (2023). Youth political activism: Specific Considerations for Racial Justice, Presentation at the annual convention of the National Association of School Psychologists, Denver, CO.

Amirazizi, S., Dowdy, E., Edelman, E., Hinojosa, G., Sharkey, J., & Spiess, M. (2022). Role of Adverse Childhood Experiences in the School System. Presentation at the Advancing School Mental Health Conference, Virtual.

Moore, S., **Amirazizi, S.,** Cooper, J., Eklund, K., Long, A., Whitcomb, S., & Dowdy, E. (2022). A Roadmap to Equitable Mental Health Screening in Schools, Presentation at the Advancing School Mental Health Conference, Virtual.

Chan, M. & **Amirazizi, S.** (2021). Assessment during COVID-19. Guest Lecture in CNCSP 250 Cognitive Assessment Course at UC Santa Barbara.

Amirazizi, S. & Edelman, E. (2021). Transition to Kindergarten: COVID-19 Parental Experiences, Efficacy and Adjustment. Paper Presentation at the annual convention of the National Association of School Psychologists, Virtual.

Edelman, E. & **Amirazizi, S.** (2021). School Readiness Parent Support: COVID-19 Best Practices and Lessons Learned. Practitioner Conversation at the annual convention of the National Association of School Psychologists, Virtual.

Amirazizi, S. & Edelman, E. (2020, September 24*). Family school readiness: Supporting the transition to elementary school.* Invited talk given at First 5 Santa Barbara Early Learning Community Planning Meeting.

Fleury, I., Hinton, T., **Amirazizi, S**., & Wagle, R. (2020). Considerations for mental health screening with Latinx dual language learners. Paper Presentation at the annual convention of the National Association of School Psychologists, Baltimore, MD.

Poster Presentations

Amirazizi, S., Spiess, M., Hinojosa, G., & Hutchinson, S. (2023). Exploration of protective factors on parental stress and school readiness. Poster Presentation at the annual convention of the National Association of School Psychologists, Denver, CO.

Amirazizi, S., Edelman, E., Dowdy, E., Quirk, M., Fleury, I., & Spiess, M. (2022). Parental Self-Efficacy: Impact of a Brief School Readiness Parent Intervention. Poster presentation accepted but unable to be presented due to COVID-19]. NASP 2022 Annual Convention, Boston, MA, United States.

Edelman, E., **Amirazizi, S.,** Quirk, M., Dowdy, E., Feinberg, D., & Perez, E. (2022). Supporting parents in the transition to kindergarten [Poster presentation accepted but unable to be presented due to COVID-19]. NASP 2022 Annual Convention, Boston, MA, United States.

Amirazizi, S., Spiess, M., Moore, S., Dowdy, E., Fleury, I., Hinton, T. & Wagle, R. (2021). Considering parental "Risk Factors" in preschool universal screening. Poster Presentation at the annual convention of the National Association of School Psychologists, Virtual.

Amirazizi, S. & Shears, C. (2018). Emotions and memory: Does questioning matter across development? Poster presented at the annual meeting of the Association for Psychological Science, San Francisco, CA.

Amirazizi, S. & Shears, C. (2016). Are bilinguals on the same emotional page as monolinguals? Poster presented at the annual meeting of the Psychonomic Society, Boston, MA.

RESEARCH EXPERIENCE

Dissertation Research 6/2022 – 6/2024

An Exploration of Healing: Intergenerational Impacts of Parental Protective and Risk Factors in Early Childhood

Chair: Erin Dowdy, Ph.D.

Committee Members: Miya Barnett, Ph.D., & Matthew Quirk, Ph.D.

- Two study dissertation designed to examine the transactional relations between parental characteristics and child outcomes in early childhood
- Part one is a quantitative study using multiple linear regression to understand the relation between parental protective factors, parental stress, and children's social emotional and cognitive school readiness
- Part two is a qualitative study that interviewed parents with a significant childhood trauma history to understand their lived experiences about the intergenerational mechanisms of trauma on their parenting, healing practices, and ways that schools can support families in early childhood
- Leading recruitment, grant writing, data cleaning, qualitative data analysis team, and data management for both studies

First 5 Santa Barbara County 8/2020 – 6/2023
Evaluator and Graduate Student Researcher
Supervisors: Michelle Robertson, M.A., Erin Dowdy, Ph.D., and Matthew Quirk, Ph.D.

- Assisted with research and evaluation needs for school districts in Santa Barbara County with their Early Learning Plans and First 5's overall evaluation master plan focusing on improved family functioning, child development, child health, and systems of care for families of children birth to age 8
- Collaborated with First 5 Santa Barbara County and consulted with partnering local school districts to develop initiatives in alignment with the First 5 Early Learning Planning Grant focus areas and goals
- Analyzed and developed reports on local school districts' evaluation framework, kindergarten readiness, parent engagement, and parent protective factor data
- Consulted with school districts on how to effectively utilize evaluation framework data to guide district initiatives and intervention efforts
- Developed and conducted community presentations for parents of kindergarteners on social emotional readiness, literacy, and play

CALM School-Based Mental Health Program 8/2020 – 12/2021
Program Evaluator
Santa Barbara, CA
Supervisor: Rachel Hopsicker, Ph.D.

- Assisted and planned measures for program evaluation of a community mental health agency's school-based program
- Data analysis of program measures, attendance, number of people served, and category of service
- Created school-wide and district-level reports with quantitative data of how many students and families the program served, and effectiveness of the programs measured by qualitative data from teachers, students, and parents

Dual Language Immersion Project 3/2021 – 6/2021
Graduate Student Researcher
University of California, Santa Barbara

Supervisor: Matthew Quirk, Ph.D.

- Engaged in graduate student researcher duties for 7-year longitudinal research study evaluating monolingual and emerging bilingual student outcomes across varying educational models, including dual language immersion
- Recruited, hired, trained, and supervised a team of over 20 graduate and undergraduate students in remote language assessments (IPT 1-Oral English Form G (2nd Ed)- Remote) of elementary school students in 2nd-5th grade
- Trained and supervised a team of over 20 graduate and undergraduate students in remote language assessments (IPT 1-Oral English Form G (2nd Ed)- Remote) of elementary school students in 2nd-5th grade
- Developed remote language assessment infrastructure and protocol
- Analyzed annual student data and developed annual reports for partnering school and funding sources

Santa Barbara County Department of Behavioral Wellness 2/2020 – 9/2021
Research & Program Evaluator
Supervisor: Shereen Khatapoush, Ph.D.

- Analyzed and interpreted county mental health and substance use quantitative and qualitative data
- Wrote reports including annual reports and created presentations for administrators based on data from previous fiscal years to inform planning and resource allocation
- Creation of surveys for internal and external use for the purposes of determining effectiveness of interventions and client satisfaction

Stanford University Neurodevelopment Affect and Psychopathology Lab 6/2018 – 2/2019
Clinical Research Coordinator
Palo Alto, CA
Supervisor: Tiffany Cho, Ph.D.

- Trained on how to administer Kiddie Schedule for Affective Disorders (K-SADS) interview to properly diagnose adolescents with various affective disorders or mental illnesses such as depression, mania, psychosis, anxiety, PTSD, ODD, etc.
- Conducted Family Interview Genetic Studies (FIGS) with parents about children's psychiatric family history
- Phone screened adolescent teens to make sure eligible for research study (diagnosis of major depressive disorder with no mania/psychosis/substance history)
- Used REDCap to generate questionnaires and automatically scheduled follow ups with families
- Exported data, scored data via R and updated spreadsheets consistently after participant sessions
- Kept track of finances, clearing grants and requesting grant advances

Senior Capstone Individual Research Project 5/2017 – 5/2018

Emotions and memory: Does questioning matter across development?
Committee Members: Connie Shears, Ph.D., Julia Boehm, Ph.D., & Steven Schandler, Ph.D.

- Initiated project as lead researcher examining the relationship between false memory and emotions across development
- Compiled extensive literature review, developed stimuli, generated hypotheses, presented to a committee, gathered stimuli using the International Affective Picture System, wrote successful IRB application submission for adult and elementary school participants, scripted experiment using Direct RT to measure reaction time and accuracy, ran participants through experimental paradigm, formatted and analyzed data utilizing SPSS
- Successfully received Norwalk-La Mirada district approval to go into four third grade classrooms to conduct experiment. Worked with groups of elementary school students (3rd graders) in collecting data

Chapman University Cognitive Science Laboratory 5/2016 – 5/2018
Laboratory Manager
Orange, CA
Supervisor: Connie Shears, Ph.D.

- Supervised concurrent experiments using a variety of different methodologies (e.g., divided visual field, talk out loud, dual task overload etc.) to examine the processing of emotional language
- Tasks included: organized lab meetings, acted as a liaison between lab members and director, developed hypotheses, conducted literature searches via Psychinfo, PubMed, and Medline, scripted and programmed experiments via Direct RT and Excel, ran and scheduled participants, supervised data collection, formatted data, requested funding for conferences, coordinated department's subject pool, created research posters for presentation of results at international conferences, analyzed data via SPSS using descriptive statistics, renewed IRB approval, and trained researching assistants

CLINICAL EXPERIENCE

DOCTORAL CLINICAL TRAINING

Early Childhood Mental Health Program 7/2023-6/2024
Children's Hospital Los Angeles
Psychology Doctoral Intern
Supervisor: Hannah Perez, Psy.D.

- Delivering dyadic evidence-based interventions to children and their caregivers birth to 5 years old that are relationship-based, such as Child-Parent Psychotherapy and DIR/Floortime Therapy
- Working with infants and toddlers and their families in foster care, exposed to abuse or neglect, prenatal substance exposure, behavioral challenges, medical challenges,

co-occurring developmental disabilities (such as autism spectrum disorders) and mental health needs

- Delivering group intervention to caregivers of children with internalizing and externalizing behavioral concerns and complex trauma histories with involvement with Department of Child and Family Services utilizing evidence-based intervention Incredible Years
- Conducting comprehensive psychodiagnostic intake assessments with a specific focus on assessing developmental milestones and trauma history with early childhood population with co-occurring medical and mental health concerns to determine appropriate diagnosis utilizing the DC:0-5 and providing recommendations for treatment
- Collaborating with a multidisciplinary team conducting co-treatments with speech language pathologists and occupational therapists and consulting with early intervention programs, child welfare system, social workers, attorneys, and Regional Center

Child and Family Therapy Program 7/2023-6/2024
Children's Hospital Los Angeles
Psychology Doctoral Intern
Supervisor: Holly Paymon, Ph.D.

- Providing outpatient mental health to youth and families ages 6-12 years old with co-occurring medical and mental health diagnoses, such as anxiety, adjustment disorder, ADHD, autism, depression, and complex trauma
- Responding to behavioral emergencies and providing crisis interventions and safety planning with youth and families
- Delivering evidence-based interventions such as Cognitive Behavioral Therapy, MATCH Protocol, Parent Management Training, Motivational Interviewing, and Dialectical Behavioral Therapy
- Delivering individual and family psychotherapy, case management, group therapy, and consultation with medical, community, and school providers to coordinate care to support emotional, behavioral, cognitive, and neurodevelopmental problems
- Participating as treating clinician in sequential multiple assignment randomized trial of treatment for underserved youth with anxiety disorders providing Coping Cat cognitive behavioral therapy intervention
- Conducting comprehensive psychodiagnostic intake assessments with school-aged children with co-occurring medical and mental health concerns to determine appropriate diagnosis and recommendations for treatment

Child and Family Assessment Program 7/2023-6/2024
Children's Hospital Los Angeles
Psychology Doctoral Intern
Supervisor: Heather Hall, Ph.D.

- Conducting comprehensive psychoeducational assessments for school-aged children (ages 6-17 years old) with range of complex presenting concerns including

developmental delays, intellectual disabilities, learning difficulties, exposure to trauma, attention deficit hyperactivity disorder, mood disorders, anxiety disorders, and other mental health or behavioral concerns
- Administering cognitive, psychological, academic achievement, social emotional, adaptive, social perception, and neuropsychological assessments
- Engaging in case conceptualization and development of hypotheses regarding behavior and diagnosis, selection of appropriate assessment measures, and development of meaningful recommendations or interventions
- Consulting with medical providers, therapists, parents, schools, and community providers to develop comprehensive multi-informant assessment plan
- Conducting clinical interviews for diagnostic purposes with caregivers and other professionals
- Conducting parent-child observations and school observations of children's behaviors
- Interpreting data and report writing
- Providing feedback to families linking assessment data to meaningful interventions and recommendations

CALM Community Mental Health Clinic 8/2022 – 6/2023
Doctoral Practicum Student
Santa Barbara, CA
Supervisor: Rachel Hopsicker, Ph.D.

- Delivered individual and family therapy for children (ages 0 to 16) and caregivers who have experienced complex trauma, adversity, and/or abuse utilizing therapy modalities such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), PCIT, and play therapy
- Delivered individual therapy for caregivers experiencing Perinatal or Postpartum Mood and Anxiety Disorders utilizing interpersonal psychotherapy (IPT), cognitive behavioral therapy (CBT), and provided support with attachment
- Delivered Parent-Child Interaction Therapy (PCIT) for children who are experiencing behavioral difficulties along with other co-occurring mental health or developmental concerns such as autism spectrum disorder, generalized anxiety disorder, and separation anxiety
- Conducted comprehensive psychodiagnostic intake interviews with children and their families to develop comprehensive treatment plans
- Completed proper documentation for Department of Mental Health billing

Lompoc High School 8/2021 – 6/2022
Advanced School Psychology Practicum Student
Lompoc, CA
Supervisors: Michael Shaf, Ph.D. & Erin Dowdy, Ph.D.

- Delivered long-term individual therapy to high schoolers with a range of presenting concerns such as depression, anxiety, attention-deficit hyperactivity disorder, trauma, in addition to co-occurring medical concerns utilizing evidence-based interventions such as Cognitive Behavioral Therapy (CBT),

Dialectical Behavioral Therapy (DBT), MATCH protocol, and TF-CBT
- Delivered group therapy for general education students (topics included self-esteem, anxiety, and anger management)
- Administered, scored, and interpreted cognitive, processing, social-emotional, and adaptive assessments for psychoeducational assessment reports
- Conducted classroom observations, consulted with multidisciplinary team such as parents, teachers, speech language pathologists, administrative school staff, and community providers for comprehensive psychoeducational assessment reports
- Provided feedback to families and school team with results of psychoeducational testing reports and participated in student IEP meetings to assist in developing goals and accommodations for students
- Provided case management for families

Parent-Child Interaction Therapy (PCIT) Clinic 10/2020 – 9/2022
Doctoral Student Clinician
University of California, Santa Barbara
Supervisor: Miya Barnett, Ph.D.

- Conducted PCIT, an evidence-based treatment utilized with young children ages 2-7 years old with children and their caregivers with presenting concerns of disruptive behaviors, attention-deficit and hyperactivities disorder, autism spectrum disorder, trauma, generalized anxiety disorder, and separation anxiety
- Coached parents through a "bug-in-the-ear" model to strengthen attachment between caregiver and child and set appropriate limits with positive parenting practices
- Conducted comprehensive intake to assess treatment needs and routinely collected progress monitoring data utilizing standardized measures (ECBI, BASC-3, PSI) and behavioral observation measures (DPICS)
- Provided PCIT adaptations for certain families when necessary, including intensive daily time-limited PCIT, PCIT-CALM for anxiety, PCIT-ED for emotion development, PCIT-BRAVE for separation anxiety, and internet PCIT

Children's Clinic 6/2021 – 3/2022
Doctoral Practicum Student
Santa Barbara County Department of Behavioral Wellness
Supervisor: Rosanna Jimeno, Psy.D.

- Provided individual counseling to adolescents and transitional aged youth ages 14 to 21 years old utilizing evidence-based treatments such as CBT, TF-CBT, and DBT with a variety of presenting problems such as depression, suicidal ideation, anxiety, eating disorders, complex trauma, and substance use
- Conducted comprehensive intake assessments with both clients and their parents to determine clients' diagnosis with the DSM-5, level of service needed, and created a treatment plan in collaboration with family

Foothill Elementary School 8/2020 – 6/2021

School Psychology Practicum Student

Goleta Union School District

Supervisors: Amanda Fox, M.Ed., NCSP, LEP, ABSNP, Jill Sharkey, Ph.D. & Skye Stifel, Ph.D.

- Worked with students from K – 6th grade to support academic and mental health needs by providing individual therapy to students in both general education and special education utilizing CBT interventions such as Coping Cat, DBT, and play therapy
- Administered cognitive, academic achievement, and social-emotional assessments for comprehensive psychoeducational assessment reports
- Conducted classroom observations, consulted with multidisciplinary team such as parents, teachers, speech language pathologists, administrative school staff, and community providers for comprehensive psychoeducational assessment reports
- Conducted functional behavior assessments and formulated behavior plans
- Evaluated and made recommendations for 504 and special education eligibility and services
- Attended and participated in general-education Student Study Team meetings to consult with interdisciplinary to make academic, behavioral, and social/emotional recommendations
- Provided psychoeducation to parents and staff through parent workshops and seminars utilizing positive behavioral strategies from Triple P, PCIT, and Incredible Years

Kindergarten Readiness Telehealth Group 6/2020 – 9/2020

Parent Support Group Co-Leader

Santa Barbara, CA

Supervisors: Erin Dowdy, Ph.D. & Matthew Quirk, Ph.D.

- Created a 7-week curriculum to support parents through the transition to kindergarten by focusing on five domains of school readiness: approaches to learning, social & emotional development, language & literacy development, cognitive & mathematical development, and physical well-being & motor development
- Recruited parents across California to take part in virtual parenting groups
- Led and facilitated a total of 4 parent groups composed of 10 parents within each group every week through Zoom for parents of incoming Kindergartners, specifically targeting parental kindergarten readiness support and parents' sense of self-efficacy
- Each week consisted of a check-in, psychoeducation about developmental milestone, discussion among caregivers, and activities and resources to utilize at home to foster their children's development

Franklin Children's Center 9/2019 – 6/2020

School Psychology Practicum Student
Santa Barbara, CA
Supervisor: Yolanda Meija, Ed.S. & Erin Dowdy, Ph.D.

- Delivered social skills group intervention with preschoolers based on the Second Step Social Emotional curriculum
- Delivered parent groups based on Second Step program curriculum at school and positive parenting techniques from Incredible Years, PCIT, and Triple P
- Wrote newsletters for the preschool teachers, staff, and parents based on curriculum implemented in the classroom and helpful behavioral management topics for teachers and parents

Canalino Elementary School 9/2019 – 10/2019; 3/2021 – 6/2021
Graduate Student Assessor & Supervisor
Carpinteria, CA
Supervisor: Matthew Quirk, Ph.D.

- Conducted language assessments (IPT 1-Oral English Form G (2nd Ed.)) to elementary school students from 1st-5th grade as part as a longitudinal grant funded study and trained and supervised undergraduate students in administering assessments

PROFESSIONAL EXPERIENCE

Children's Bureau 10/2018 – 8/2019
Mental Health Worker (School Readiness Program)
Anaheim, CA
Supervisors: Lee Lombardo, LCSW & Linda Chea, DrPH

- Conducted 12 home visits a week to families participating in the School Readiness Program, a prevention program for at risk families with children between 0-8 years old
- Provided screenings, assessments, case management services and brief parenting education interventions using evidence-based treatment Positive Parenting Program (Triple P)
- Used evidence-based assessments such as the Adverse Childhood Experiences (ACEs), Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire-Social-Emotional (ASQ-SE), Depression Anxiety Stress Scales (DASS), Eyberg Child Behavior Inventory (ECBI) to determine parent and child well-being
- Developed individualized family plans with parent or caregiver
- Made appropriate referrals and linkages for long term care of child (case management)
- Tracked family progress with pre-and post-test assessment tools
- Documentation, data collection and report writing to assess families' progress

Autism Behavior Services, Inc. 5/2016 – 11/2016

Applied Behavior Analysis Therapist
Santa Ana, CA
Supervisors: Colleen Cochran, MA, BCBA and Brittney Poff, MA, BCBA

- Trained and certified in applied behavior analysis and then implemented 1:1 behavior therapy with verbal and non-verbal children
- Integrated a variety of Applied Behavior Analysis techniques during each session such as Discrete Trial Training, Verbal Behavior Therapy and Pivotal Response Training.
- Tasks included: teaching and practicing gross motor, fine motor, adaptive, language, and social skills
- Recorded behaviors and collected quantitative data during sessions and graphed children's progress with data to discuss treatment effectiveness with parents

TEACHING & SUPERVISION EXPERIENCE

Teaching Assistant and Student Supervisor 8/2021 – 6/2022
CNCSP 274 D, E, & F School Psychology Doctoral Student Second-Year Practicum Course
University of California, Santa Barbara
Instructor: Jill Sharkey, Ph.D. & Jon Goodwin, Ph.D.

- Student supervisor and TA for second year doctoral students in the school psychology emphasis
- Provided weekly supervision to second year doctoral students regarding their clinical experiences at their practicum sites
- Created and presented didactic instruction and lectures relevant to clinical training
- Observed practicum students delivering mental health interventions or assessments with clients and provided written feedback
- Reviewed and advised students on signature assignments such as ethics papers, psychoeducational reports, and consultation assignment for students' portfolios

Teaching Assistant 1/2021 – 4/2021
CNCSP 250 Cognitive Assessment: Doctoral Level Course
University of California, Santa Barbara
Instructor: Miriam Thompson, Ph.D.

- Provided instructional support during lectures that provided in-depth coverage of test administration, interpretation, and scoring of cognitive assessments
- Created course material, lectures, and planned materials relevant to cognitive assessment with instructor
- Reviewed and graded assessment protocols for accuracy of scoring
- Graded and provided detailed feedback on student assessment reports to enhance report writing and interpretation skills

- Led mock feedback sessions to assist students in practicing explaining assessment results to parents in a digestible manner

Chapman University Department of Psychology Peer Advisor 8/2017 – 5/2018
Orange, CA
Supervisor: Steven Schandler, Ph.D.

- Peer advisor for undergraduate psychology students for support with acquiring internships, classes, and career goals

PROFESSIONAL AFFILIATIONS AND SERVICE

Spring 2020 – Present	Mentored Ad Hoc Journal Reviewer, *School Psychology Review*
Fall 2019 – Spring 2021	Student Board Member, Central Coast Association of School Psychologists
2019 – Present	National Association of School Psychologists California Association of School Psychologists American Arab, Middle Eastern, and North African (AMENA) Psychological Association
March 2020 – August 2020	Speak UP, Volunteer Academic Tutor for elementary school students during COVID-19 and school closures

ABSTRACT

An Exploration of Healing: Intergenerational Impacts of Parental Protective and Risk Factors in Early Childhood

By Samira Amirazizi

During the first five years of life, a child's brain undergoes rapid development and growth (Shonkoff, 2000). Therefore, exposure to stress and trauma during the formative period of early childhood can have long-term negative consequences for children's development (Shonkoff & Phillips, 2000). An important public health initiative is ensuring that parents possess both the resources and capabilities needed to provide a safe, stable, and nurturing environment for their children (CDC, 2022). Understanding how to effectively support families and communities through a two-generational or a whole-family approach to early intervention is important for promoting healthy development during early childhood. This integrated dissertation aims to understand the relation between parental protective factors, parental stress, and children's social emotional and cognitive school readiness. Furthermore, it delves into understanding the intergenerational mechanisms of trauma transmission from parent to child, avenues for healing, and the pivotal role schools can play in supporting families during the early childhood developmental period.

Understanding which parental protective factors are most influential to decreasing parental stress and improving children's social emotional and cognitive school readiness is vital to support families in the transition to formal schooling. Utilizing a risk and resilience framework, Study 1 aims to investigate the relation between parental protective factors, perceived parental stress, and children's school readiness. Through moderation analyses, this study examined the role of perceived parental stress as a moderating variable between overall

parental protective factors and children's school readiness. Although parental stress was not found to moderate the relation between overall protective factors and children's school readiness, insights emerged regarding the predictive power of individual protective factors. Results indicated that certain protective factors (i.e., parental resilience, social connections, and social emotional competence of children) significantly negatively predicted parental perceived stress. Parental resilience, social emotional competence of children, parental education, and children's ethnicity were found to be a significant predictors of school readiness. Findings underscore the importance of family-centered approaches in early childhood education during the transition to formal schooling and further illuminate the multifaceted nature of factors that influence children's readiness for school.

The importance of understanding malleable protective factors to influence school readiness is even more pronounced when considering the broader context of early childhood trauma and its intergenerational effects. Early childhood trauma is a public health concern with adverse consequences that impact children, families, and society. Caregivers are foundational to children's healthy development; thus, it is important to understand how parents' childhood adversity increases their children's risk of experiencing trauma. Study 2 fills an important gap in the literature by providing a phenomenological description of the intergenerational mechanisms of trauma from parent to child, protective factors that supported parents' healing practices, and the ways in which schools can support caregivers who have a significant history of adverse childhood experiences. Findings revealed that parents had difficulties with emotion regulation. Parents also described specific barriers they faced in breaking the intergenerational cycle of trauma and also provided insights into the protective factors that were helpful for their healing. Results inform ways in which schools

and early childhood education systems can support young children and families. Recommendations include the establishment of schools as resource hubs, school-based mental health services, implementation of preventative measures, and enhancement of caregiver-school relationships to foster safety and trust.

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Chapter 1: Integrated Introduction

One out of seven children in the United States aged two to eight years old is reported to have a diagnosed mental, behavioral, or developmental disorder (National Survey of Children's Health, 2012). Research has shown the influential impact of family and community factors on early childhood development (Centers for Disease Control and Prevention [CDC], 2021). Parents and caregivers are foundational to children's healthy development as rapid brain development occurs from birth to eight years old, a time when children's experiences are largely shaped by their family environment (CDC, 2022). Ensuring that parents have the resources and skills to provide a safe, stable, nurturing and stimulating caregiving environment is an important public health initiative (CDC, 2022). However, exposure to stress and trauma during this critical period of early childhood development can have long-term negative consequences for children (Shonkoff & Phillips, 2000). Therefore, understanding ways to support families and communities through a multi-generational approach to early intervention is important to promote healthy development in early childhood.

It is imperative to consider parents or caregivers own experiences as children when supporting young children and families. Research strongly connects caregivers' childhood adversity to later impairments in parenting (Sroufe, 2005). Many parents experience stress associated with parenting and therefore understanding ways to mitigate parental stressors and enhance protective factors can serve to improve child lifelong outcomes (Racine et al., 2018). In alignment with the push for multi-generational approaches to early intervention (CDC, 2022), additional research is needed to determine which parental protective factors are most impactful in the face of adversity to promote positive outcomes for families. This dissertation

aims to understand the relation between parental protective factors, parental stress, and children's social emotional and cognitive school readiness. This dissertation also aims to understand the intergenerational mechanisms of parents' childhood experiences of adversity during their children's early developmental period.

Early Childhood Education

A lack of access to quality early childhood education can negatively affect children's development (Black et al., 2017). Research suggests that many disparities in health and psychological well-being later in life are rooted in early childhood (Robinson et al., 2017). Decades of research have consistently demonstrated the positive impacts of early childhood education on children's development. Research has informed policy initiatives that have resulted in investments supporting early childhood. Since 2019, 44 states have invested almost 9 billion dollars in state funding for prekindergarten programs (National Conference of State Legislatures [NCSL], 2022). President Biden has called for national partnerships with states to offer free, accessible, and high quality preschools to three and four year old children (The White House, 2021). In alignment with universal transitional kindergarten program implementation in several states such as California, Massachusetts, and West Virginia, and President Biden's goals of universal preschool, it is imperative to understand and support families in this critical time of their child's development. Early childhood objectives highlight the need to support parents and caregivers, create supportive communities, and increase the number of children ready for school (Robinson et al., 2017).

Parental involvement and engagement early in a child's development, prior to kindergarten entry, has the potential to bolster school readiness in children from disadvantaged families and reduce the income-achievement gap (Marti et al., 2018).

However, there is little research on evidence-based resources to support family engagement partnerships between school and home (McCauley et al., 2021). This two-part dissertation serves to better understand parental risk factors and protective factors to determine malleable factors for intervention in the face of parental adversity and stress during the early childhood schooling years. Study 1 aims to examine the interplay between parental protective factors, parental stress, and children's school readiness in a broad sample of kindergartners and their caregivers. Study 2 delves deeper into the experiences of caregivers who have faced significant childhood adversity. This study explores parents' perceptions on how trauma passes between generations, protective factors for healing, and how schools can play a pivotal role in fostering positive outcomes for their children.

Theoretical Underpinnings of Early Childhood

This dissertation comprises two studies grounded in theories of early childhood development. Development is a dynamic process involving bidirectional interactions between a child and their environment. These interactions not only affect the child's development but also the behavior of those who comprise their environment at several biological and behavioral levels (Calkins, 2011). To fully understand the complex process of child development, it is important to look at the continuous interactions between the child and their environment. Although contextual factors such as nonfamilial influences and the broader context in which families live are influential to child development, often the most proximal and influential social setting is the child's family and immediate caregivers (Bronfenbrenner, 1986). This dissertation places great emphasis on understanding malleable parental protective and risk factors as a way to support positive developmental outcomes for children.

Throughout this dissertation, parent will be used as a broad term meant to encompass any

caregiver to a child. Attachment theory, the transactional model, ecological systems theory, and the risk and resilience model are described below as the foundations of this dissertation research.

Attachment Theory

From the beginning of life, the quality of the attachment relationship is dependent on the sensitivity of the caregivers' responsiveness to the needs of their child (Ainsworth et al., 1978). As a result of this, children develop an internal working model of attachment based on a child's early experiences with their primary caregiver (Hill, 2015). This influences how the child builds relationships and interacts with others as they develop. Bowlby's theory of attachment states that infants form a close attachment bond to their caregivers as they are born needing to have connection and proximity to their caretakers for survival (Bowlby, 1982). With reliable responses from their caretaker, children develop a representation of their self as acceptable and worthwhile, creating a positive self-image (Hill, 2015). A child who has inconsistent or unresponsive attachment develops a representation of themselves as unacceptable and unworthy, creating a negative self-image and low self-esteem (Hill, 2015). These working models tend to remain stable over time (Bowlby, 1982).

Internal working models are prone to intergenerational transmission (Hill, 2015). This means that a parent's working model tends to be passed onto their children. This is important as attachment relationships can result in developmental pathways of adaptation or maladaptation depending on the responsiveness of the caregiver (Ainsworth et al., 1978). For example, research has shown that children's internal working models have been found to influence children's social emotional development (Sroufe, 2005). The intergenerational impact of attachment across generations highlights the importance of early caregiving and

understanding the various contextual and ecological factors of parental experiences. This dissertation aims to better understand parental protective factors that may buffer against the relation between parental stressors and child outcomes, such as social emotional and cognitive school readiness.

Transactional Model

Another goal of this dissertation is to better understand the characteristics of one of the most proximal influences on a young child, their caregivers. The transactional model of development posits that a child's outcome is neither a function of the child nor a function of the environment but is a complex function of the interplay between the child and their environment over time (Sameroff, 2010). The child and their natural personality, temperament, and health as well as their contextual environmental factors such as familial, financial, social and community resources are all influential in human development. The environment and the individual are continuously influencing one another and changing throughout the lifespan of an individual. Sameroff (2010) theorizes that there are both proximal and distal influences that impact the child. Proximal influences include factors that influence the child closely, such as interactions with the parent and family. Distal influences include factors that affect the child less directly such as family income, school environment, and type of community. In early childhood, children spend more time with parents and caregivers, and therefore are more dependent on proximal influences while older children tend to be more influenced by distal factors such as school and their community. Early childhood is seen by developmental theorists as a "window of opportunity" in which development is more malleable to change due to neural plasticity and contextual opportunities (i.e., distal factors such as attending high quality early childhood program)

(Boyce et al., 2021; Masten, 2014). Therefore, better understanding which parental protective factors are associated with parental stress and children's school readiness can serve to inform early intervention programs and schools in promoting parental well-being that will in turn affect positive child development.

Understanding how some families are resilient and develop protective factors in the face of early adversity is pivotal to disrupting the intergenerational cycle of early adversity and chronic stress (Woods-Jaeger et al., 2018). This dissertation highlights the importance of multi-generational approaches, rooted in the transactional model, to promote positive outcomes for young children and families. More research is needed to better understand what protective factors might mitigate or disrupt the intergenerational transmission of trauma from parent to child and serve as influential factors for early intervention and prevention programming, considering a whole-family approach. This dissertation will examine the buffering effects of several parental protective factors including parental resilience, concrete supports, social connections, and social emotional competence of children on parental stress and children's school readiness. Furthermore, this dissertation will highlight parental perspectives in understanding the intergenerational mechanisms of trauma and what protective or healing factors support families who have experienced significant childhood adversity.

Ecological Systems Theory

Ecological systems theory provides a framework to support whole-family or two-generational approaches to early intervention, emphasizing the interconnectedness of environments in shaping development. Urie Bronfenbrenner delineates various environmental layers, starting with the microsystem, a child's immediate environment

(Bronfenbrenner, 1986). This is the layer closest to the individual where children directly interact with structures like family, school, and their neighborhood. The way in which parents stimulate and engage their child within this microsystem has been found to impact children's cognitive development (McFadden & Tamis-Lemonda, 2013). Exposure to multiple risk factors during critical periods of development has been found to increase the likelihood that young children will have emotional and behavioral challenges in later school years (Poulou, 2015). For example, young children who live in a high-risk environment such as poverty, a single household, or have exposure to multiple stressors are more likely to have emotional and behavioral difficulties in their development (Poulou, 2015). This dissertation is focused on understanding the malleable factors that can influence a child's microsystem (i.e., parental protective factors) to foster positive outcomes, such as children's social emotional and cognitive school readiness.

The environments following the microsystem are the mesosystem (connections between the microsystems), exosystem (external settings indirectly affecting child development), macrosystem (cultural and societal context), and lastly the chronosystem (changes over time). This theory emphasizes the dynamic interplay between the environmental systems in children's lives, highlighting the influence of multiple ecological layers on children's development. This dissertation aims to better understand the interplay between the various ecological systems that children and families exist in to create long-term positive outcomes for families in the home and school setting. More specifically, this dissertation will utilize an ecological systems approach in investigating the relation between parental protective factors, perceived parental stress, and children's school readiness as reported by teachers in study 1. In addition, study 2 will provide additional contextual information with qualitative data to

better understanding parents' trauma histories and how it has impacted their current parenting practices and child's development. Furthermore, by understanding the various ecological layers that support children's development, this study will identify methods of healing and what early childhood educators can do to support families in the school setting to develop protective factors.

Risk and Resilience Model

The Risk and Resilience Model serves as another framework in which the conceptualization of this dissertation was based upon. This framework provides an understanding of the factors that influence children's development and wellbeing (Daniel & Wassell, 2002). This model delineates that during the critical period of development, children are vulnerable to the effects of both risk and protective factors (Masten, 2014). Risk and protective factors for children are determined based on their ecological systems, including adults in their lives, resources in their community, and their families' ability to utilize the resources (Daniel & Wassell, 2002). Risk factors include but are not limited to poverty, exposure to trauma, and family instability, all of which can pose significant challenges to children's development (Masten, 2014).

Leaning upon the early childhood theoretical models of attachment theory, ecological systems theory and the transactional model, this study focused on understanding ways to support optimal child development by looking to other people and the environment in which they live. These factors shape children's experience, development, resilience, and how they respond to adversity (Daniel & Wassell, 2002). Therefore, this dissertation aims to examine malleable parental protective factors in the face of stress and adversity to support optimal child outcomes.

Dissertation Purpose

Enhancing personal protective factors for parents is known to improve long-term outcomes for families (Vivrette, 2021). Nurturing parent-child relationships early in life buffers against the impact of adverse childhood experiences, such as economic hardship, parental mental illness, and exposure to neighborhood violence (Shonkoff, 2012). Understanding which parental protective factors are most influential to parental stress and children's social emotional and cognitive school readiness is vital in understanding ways to support families in the transition to formal schooling. The degree to which children are ready for learning before entering the formal school environment is dependent upon what happens before they enter their kindergarten classroom (Sheridan et al., 2010). Furthermore, in this dissertation, parents provide insights into ways in which early childhood educators can support young children and families who have experienced adversity and trauma.

This is a two study dissertation designed to examine the transactional relations between parental characteristics and child outcomes in early childhood. Part one of this dissertation includes understanding the influence of parental protective factors on children's school readiness, considering parental stress as a moderating variable. This study also aims to examine which protective factors predict perceived parental stress, in order to understand targets for future family intervention efforts. Lastly, this study aims to investigate the influence of parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) and risk factors (perceived parental stress) on children's social emotional and cognitive school readiness. Utilizing multiple linear regression, the following research questions were examined:

1. Do parents' overall level of protective factors predict children's overall school readiness? 1a. Does perceived parental stress serve as a moderator variable between parental overall level of protective factors and children's overall school readiness?
2. When controlling for parental education and child ethnicity, which parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children), predict parents' perceived levels of stress?
3. How do parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) and perceived parental stress predict children's cognitive and social emotional readiness for kindergarten, when controlling for parental education and child ethnicity?

This research will add to the early intervention and prevention literature by better understanding the multifaceted nature of factors that influence children's school readiness. The current study is aligned with calls for additional research to better understand how development might be hindered or supported by risk and protective factors (Webster et al., 2024). Additionally, having a better understanding of which parental protective factors are associated with parental stress and children's school readiness can serve to inform early intervention programs and schools in promoting parental well-being that will in turn affect positive child development.

Part two of this dissertation aims to investigate the lived experiences of parents who experienced childhood adversity in order to better understand the intergenerational mechanisms of trauma in impacting parenting and children's development. Additionally, this study examined parents' healing practices and how they might serve as a protective factor against the transmission of trauma across generations. Lastly, this study aims to highlight

parental perspectives in understanding ways in which early childhood educators can support children and families in a trauma-informed way. Through semi-structured interviews with parents with a child in the early developmental period (3-6 years old), this study will examine:

1. How do parents perceive that their adverse childhood experiences impact their parenting and children?
2. How do parents heal or keep going despite the adversities they experienced in their childhood?
3. What do parents think that early childhood education programs or elementary schools can do to create trauma informed support and interventions for families?

Since the Fall of 2022, universal transitional kindergarten (TK) has been implemented across the state of California. Aligned with President Biden's goals of universal preschool, this study will provide insight on parent perspectives on ways in which early childhood education can serve as a method of early intervention and prevention for families. This study aims to inform the research to practice gap in early childhood education to support student's school readiness and cultivate trauma-informed school wide practices. Implications include ways to best support young families and children in the early schooling years, a pivotal time for early intervention and prevention, while highlighting the transactional nature between parents and children.

Chapter 2:

Parental Stress and Children's School Readiness: An Exploration of the Buffering Effects of Parental Protective Factors

Abstract

Parents or caregivers are the most proximal influence on young children. Enhancing parental protective factors is known to improve long-term outcomes for families. Utilizing a risk and resilience framework this study aims to investigate the relation between parental protective factors, perceived parental stress, and children's school readiness. Using moderation analyses, this study examined the role of perceived parental stress as a moderating variable between overall parental protective factors and children's school readiness. Parental stress was not found to moderate the relation between overall protective factors and children's kindergarten readiness. This study also examined the influence of parental protective factors (i.e., parental resilience, social connections, concrete support, and social emotional competence of children) on parental stress and children's social emotional and cognitive school readiness. Results indicated that these parental protective factors significantly predicted perceived parental stress. Parental resilience, parental education, and children's ethnicity were found to be a significant predictors of school readiness. Findings provide implications for family-centered approaches in early childhood during the transition to formal schooling and further highlights the multifaceted nature of factors that influence children's school readiness.

Keywords: parental protective factors, school readiness, parental stress, early intervention, early education

Parental Stress and Children's School Readiness: An Exploration of the Buffering Effects of Parental Protective Factors

The first five years of childhood are crucial to human development (Insana et al., 2016). During this period, a child's brain undergoes rapid development and growth, forming critical neural connections (Shonkoff, 2000). The quality of early childhood experiences, including positive interactions with caregivers, responsive relationships, and stimulating experiences lays the foundation for children's social emotional and cognitive development (Lee & Schafer, 2021; Shonkoff, 2013). Early caregiving experiences and the quality of family relationships form the core social environment in which children grow, learn, engage and play. By the age of five, a child's brain is nearly fully grown, highlighting the influential impact of early intervention and prevention programs for young children and families (National Scientific Council on the Developing Child, 2015).

Early intervention programs are guided by a transactional ecological framework, which places emphasis on supporting children's acquisition of developmental milestones within relevant social environments (Poulou, 2015). Caregivers hold a pivotal role in shaping the social environment in which children develop which thereby impacts attachment, brain development, and children's social and emotional well-being including school readiness (Bowlby, 1988; Sroufe et al., 1999). Research has highlighted a bidirectional and transactional relationship between parent and child, and the reciprocal influence they have on one another, emphasizing the need for interventions that support both caregivers and children (Sameroff, 2000). Interventions that focus on building caregiver's capacity offer greater impacts on children (Shonkoff, 2013).

The risk and resilience model serves as a framework for understanding the factors that influence children's development and wellbeing (Daniel & Wassell, 2002). During early childhood, children are vulnerable to the effects of both risk and protective factors (Masten, 2014). Risk and protective factors for children are determined by their ecological environment, adults in their lives, resources available in the community, and the families' ability to make use of resources (Daniel & Wassell, 2002). Risk factors, such as poverty, exposure to trauma, and family instability can pose significant challenges to children's development (Masten, 2014). This study examines *parental stress* as a risk factor, which is defined as the extent to which challenges are perceived as unpredictable, uncontrollable, and overwhelming, leading to difficulty in coping with the demands of parenting or life in general (Abidin, 1995; Cohen et al., 1983). Parental stress can adversely affect children's development leading to increased behavioral problems, poor academic performance, and heightened emotional difficulties (Neece et al., 2012). However, the presence of protective factors can help mitigate the impact of adversity and promote positive developmental outcomes (Harper Browne, 2014). This study focuses on the protective factors of *parental resilience* (i.e., parents' ability to cope with stress and adversity), *social connections* (i.e., strong social networks and supportive relationships), *concrete support in times of needs* (i.e., access to practical assistance or basic need resources), and *social emotional competence in children* (i.e., parents' ability to support children's emotion development). By identifying and addressing both risk and protective factors early in a child's life, interventions can be tailored to support healthy development, laying the foundation for lifelong positive outcomes.

Early childhood is seen by developmental theorists as a "window of opportunity" in which development is more malleable to change due to neural plasticity and contextual

opportunities (such as attending high quality early childhood program) (Boyce et al., 2021; Masten, 2014). Therefore, better understanding which parental protective factors are associated with parental stress and children's school readiness can serve to inform early intervention programs and schools in promoting parental well-being that will in turn affect positive child development. Utilizing a risk and resilience framework, this study aims to investigate three primary research questions. First, this study aims to explore how overall parental protective factors impact children's school readiness, considering parental stress as a moderating variable. Second, it aims to identify which specific parental protective factors are associated with parental stress. Finally, this study investigates the combined influence of parental protective factors and parental stress on children's cognitive and social emotional readiness for kindergarten.

Parental Stress

Parents might encounter a multitude of adversities or stressors throughout their child's upbringing, which can have indirect effects on their children. These stressors can diminish parents' ability to provide supportive and stimulating interactions, which are crucial for preparing children for school (Ward et al., 2020). Moreover, research has highlighted the enduring impact of parental stress and adversity experienced during childhood on their children's early social-emotional development (Folger et al., 2018). Research has made clear the deleterious effects of the intergenerational transmission of adversity and stress from parent to child (Harper Browne, 2024).

Parenting stress is characterized by the difficulties parents face in raising children. This stress is theorized to arise from various sources, such as the child's temperament and behavior, stressful or challenging interactions between a parent and child, parents' perception

of their parenting abilities, and external factors such as financial pressure and social support (Abidin, 1995). Parents face a myriad of stressors from managing children's behaviors to navigating financial difficulties and health concerns (Soltis et al., 2015). Parental stress has been shown to negatively impact children's functioning and ability to cope with stressful situations (Soltis et al., 2015). Furthermore, research has shown that parenting stress in the early years of children's life is pivotal in impacting the child's emotional and behavioral development and the parent-child relationship (Abidin, 1995).

Previous research has consistently highlighted the detrimental effects of parental stress on families (Deater-Deckard, 2004). Parental stress is associated with an increased likelihood of emotional, cognitive, behavioral, and physical problems in children's development, including difficulty functioning at school (Soltis et al., 2015). Notably, parents experiencing higher levels of stress tend to report lower levels of social-emotional development in their children, which impacts their child's academic performance particularly in preschool (Soltis et al., 2015). Parent stressors have also been linked to increased family dysfunction, poorer parent-child relationships (Chung et al., 2022), and increased levels of family conflict (Jones et al., 2021). This study aims to better understand the relation between parental protective factors, perceived parental stress, and children's school readiness, with an overarching goal of bolstering positive child developmental and parental outcomes in the face of risk factors.

School Readiness

School readiness is defined as a child's ability and readiness to enter school, which is composed of readiness of the individual child, the school's readiness for children, and the ability of the family and community to support optimal child development (Williams et al.,

2019). School readiness includes a set of foundational skills, behaviors, and knowledge that allows for children to successfully transition into elementary school and achieve academic success throughout early schooling years (Sabol & Pianta, 2017). Some key components of school readiness include cognitive skills, language and literacy, social and emotional skills, physical development, independent and self-care, and pre-academic skills. Ricciardi et al. (2021) found that school readiness skills at four years old predicted academic performance through fifth grade.

School readiness is not solely about academic proficiency or attainment of pre-academic skills such as literacy and mathematics, but largely about the overall preparedness of children to navigate the social, emotional, and cognitive demands of school (Curby et al., 2018). In terms of school readiness, there is growing recognition that acquiring social-emotional skills is just as important, if not more important, than cognitive skills (NCSL, 2022). Social-emotional competence enables children to learn, make friends, express their thoughts and feelings, cope with frustration, and delay gratification (NCSL, 2022). Many studies have demonstrated the positive impact of social emotional competence on academic performance (Wang et al., 2019). Social-emotional competence is an important factor in helping children learn, establish, and maintain healthy and meaningful relationships (Cohen et al., 2005).

School readiness has been found to be influenced by a variety factors, including early childhood experiences, home environment, access to quality early education, socio-economic status, and parent involvement (Smith-Adock et al., 2019). Parental involvement at a pivotal point in a child's development, such as prior to kindergarten entry, has the potential to bolster school readiness in children from disadvantaged families and reduce the income-achievement

gap (Marti et al., 2018). The degree to which children are ready for learning before entering the formal school environment is largely dependent upon what happens before they enter their kindergarten classroom (Sheridan et al., 2010).

Research has shown that exposure to multiple risk factors during critical periods of development increases the likelihood that young children will face emotional and behavioral difficulties in subsequent school years (Poulou, 2015). Interventions and programs aimed at promoting school readiness often target both children and their families, recognizing the importance of holistic support in ensuring children's successful transition to school (Duncan et al., 2018). School readiness has been recognized as a crucial factor in a child's educational journey, with research consistently demonstrating its significance in shaping later academic success. Education has placed emphasis on ensuring children are entering kindergarten ready. It is important to acknowledge that efforts to bolster school readiness must extend beyond individual children to address some of these systemic barriers that hinder equitable access to quality education. Focusing on broader contextual and ecological factors to promote school readiness such as parental risk factors (e.g., parent stress) and protective factors (e.g., resilience, support, and knowledge of child development) might provide longer-term improvement on child functioning (Soltis et al., 2015).

It is important to acknowledge the systemic challenges that hinder children's readiness for kindergarten. While cognitive skills, early literacy, and emotional regulation remain important for children, it is also important to consider the broader socio-economic, environmental, and cultural contexts that influence children's preparedness for school. It is important to acknowledge the impact of systemic inequities, such as unequal access to quality early childhood education, socioeconomic disparities, and inadequate support for

families, on kindergarten readiness. Unfortunately, research has shown that these systemic challenges disproportionately affect marginalized communities, further exacerbating existing disparities in educational outcomes. From an equity standpoint, it is crucial to monitor school readiness as there are significant disparities before children enter kindergarten (Halle et al., 2009; Lee and Burkham, 2002). The current study serves to address the gap in the literature by understanding which parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) and parental risk factors (i.e., perceived parental stress) might be associated with school readiness, while controlling for confounding variables such as parental education and ethnicity.

Parental Protective Factors

Protective factors are conditions or attributes such as skills, strengths, resources, supports, or coping strategies that individuals, families, or communities have that assist people in dealing more effectively with stressful events and can mitigate or eliminate risk in families and communities (Vanderbilt et al., 2015). In other words, protective factors are characteristics that operate in response to risk factors by lessening the exposure to risk factors and decreasing the likelihood of negative outcomes to promote healthy development and well-being (Masten, 2013). There are a variety of protective factors including: child characteristics through their individual genes and biology; parent characteristics such as mental health and education level; family factors such as quality of parent-child relationship and marital quality; community connectedness factors such as parental social support, social resources and children peer relationships; and neighborhood factors such as availability of resources, adequacy of housing, and levels of crime and violence (Sameroff & Fiese, 2000).

Research highlights the importance of protective factors in promoting resilience across contexts and developmental stages (Masten, 2013). It is important to understand protective factors that contribute to healthy outcomes in all families, not just families with cumulative risk factors in order to promote well-being (Harper Browne, 2014). Parental protective factors have been found to serve as a buffer against the negative effects of familial risk factors, such as stress (Masten, 2013). Protective factors interact with risk factors to influence outcomes by mitigating the negative effects of risk factors, interrupting the cumulative effects of risk factors, and helping to avoid the negative effects of risk factors (Harper Browne, 2014). However, there is limited research on which parental protective factors might serve as a potential solution to decrease parental stress and improve children's school readiness.

Parental protective factors encompass a range of positive parental behaviors, attitudes, and characteristics that create nurturing and supportive environments for children's development. The role of parental protective factors in maintaining positive developmental outcomes in the face of adversity across various domains of early childhood development, including school readiness, provides vast implications for both scholarship and practice. Early intervention is important to strengthen and promote protective factors an individual might have prior to the development of significant behavioral problems (Vanderbilt et al., 2015). Therefore, early intervention provides a unique opportunity to strengthen family interactions, minimize mental health problems, and prepare young children and families for school readiness. It is also important to acknowledge that the role of developing protective factors does not stop at the individual level. Systemic factors and institutions contribute to

the development of positive protective factors in youth and families, such as the ensuring the availability of community resources and access to equitable services.

This study utilizes the Strengthening Families framework (Center for the Study of Social Policy (CSSP), n.d.) to determine which protective factors might be influential in buffering against negative effects of parental stress and might improve children's school readiness. This framework is a research-informed approach to supporting family strengths and fostering child development as a preventative approach in bolstering positive outcomes. This framework was developed in response to a call to shift from identifying risk factors and "fixing" problems towards actively building attributes, relationships, knowledge, skills and resources to maximize the potential of children, youth, and families (Harper Browne, 2024). The Strengthening Families framework identified five protective factors (i.e., parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children) as influential in creating a supportive ecological system for families. The Parents' Assessment of Protective Factors instrument was designed to measure the aforementioned parental protective factors (Kiplinger & Harper Browne, 2014). However, when developing the measure, researchers found that the protective factor of knowledge of parenting and child development was not found to adequately be measured by the selected items. Therefore, the measure that the current study utilized estimates parents' strengths and needs with regard to the other four protective factors. These protective factors have been used to guide programs, services, interventions, and communities in fostering healthy outcomes for families (Center for the Study of Social Policy, n.d.). By strengthening protective factors at the individual, family,

and community levels, the framework aims to create environments where all families can thrive.

This study will examine the influence of four parental protective factors (i.e., parental resilience, social connections, concrete supports in times of need, and social emotional competence of children) on children's school readiness. Results of this study will support in better understanding associations between parental factors and child outcomes in order to better support family's needs within the early educational school system. Each of the four parental protective factors will be reviewed below.

Parental Resilience as a Protective Factor

Parental resilience includes parents' abilities to manage stress and their own functioning when faced with challenges, adversity, and trauma (Center for the Study of Social Policy, n.d.). Related to both general life stressors and parenting stressors, this protective factor describes having the self-confidence to believe that they can make and achieve goals, solve parenting problems, and have a positive attitude about their parenting roles and responsibilities. Parental resilience has been found to be a protective factor against several negative psychosocial and physical health outcomes that are related to adverse childhood experiences (Bethell et al., 2014). Biological resilience research has shown that resilience protects the developing brain and other organs from the disruptive effects that the excessive activation of stress response systems can put on the body (National Scientific Council on the Developing Child, 2015). Furthermore, resilient parents are better able to handle stressors and navigate difficult situations, which contributes to positive family functioning, child development, and capacity to build child resilience (Webster et al., 2024). It is important to acknowledge the onus on the individual that resilience models and theories

might place on the individual to heal despite societal and systemic hardships. However, it is important to conceptualize resilience as a dynamic process that occurs across multiple systems including individual, family, school and community contexts (Masten et al., 2023). Recent research has found that parental resilience significantly buffers against the negative impact of ACEs on school readiness skills such as early learning skills, social-emotional development, and self-regulation (Webster et al., 2024).

Social Connections as a Protective Factor

Maintaining social connections with others is another powerful protective factor for individuals across all stages of life, but it holds particular significance for parents (Forthun et al., 2015). These connections include having healthy, trusting, and sustained relationships with people, institutions, communities or a higher power that promotes a sense of belonginess, connectedness, and mattering (Harper Browne, 2014). Research has consistently underscored the lifelong positive benefits of supportive social connections on an individual's development, well-being, and ability to cope with stressors. (Blum et. al, 2022; Center for Disease Control and Prevention (CDC), 2023).

Research literature has established that enhancing parental social connections yields significant positive outcomes by providing support to parents in times of distress (Center for the Study of Social Policy, n.d.). Specifically, studies demonstrate how parents' positive social connections have been found to alleviate parenting demands, bolster overall well-being and resilience, and foster positive parenting behaviors that result in secure attachment and relationships with their children (Beeber & Canuso, 2012; Marra et al., 2009). Strengthening parents' sense of connectedness was found to serve as a buffer against adverse experiences (Bellis et al., 2017) by reducing stress and enhancing coping mechanisms (Armstrong et al.,

2005). Moreover, social connectedness mitigates physiological stress responses by reducing psychological distress and anxiety (Holt-Lunstad, 2018).

Research indicates that the social support of extended family members moderates the impact of mothers' past adversities on their children's internalizing behaviors (Krauss et al., 2016). Nurturing relationships with other adults can enhance parenting skills and ultimately promote a stronger parent-child relationship (Forthun et al., 2015). Social connections provide parents with emotional support, assistance, and a sense of belonging, which can buffer against negative outcomes to enhance family resilience (Harper Brown, 2024).

Concrete Support in Times of Need as a Protective Factor

Concrete supports are another parental protective factor that can serve as a buffer to support children and families (Children's Bureau, n.d.). Concrete supports include having access to services that address families' needs, such as food, housing, clothing, health care, childcare, and other services that promote stability and well-being (Harper Browne, 2014). When parents have access to support and services to address their needs, parental stress can be reduced (Center for the Study of Social Policy, n.d.). Concrete supports are essential during times of heightened stress or adversity (Children's Bureau, n.d.). The protective factor, concrete supports in times of need, involves parents feeling like they can be resourceful, gain knowledge of pertinent services for their family, and feel confident in navigating through service systems (Harper Browne, 2014).

Parental knowledge of concrete supports in times of need is thought to be interconnected with social determinants of health, which are nonmedical factors that influence health outcomes (CDC, 2022). Social determinants of health encompass social, economic, and environmental conditions that shape health outcomes (CDC, 2022). Examples

include access to nutritious food, housing stability, reliable transportation, employment status, healthcare accessibility, housing conditions, neighborhood safety, and exposure to discrimination (U.S. Department of Health and Human Services, n.d.). While parents may require knowledge about concrete supports, it is imperative that early intervention programs recognize the barriers that families encounter in accessing support during times of need, which in turn affect social determinants of health. Having concrete support in times of need allows for parents to be able to better meet their children's needs, thereby fostering a healthy family environment. Recognizing and addressing social determinants of health is crucial for improving population health outcomes, especially at the early childhood level. Therefore, access to concrete supports during times of need can potentially promote positive health outcomes for both parents and children.

Social and Emotional Competence of Children as a Protective Factor

Another parental protective factor is social and emotional competence of children. This protective factor consists of parents' cultivating parent-child interactions that scaffold children in their ability to communicate clearly, recognize their emotions, navigate challenges, and form positive relationships (Center for the Study of Social Policy, n.d.). Research has established that acquiring social and emotional competence is an important milestone of early childhood because of its influential impact on developmental domains such as academic, behavioral, and social outcomes. This protective factor is the ability to provide a nurturing caregiving environment for children to foster the development of healthy relationships and emotional regulation (Harper Browne, 2014).

Studies show that children who are socially and emotionally well-adjusted have better academic outcomes, increased confidence, stronger relationships, and enhanced

communication and persistence (Pahl & Barrett, 2007). Social and emotional competence of children also involves setting clear expectations, parents' satisfaction in their ability to parent, fostering a secure and strong parent child relationship, and being emotionally responsive to their child's changing needs through development (Harper Browne, 2014). Children do not develop social and emotional competence individually. The environment and experiences primary caregivers provide is influential in the development of young children's social and emotional skills (Shonkoff, 2013). Having positive and nurturing relationships with a caring and reliable adult promotes safety and allows for children to express emotions thereby fostering healthy and social emotional outcomes in young children (Center on the Developing Child, 2011). Research has shown in a sample of parents who had a history of ACEs that their emotional availability was found to have a buffering effect for their children's social emotional development (Wurster et al., 2019).

Present Study

In this study, the relation between parental protective factors, perceived parental stress, and children's school readiness were investigated. First, this study aims to investigate the relation between parents' overall levels of protective factors on children's school readiness and if perceived parental stress serves as a moderating variable. Next, utilizing multiple regression analysis, this study aims to identify which parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) are associated with parental stress. Lastly, multiple regression analysis was used to predict children's social emotional and cognitive school readiness based on parental characteristic of risk (perceived parental stress) and protective

factors (parental resilience, social connections, concrete support in times of need, and social emotional competence of children).

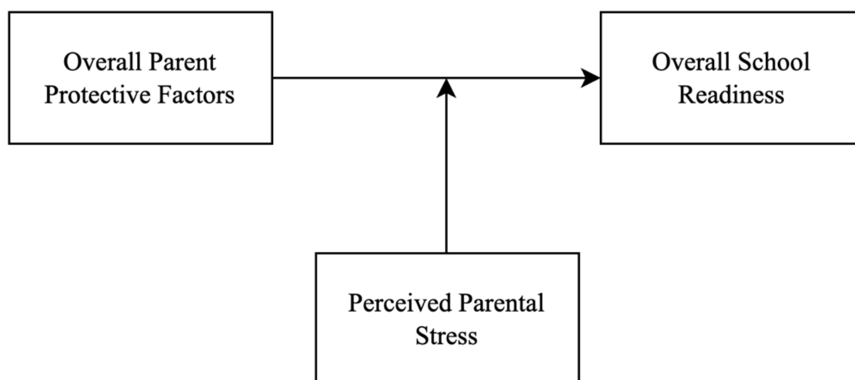
Findings aim to provide insight on the potentially buffering mechanism of parental protective factors on mitigating parental stress and improving positive child developmental outcomes, such as school readiness. This study contributes to the literature in better understanding the relation between parental characteristics and children's early developmental outcomes. Results hope to highlight influential parental characteristics to target in dyadic interventions aimed at promoting school readiness and family well-being. This current study will add to the literature in better understanding ways to support caregivers at a pivotal time in child development, school entry.

Research Question 1. Do parents' overall level of protective factors predict children's overall school readiness?

> **Research Question 1a.** Does perceived parental stress serve as a moderator variable between parental overall level of protective factors and children's overall school readiness?

Figure 1

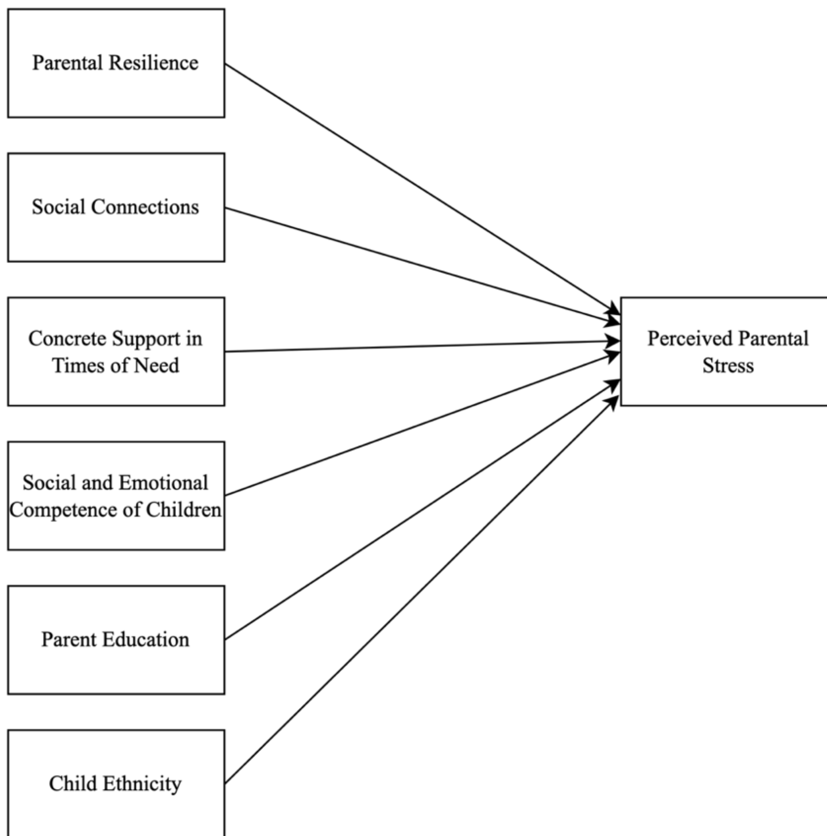
Moderation Model



Research Question 2. When controlling for parental education and child ethnicity, which parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children), predict parents' perceived levels of stress?

Figure 2

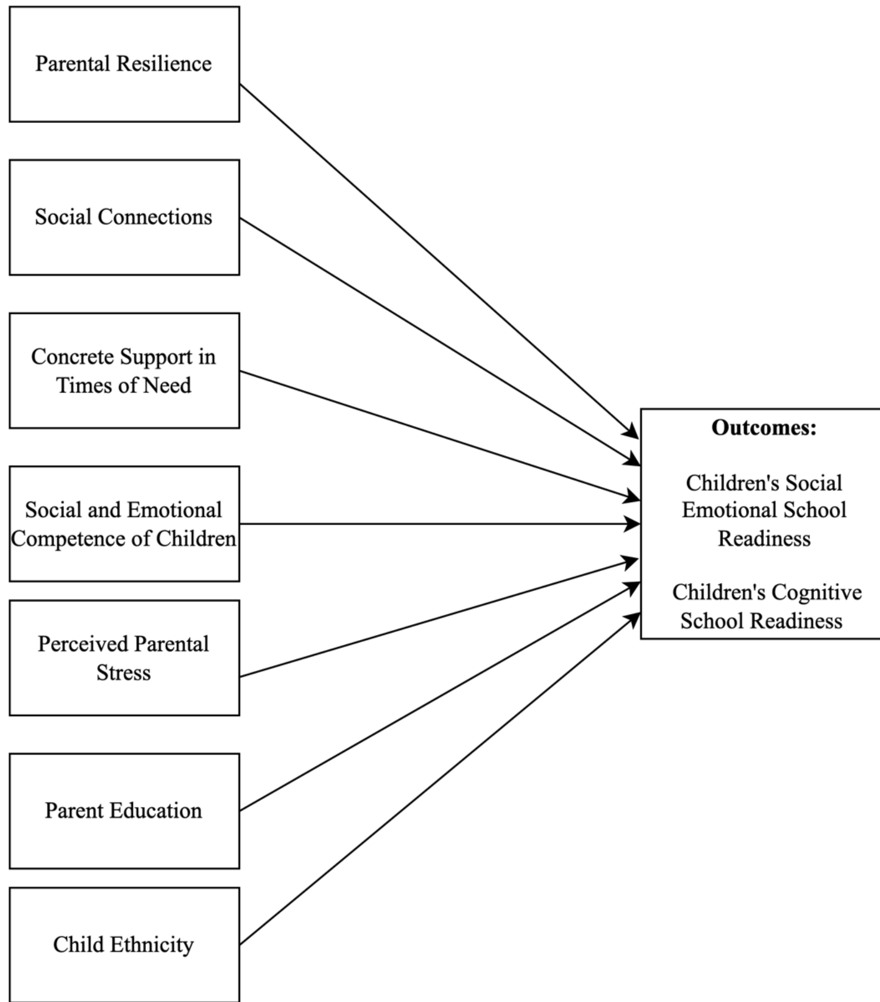
Multiple Linear Regression Model Predicting Perceived Parental Stress



Research Question 3. How do parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) and perceived parental stress predict children's cognitive and social emotional readiness for kindergarten, when controlling for parental education and child ethnicity?

Figure 3

Multiple Linear Regression Model Predicting School Readiness



Method

Procedures

Upon receiving study approval from the Institutional Review Board, researchers obtained de-identified data that were collected in partnership with First 5 Santa Barbara County. Data collection was led by First 5 Santa Barbara County with support from the

University of California, Santa Barbara as part of the Early Learning Implementation Grants with 9 local school districts on the Central Coast of California. In order to receive funding for this grant, school districts delineated individual plans to build system capacity, support innovation, and address emerging needs of their school community.

School districts aligned their projects on the First 5 focus areas of: improving family functioning, child development, child health, and systems of care. In order to evaluate the impact of the project on each of the aforementioned focus areas, each school district was required to collect measures of parental protective factors from caregivers and information on school readiness from teachers for each student. Four school districts on the Central Coast of California elected to add a measure of parental perceived stress as an additional outcome measure of their project. This research study investigates that data of four school districts on the Central Coast of California that were collected in Fall of 2022.

During the first month of kindergarten (between August and September of 2022), kindergarten teachers completed a brief school readiness measures of their students (Kindergarten Student Entrance Profile; Lilles et al., 2009). Between October and December of 2022, caregivers completed self-report measures that evaluated four dimensions of parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social and emotional competence of children) (Parental Assessment of Protective Factors; Kiplinger & Browne, 2014) and a measure of perceived parental stress (Perceived Stress Scale-10; Cohen et al., 1983). Both parent measures were available in English and Spanish for parents to fill out electronically or with a paper copy form. Each school district had slightly different procedures in collecting parental responses. Some used flyers with QR codes to request caregivers to complete measures online and some sent paper

copies home with children for caregivers to complete and return to the school. It is important to note that the school could not collect these caregiver-rated forms with anonymity as the grant required the outcomes to be tracked per student to link demographic and kindergarten readiness data with caregiver outcomes. 81.7% of caregivers (*n* = 376) utilized the English form and 18.3% of caregivers chose the Spanish language form (*n* = 84).

Participants

A total of *N* = 460 kindergartners and their caregivers participated in this research study with self-reported parent survey data on protective factors and parental perceived stress, and teacher-reported school readiness data. The sample was based on caregivers who responded to parental questionnaires and was not representative of all kindergartners in the district. The sample composed of 41 participants from school district 1 (31% of kindergartners in the district), 189 participants from school district 2 (46% of kindergartners in the district), 26 participants from school district 3 (19% of kindergartners in the district) and 204 participants from school district 4 (45% of kindergartners in the district). The average child age was 5.05 years (*SD* = 0.24). There were slightly more children who were male in the sample (*n* = 243; 52.8%) than female (*n* = 217; 47.2%). The vast majority of caregivers identified as the child's mother (*n* = 383; 83%). For the purposes of this study, caregivers and parents will be used interchangeably to indicate the child's primary caregiver who participated in this study. Over half, 59.1% (*n* = 272), of children in the study identified as White, 17.6% (*n* = 81) identified as Hispanic, 8.4% (*n* = 38) identified as Asian, 3.3% identified as Mixed Race (*n* = 15), 2.2% (*n* = 10) identified as American Indian or Alaskan Native, 0.9% (*n* = 4) identified as African American, and 8.7% (*n* = 40) declined to state their race. Most children (*n* = 342; 74.3%) and caregivers (*n* = 299; 65%) spoke English at home.

Caregivers had varying educational levels with 29.1% completing college (*n* = 134) followed by graduate school (*n* = 102; 22.2%). About one fifth of the sample, 18%, completed some college (*n* = 83), 15.7% graduated high school (*n* = 72), and 10% did not complete high school (*n* = 46). See Table 1 for additional demographic information.

Table 1

Demographic Information

Demographic	*n* (%)
Child Gender	
Male	243 (52.8)
Female	217 (47.2)
Child Ethnicity	
Hispanic/Latino	250 (54.3)
Non-Hispanic	190 (41.3)
Decline to State	20 (4.3)
Child Race	
White	272 (59.1)
Hispanic	81 (17.6)
Asian	38 (8.3)
Biracial (two or more)	15 (3.3)
American Indian or Alaskan Native	10 (2.2)
African American	4 (0.9)
Decline to State	40 (8.7)
Child English Learner Status	
English Only and Initial Fluent English Proficient	319 (69.3)
English Learner	141 (30.7)
Child First Language	
English	317 (68.9)
Spanish	127 (27.6)
Other*	15 (3.3)
Missing	1 (0.2)
Child Spoken Language at Home	
English	342 (74.3)
Spanish	103 (22.4)
Other**	14 (3.0)
Missing	1 (0.2)

Caregiver Spoken Language with Child	
English	322 (70.0)
Spanish	117 (25.4)
Other***	20 (4.3)
Missing	1 (0.2)
Adult Home Language	
English	299 (65.0)
Spanish	137 (29.8)
Other****	23 (5.0)
Missing	1 (0.2)
Child IEP	
Has an IEP	45 (9.8)
Does not have an IEP	415 (90.2)
Caregiver Relationship	
Mother	383 (83.3)
Father	72 (15.7)
Other	5 (1.1)
Caregiver Education Level	
Not High School Graduate	46 (10.0)
High School Graduate	72 (15.7)
Some College	83 (18.0)
College	134 (29.1)
Graduate School	102 (22.2)
Declined or Unknown	23 (5.0)

**Other includes: Mixteco, Ukrainian, Punjabi, Mandarin, Urdu, Japanese, Korean, Mandarin, Russian, Hindi*
***Other includes: Mixteco, Ukrainian, Punjabi, Mandarin, Urdu, Japanese, Korean, Mandarin, Russian, Hindi*
****Other includes: Mixteco, Ukrainian, Punjabi, Mandarin, Urdu, Japanese, Korean, Mandarin, Russian, Hindi, Khmer (Cambodian), Vietnamese, Arabic*
*****Other includes: Mixteco, Ukrainian, Punjabi, Mandarin, Urdu, Japanese, Korean, Mandarin, Russian, Hindi, Khmer (Cambodian), Vietnamese, Arabic, Hungarian*

Measures

School Readiness

The Kindergarten Student Entry Profile (KSEP; Lilles et al., 2009) was utilized as a school readiness measure to assess the social emotional/behavioral and physical/cognitive components of school readiness. This 13-item screening tool is a rating scale completed by

teachers through observation of the children in their classroom over at least a three-week period at the beginning of the kindergarten school year. Research has found that KSEP ratings are predictive of children's academic achievement through Grade 2 (Quirk et al., 2013), almost three years after the ratings are completed. Six of the items are related to social-emotional and behavioral readiness for kindergarten and the remaining seven items are related to cognitive and physical readiness for kindergarten. An example item within the social-emotional and behavioral readiness for kindergarten scale includes "Seeks adult help when appropriate" and an example of the cognitive and physical readiness for kindergarten scale includes "Understands that numbers represent quantity."

Items within the social-emotional and behavioral readiness for kindergarten are related to children asking for adult help, engaging in cooperative play with peers, exhibiting impulse control and self-regulation, maintaining attention to tasks, being enthusiastic and curious about school, and persisting with task after experiencing difficulty. Items within the cognitive and physical readiness for kindergarten are related to recognition of and ability to write their name, demonstrating expressive verbal abilities, and an understanding of numbers, colors, shapes, and letters.

Each item is associated with a 4-point rating rubric that provides an operational definition and example of the types of behavior that would indicate various levels of mastery. These categories include: "not yet", "emerging", "almost mastered", and "mastered." Total readiness scores on the KSEP range from 13-52, with a score of 52 indicating that a child has demonstrated mastery on all 13 items. Clinical interpretation of the measure categorizes a child's overall score of 13-25 as needing "Immediate Follow Up", 26-38 as needing "Monthly Monitor", 39-46 requiring a "Quarterly Monitor", and 47-52 being the child is

"Ready to Go." See Table 2 for the frequencies and percentages of students that were rated in the "Immediate Follow Up", "Monthly Monitor", "Quarterly Monitor", or "Ready to Go" categories for the Overall, Social Emotional, and Cognitive/School-Ready Knowledge readiness scale.

There are two composites (Social Emotional and Cognitive/School-Ready Knowledge) that make up the total readiness composite. Total Social Emotional Readiness scores for kindergarten range from 6-24, with a score of 24 indicating that a child has demonstrated mastery on all 6 items. Clinical interpretation of the measure categorizes a child's overall social emotional score of 6-12 as needing "Immediate Follow Up", 13-17 as needing "Monthly Monitor", 18-21 as requiring "Quarterly Monitor" and 22-24 as "Ready to Go." Total Cognitive/School-Ready Knowledge scores for kindergarten range from 7-28, with scores of 28 indicating that a child has demonstrated mastery on all 7 items. Clinical interpretation of the measure categorizes a child's overall cognitive score of 7-14 as needing "Immediate Follow Up", 15-20 as needing "Monthly Monitor, 21-24 as requiring "Quarterly Monitor", and 25-28 as "Ready to Go."

Research on the KSEP has yielded evidence supporting the instrument's reliability (Lilles et al., 2009) and validity (Quirk et al., 2011). For this particular sample, Cronbach's alpha for the overall KSEP was 0.90 indicating a high level of internal consistency among items. The Cronbach's alpha coefficient for the Social Emotional composite (0.88) and Cognitive/School-Ready Knowledge (0.87) for this sample also indicate a high level of internal consistency among the items within this domain.

Teachers were provided a training session to administer and score the KSEP and understand the rubric that provides operational definitions for each item and examples of

observable behaviors for teachers to rate individual students. The overall readiness score from the KSEP was used to answer Research Question 1 examining the relation with overall parental protective factor level and if perceived parental stress serves as a moderating variable. The Social Emotional composite and Cognitive/School-Ready Knowledge from the KSEP will be used to answer Research Question 3 examining the combined influence of parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) and risk factors (i.e., perceived parental stress). See Appendix A for the measure.

Table 2. Descriptive Statistics of Kindergarten Readiness

	KSEP SE	KSEP COG	KSEP TOTAL
Immediate Follow Up	23 (5.0%)	30 (6.5%)	17 (3.7%)
Monthly Monitor	108 (23.5%)	80 (17.4%)	99 (21.5%)
Quarterly Monitor	165 (35.9%)	97 (21.1%)	163 (35.4%)
Ready to Go	164 (35.7%)	253 (55%)	181 (39.3%)
N	460	460	460

Parental Protective Factors

Parents' protective factors were measured in this research study by the Parents' Assessment of Protective Factors (PAPF; Kiplinger & Harper Browne, 2014). The PAPF is a 36-item measure that reports upon parents' self-reported beliefs, feelings, and behaviors of protective factors. This measure is based on the Strengthening Families framework (CSSP, n.d.). More specifically, the PAPF assesses the strength of four domains of parental protective factors: parental resilience, social connections, concrete support in times of need, and social and emotional competence of children.

Sample items within each of the four subscales are as follows: "I have the strength within myself to solve problems that happen in my life" (parental resilience), "I have someone I can ask for help when I need it" (social connections), "I know where I can get

helpful information about parenting and taking care of my children" (concrete support in times of need), and "I help my child learn to manage frustration" (social and emotional competence of children). Parents rate each item on a scale from 0 (this is not at all like me or what I believe) to 4 (this is very much like me or what I believe), indicating how much the statement is like them or what they believe. Separate scores for the four protective factors are calculated by obtaining the mean of the summed score for each subscale. To calculate an overall protective factor score for the entire measure, the four summed subscale scores are added together and divided by the total number of completed responses.

The subscale scores indicate the level of each protective factor as rated by the parent. Average scores for the subscales and full measure can be interpreted as Low (0-1.99), Moderate (2.00-2.99), High (3.00-3.99), and Maximum (4.00) with higher scores representing higher levels of that protective factor level. The protective factor level is a measure of the average of parent responses to the items within each subscale. See Table 3 for the frequencies and percentages of caregivers in the sample who reported Low, Moderate, High or Maximum protective factors across all four subscales. For the purposes of this research study, subscales were only calculated if there were no more than 2 missing items per subscale. As a result, the subscales have slightly different sample sizes.

The PAPF has excellent reliability with Cronbach's alpha for each of the four subscales ranging from 0.87 to 0.93 (Kiplinger & Browne, 2014). For this particular sample, the PAPF Cronbach's alpha coefficient was 0.96. Subscale alpha coefficient's were as follows: 0.89 on the parental resilience subscale, 0.94 on the social connections subscale, 0.91 on the concrete support in times of need, and 0.92 on the social and emotional

competence of children subscale. This suggests a high level of internal consistency among items within the PAPF. See Appendix A for the measure.

Table 3

Descriptive Statistics of Level of Parental Protective Factors

	Parental Resilience	Social Connections	Concrete Support	SEC*	PAPF Total
Low (0-1.99)	0 (0%)	9 (2.0%)	7 (1.5%)	0	1 (.2%)
Moderate (2-2.99)	26 (5.7%)	49 (10.8%)	85 (18.7%)	42 (9.1%)	49 (10.7%)
High (3-3.99)	228 (49.6%)	197 (43.4%)	238 (52.3%)	275 (59.8%)	332 (72.3%)
Maximum (4)	206 (44.8%)	199 (43.8%)	125 (27.5%)	143 (31.1%)	77 (16.8%)
N	460	454	455	460	459

*Social Emotional Competence of Children

Parent Stress

The Perceived Stress Scale (PSS-10) is a brief measure that evaluates an individual's perceived stress (Cohen et al., 1983). The PSS-10 assesses the degree to which individuals perceive situations in their lives as stressful over the past month. The PSS is one of the most widely used stress perception instruments globally (Lee, 2012). The scale was originally developed in 1983 to assess the degree of stress people felt in out-of-control, unpredictable and overwhelming situations in their lives. The original measure had 14 items but based on factor analysis, researchers removed four items with the lowest factor loadings on the PSS-14 to create the PSS-10 (Cohen, 1988). For the purposes of this study, the researcher slightly altered the instructions for caregivers to report on the last couple of months rather than in the last month to capture the start of the kindergarten year. However, it is important to note that because a perceived rating of current stress is influenced by daily routines, major events, and changes in coping resources, the predictive validity of the PSS is expected to decrease after a

couple months (Cohen et al., 1983). For this study, the measure serves as an indicator of perceived stress in parents' lives. An example item is "How often have you found that you could not cope with all the things you had to do?"

The scale consists of 10 items, each scored on a Likert scale, ranging from 0 (never) to 4 (very often), with higher scores indicating higher levels of perceived stress. Four of the items require reverse scoring. Scores ranging from 0-13 are considered low stress, scores from 14-26 are considered moderate stress, and scores ranging from 27-40 would be considered high perceived stress. For the purposes of this research study, the perceived stress score was only calculated if there was no more than one missing item. In this study, there were a total of 11 cases with one missing item. For these cases with one missing item, the researcher took the average of the other values in order to determine an overall stress score. There were a total of four cases that had over one missing item and therefore were categorized as missing data. In this sample, 54.2% of caregivers reported low perceived stress, 45.8% reported moderate levels of perceived stress, and no caregivers reported high levels of perceived stress.

Studies have shown that the PSS-10 has satisfactory internal consistency with alpha values ranging from 0.74 to 0.91 (Chaaya et al., 2010 & Mitchell et al., 2008). For this particular sample, the PSS-10 Cronbach's alpha coefficient was 0.74, indicating a moderate level of internal consistency among the items measuring this construct. While this reliability is acceptable, there may be some variability in how consistently the items reflect perceived parental stress. The overall perceived parental stress score was used to answer questions examining the impact of protective factors on perceived parental stress and as a moderating

variable between parental protective factors and children's school readiness. See Appendix A for the measure.

Table 4

Descriptive Statistics of Perceived Parental Stress

	Perceived Parental Stress
Low Stress (0-13)	247 (54.2%)
Moderate Stress (14-26)	209 (45.8%)
High Stress (27-40)	0 (0%)
N	456

Data Analysis

All analyses were conducted utilizing SPSS software Version 29 (IBM, 2022). First, frequencies of child and caregiver demographics were examined. Next, descriptive statistics (i.e., mean and standard deviation) of child age, parental protective factors, parental perceived stress, and school readiness were examined. Additionally, frequencies were run to examine levels of parental protective factors and perceived stress reported by caregivers. Subscales were only calculated for parental protective factors if there were no more than two missing items and one missing item for the perceived stress scale. Similarly, frequencies were run to examine percentage of children in the immediate follow up, monthly monitor, quarterly monitor, and ready to go categories of school readiness. There were no missing data for school readiness subscales. As the subscale with the highest amount of missing data was five missing cases for one of the protective factor scales (1.31% of the data), listwise deletion was employed to only include cases in the analysis that had valid subscales on the variables of interest. Therefore, if cases had one or more missing values in any of the specified variables of analysis, they were excluded from the analysis. Pearson's correlations were run to examine the relationship among study variables to examine preliminary associations.

Then, a multivariate analysis of variance (MANOVA) was conducted to investigate if there were between-subject differences across school districts in parent-reported levels of protective factors, perceived levels of parental stress, and school readiness reported by teachers.

Multiple linear regression analyses were conducted to examine associations between parental protective factors, parental perceived stress, and children's school readiness. Following guidelines proposed by Van Voorhis & Morgan (2007), models with six or more predictors should have a minimum of at least 10 participants per predictor variable. The number of participants in this study exceed this amount. Additionally, a power analysis was performed using G*Power software to determine appropriate sample size for the analysis. The power analysis was conducted for a multiple linear regression with seven predictors and a medium effect size ($f^2 = 0.15$), a significance level of .05, and a power level of .95. The results of the power analysis showed that the target sample size for this analysis was at least 153 participants. The current study exceeded this sample size guideline.

Next, all study variables were assessed to determine whether they met assumptions of linearity, normality, homoscedasticity, and independence. All assumptions were met. Multicollinearity was examined through variance inflation factor (VIF) and correlation statistics. Variance inflation factors (VIF) for all predictor variables were examined and were within an acceptable range below 10 (Kline, 2011). All values fell below 2.5 indicating moderate correlation but not high correlation (values > 5) that would indicate concerns of multicollinearity among predictor variables in the regression model (Shrestha, 2020). Correlations were examined between predictor variables (i.e., parental protective factors, perceived parental stress, parental education, and child ethnicity) and were below the

accepted value of 0.8. (Belinda & Peat, 2014; Young, 2017). Hair et al. (2010) and Byrne (2013) delineated that data are considered to be normal if skewness is between -2 and +2 and kurtosis is between -7 and +7. All predictor and outcome variables in multiple regression analyses met these criteria except for the skewness value of the social connections subscale of parental protective factors measure that was slightly above this criteria (-2.025). Data analyses proceeded as planned despite the slightly higher skewness value of the social connections subscale as it was very close to the normality criteria specified by Hair et al. (2010) and Byrne (2013).

A series of multiple linear regression models were conducted to examine the relation between parental protective factors and parental stress on children's social emotional, cognitive/school-ready, and overall school readiness. In this first model, a moderation analysis was conducted via the Hayes (2017) PROCESS macro in SPSS in order to determine if perceived parental stress served as a moderating variable between overall level of parental protective factors and children's overall school readiness. First, the relation between overall parental protective factor level and children's overall school readiness was examined. Then, the moderation analysis was conducted. The independent variable (overall parental protective factors) and moderator (perceived parental stress) were centered in order to reduce the risk of multicollinearity and simplify the interpretation of the interaction term coefficients. The moderation macro in PROCESS automatically calculates the interaction term between parental protective factors and perceived parental stress and provides the conditional indirect effects for the moderation values (Hayes, 2017).

In the next model, parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children)

and covariates of parental education and child ethnicity were regressed on perceived parental stress. Parent education and child ethnicity were included as covariates in this model to control for their influence on perceived parental stress. Research has shown systemic disparities and inequities that cause higher levels of toxic stress in families with lower education and marginalized people of color. Lastly, parental protective factors and perceived parental stress were simultaneously regressed on children's social emotional readiness and then separately on children's cognitive readiness for kindergarten. Parent education and child ethnicity were included as covariates in both models to control for their influence on children's social emotional and cognitive school readiness. Research has found that several factors including socioeconomic status, parental education level, and neighborhood resources have played significant roles in shaping children's readiness for kindergarten (Reardon & Portilla, 2016). Therefore, this research study aimed to control for some of the effects of systemic disparities on children's school readiness that can be captured through parent education and child ethnicity. An a priori alpha level was set at $p < .05$ to determine the statistical significance.

Results

Preliminary Mean Differences Across School Districts

Preliminary analysis investigated if there were between-subject differences across districts in parent-reported levels of protective factors, perceived levels of parental stress, and school readiness reported by teachers. This analysis was conducted to determine if the dataset should be combined across school districts. Multivariate analysis of variance (MANOVA) indicated no statistically significant difference across districts for overall level of parental protective factors $F(3, 455) = 0.48$, $p = .696$ and school readiness reported by teachers $F(3,$

456) = 2.69, p = .168. However, there was a statistically significant difference for total parental stress reported by district $F(3, 452) = 3.977$, p <.001. In order to further examine the differences in perceived levels of stress reported by parents across districts, Tukey's Honestly Significant difference (HSD) post hoc analysis was conducted. There was a statistically significant mean difference of -2.70 (p <.05) in reported level of parental stress across two districts. There were no statistically significant difference detected between the other school districts in terms of parents' level of perceived stress. Therefore, the data were combined across all school districts who participated in the study.

Bivariate Associations Between Predictors and Outcomes

Pearson correlations were calculated for all variables: parental protective factors, perceived parental stress, school readiness, and co-variates of parental education and child ethnicity. Parental protective factor subscales (i.e., parental resilience, social connections, concrete support, and social emotional competence) were all significantly positively correlated with one another with Pearson coefficients between 0.47 – 0.64. All parental protective factor subscales were also significantly negatively moderately correlated with parental stress. There was a weak positive correlation (below 0.1) between parental resilience and social emotional school readiness and weak negative correlation (below 0.1) between social emotional competence of children and cognitive school readiness. Correlations between variables were in expected directions except for the social emotional competence of children subscale, which was negatively correlated with children's school readiness. All correlations are displayed in Table 5.

Table 5

Pearson's Correlations Between Parental Protective Factors, Parental Stress, Kindergarten Readiness, and Covariate Variables

	1	2	3	4	5	6	7	8	9	10	11
1	1	.56**	.64**	.66**	.80**	-.45**	.10*	.04	.08	.002	.04
2	.56**	1	.62**	.47**	.82**	-.39**	-.004	.07	.04	.09	.16**
3	.64**	.62**	1	.63**	.87**	-.37**	.01	.05	.04	.05	.02
4	.66**	.47**	.63**	1	.78**	-.44**	-.06	-.09*	-.09	-.07	-.05
5	.80**	.82**	.87**	.78**	1	-.48**	.01	.02	.02	.04	.07
6	-.45**	-.39**	-.37**	-.45**	-.48**	1	-.04	-.07	-.06	-.10*	-.15**
7	.01*	-.004	.01	-.06	.01	-.04	1	.55**	.85**	.14**	.08
8	.04	.07	.05	-.09*	.02	-.07	.55**	1	.91**	.28**	.30**
9	.08	.04	.04	-.09	.02	-.06	.85**	.91**	1	.25**	.23**
10	.002	.09	.05	-.07	.04	-.10*	.14**	.28**	.25**	1	.41**
11	.04	.16**	.02	-.05	.07	-.15**	.08	.30**	.23**	.41**	1

1 = Parental Resilience, 2 = Social Connections, 3 = Concrete Support, 4 = Social and Emotional Competence, 5 = Total Protective Factors, 6 = Parental Stress, 7 = Social Emotional School Readiness, 8 = Cognitive School Readiness, 9 = Total School Readiness, 10 = Ethnicity, 11 = Parental Education

*Correlation is significant at the 0.01 level (2-tailed)

**Correlation is significant at the 0.05 level (2-tailed)

Parental Protective Factors and Children's School Readiness: Moderating Effects of Perceived Parental Stress

A moderation analysis was conducted to examine whether perceived parental stress might serve as a moderating variable between parents' overall level of protective factors and children's overall school readiness while controlling for parental education and child ethnicity. This model was found to predict 7.9% of the variance in children's overall school readiness F (5, 449) = 7.71, p <.001. Overall parental protective factors did not significantly predict children's overall school readiness (B = -0.41, p = .668). Furthermore, perceived parental stress was not predictive of children's overall school readiness (B = -0.04, p = .595). Results of the moderation analysis indicated that parental stress did not moderate the relationship between parental protective factors and children's school readiness as the interaction term was not significant (p = .677). The results indicated that parental stress did not moderate or have antagonistic effects on the relation between parental protective factors and children's school readiness. Therefore, perceived parental stress did not influence or reverse the positive hypothesized effect of parental protective factors predicting children's school readiness.

Table 6

Moderation of Parental Stress on Overall Parental Protective Factors on Children's School Readiness

	B	SE	*t*	*p*
Moderation of Parental Stress on Protective Factors and School Readiness				
Covariates				
Parent Education	0.81	0.27	2.96	.003
Ethnicity	2.35	0.65	3.64	<.001
Parental Protective Factors	-0.41	0.96	-0.43	.668
Parental Perceived Stress	-0.04	0.08	-0.53	.595

Protective Factors x Perceived Stress	0.06	0.15	0.42	.677

Parental Protective Factors and Perceived Parental Stress

Next, a multiple linear regression model was conducted to evaluate if parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social and emotional competence) predicted parents' perceived stress. This model significantly contributed $F(6, 440) = 27.14$, $p < .001$, and accounted for 27% of the variance in perceived level of parental stress. In observing the unique contributions of each predictor variable, the main effect of parental resilience ($B = -2.66$, $p < .001$), social connections ($B = -1.14$, $p = .011$), and social and emotional competence of children ($B = -2.85$, $p < .001$) had a statistically negative association with parental stress. This indicated that as levels of parental resilience, social connections, and social and emotional competence of children increased for caregivers that parental perceived stress decreased. The parental protective factor of concrete support in times of need was not shown to be a significant predictor of parental stress ($p > .05$). The covariate variable of parental education also significantly contributed to this model ($B = -0.39$, $p = .023$), negatively predicting parental stress while child ethnicity (proxy for parental ethnicity) was not shown to be a significant predictor ($p > .05$). These findings suggest that parents' who reported higher levels of resilience, social connections, social and emotional competence of their children, and parental education were shown to have less perceived stress. Child ethnicity or having concrete support in times of need were not significant predictors of perceived parental stress ($p > .05$).

Table 8

Multiple Linear Regression Predicting Perceived Parental Stress

	B	SE	β	*t*	*p*

Predicting Perceived Parental Stress					
Covariates					
Parent Education	-0.39	0.17	-0.10	-2.29	.023
Ethnicity	-0.40	0.40	-0.05	-1.00	.317
Parental Resilience	-2.66	0.80	-0.20	-3.32	<.001
Social Connections	-1.14	0.45	-0.14	-2.55	.011
Concrete Support in Times of Need	0.01	0.55	0.00	0.02	.983
Social and Emotional Competence	-2.85	0.67	-0.25	-4.27	<.001

Parental Protective and Risk Factors on Children's School Readiness

Finally, two multiple linear regression were conducted to predict children's social emotional school readiness and cognitive school readiness based on parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) and parental risk factors (i.e., parental stress). The first model examined the effects of parental protective factors and perceived parental stress, while controlling for covariate variables of parental education and child ethnicity, on children's social emotional school readiness. This model significantly contributed $F(7, 439) = 3.51$, $p < .001$, and accounted for 5.3% of the variance of social emotional kindergarten readiness. The second model demonstrated that the same predictor variables and covariate variables also significantly contributed $F(7, 439) = 9.60$, $p < .001$, and accounted for 13.3% of the variance of cognitive school readiness. The unstandardized coefficients, standard error, standardized coefficients, t values and significance levels for the models are displayed in Table 9.

In terms of parental protective factors, the main effect of parental resilience was first examined. The main effect of parental resilience was significant for children's social emotional readiness for kindergarten. Parents who reported higher levels of parental resilience were associated with higher levels of social emotional readiness in their children, ($B = 2.56$, $p < .001$) as reported by teachers. Interestingly, higher levels of parental resilience

did not have a significant effect ($B = 1.11$, $p = .183$) on children's cognitive readiness for kindergarten. Next, the main effect of the parental protective factor, social and emotional competence of children, was significant, such that as parents reported higher levels of social and emotional competence of their children, it was associated with overall lower levels of social emotional ($B = -1.52$, $p = .008$) and cognitive school readiness ($B = -1.99$, $p = .005$) as reported by teachers. The main effect of the other parental protective factors examined (social connections and concrete support in times of need) and the parental risk factor (perceived parental stress) were not significant in any of the models that predicted school readiness ($p > .05$). This suggests that social connections, concrete support in times of need, and perceived stress as reported by caregivers did not significantly predict children's school readiness.

Both models predicting children's social emotional and cognitive readiness for kindergarten included covariates of parental education and child ethnicity in order to control for their potential effects on school readiness based on prior research. There was a main effect of parental education on children's cognitive school readiness ($B = 0.72$, $p < .001$), indicating that as parents' education level increased that there was a significant association with higher cognitive school readiness ratings as reported by teachers. However, this main effect was not statistically significant for social emotional school readiness ($B = 0.06$, $p = .668$), indicating that parental education did not seem to be associated with children's social emotional school readiness. There was a main effect of children's ethnicity on children's social emotional ($B = 0.85$, $p = 0.26$) and cognitive school readiness ($B = 1.46$, $p < .001$). Therefore, results indicated that ethnicity had a significant impact on school readiness,

favoring non-Hispanic/Latino children as they were reported to have higher school readiness scores as reported by teachers.

Table 9

Multiple Linear Regression Predicting Social Emotional and Cognitive School Readiness

	B	SE	β	*t*	*p*
Predicting Social Emotional Readiness					
Covariates					
Parent Education	0.06	0.14	0.02	0.43	.668
Ethnicity	0.75	0.33	0.12	2.24	.026
Parental Resilience	2.56	0.68	0.26	3.75	<.001
Social Connections	-0.35	0.38	-0.06	-0.92	.360
Concrete Support in Times of Need	-0.25	0.47	-0.04	-0.54	.589
Social and Emotional Competence	-1.52	0.57	-0.18	-2.65	.008
Parental Perceived Stress	-0.01	0.04	-0.01	-0.14	.889
Predicting Cognitive Readiness					
Covariates					
Parent Education	0.72	0.18	0.20	4.07	<.001
Ethnicity	1.46	0.41	0.18	3.58	<.001
Parental Resilience	1.11	0.84	0.09	1.33	.183
Social Connections	0.04	0.46	0.01	0.09	.928
Concrete Support in Times of Need	0.57	0.57	0.07	1.00	.318
Social and Emotional Competence	-1.99	0.70	-0.19	-2.83	.005
Parental Perceived Stress	-0.03	0.05	-0.03	-0.61	.542

Discussion

Early childhood development research has highlighted that the early developmental time period is foundational in developing capabilities needed for success later in life (Robson et al., 2020). The current study is aligned with calls for additional research to better understand how development might be hindered or supported by risk and protective factors (Webster et al., 2024). Therefore, this study sought to understand the associations between parental protective factors, perceived parental stress, and children's social emotional and cognitive school readiness. The main aims of this study were to examine: 1) if overall levels of parental protective factors predicted children's school readiness, considering parental

stress as a moderating variable; 2) which parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) predict perceived parental stress; and 3) the influence of parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) and risk factors (perceived parental stress) on children's social emotional and cognitive school readiness. The multiple regression model allowed for this study to assess the impact of each protective factor while controlling for the others. The results of this study have both clinical and research application in being able to better understand malleable parental characteristics that influence children's school readiness and perceived parental stress. Specifically, these findings have implications for schools and early childhood programs that are working to design targeted supports for families to enhance children's readiness for school.

Moderating Effects of Perceived Parental Stress

This study explored the interplay between parental protective factors, children's school readiness, and a moderating variable of perceived parental stress. This first aim of this study was to understand the association between overall parental protective factors on children's school readiness, with parental stress as a moderator. Usually, parental protective factors are studied as moderator or mediator variables (Harper Browne, 2014). However, due to the temporal nature of the perceived stress, in this study parental stress was conceptualized as a moderator variable that might influence the relation between protective factors and children's school readiness. Therefore, this study sought to investigate if parents' perceived level of stress during the time of data collection would influence the association between parental protective factors and children's school readiness. The moderation analysis found

that there was no significant moderation of parental stress on the relation between parental protective factors and children's school readiness. In this study, perceived parental stress did not alter the relation between parental protective factors and school readiness. Despite individual parental protective factors being significant in models below, overall parental protective factors did not significantly predict children's overall school readiness.

Examining protective factors individually revealed more specific insights. As parental protective factors encompass a range of elements that contribute to a child's overall well-being and development, it is helpful to have a nuanced understanding of the influence of the individual protective factors on children's school readiness. We hypothesized that higher levels of parental protective factors would positively predict children's readiness for kindergarten, but our results did not yield significant direct effects. Perceived parental stress did not significantly influence the relation between parental protective factors and children's school readiness.

It is important to consider that the perceived parental stress measure focused on a current snapshot of stress that is malleable and temporally based on daily life situations. Although results were not significant, it helps inform future directions needed to investigate the potential moderators or mediators that may influence the relation between parental protective factors and children's school readiness. The covariates of parental education and ethnicity played significant predictive roles in predicting school readiness. Children of parents with higher educational attainment had higher school readiness ratings by teacher. Often higher education levels allow for greater access to resources and income to access resources. Furthermore, children's ethnicity also influenced readiness with Non-Hispanic/Latino children having greater readiness for kindergarten than Hispanic/Latino

children. These disparities further highlight the importance of culturally sensitive interventions and the importance of equity in designing early interventions to support children and families.

Parental Protective Factors and Perceived Parental Stress

Results also demonstrate that parental resilience, social connections, and social and emotional competence of children were significantly negatively associated with parental stress; as parents' level of protective factors increased, their perceived level of stress decreased. These findings are consistent with existent literature that examine the relation between risk and resilience factors (Masten, 2014). Parents with higher levels of the protective factor parental resilience, had significantly lower perceived stress. Additionally, as parents' reported an increased number of the protective factor social connections, their perceived parental stress significantly went down. Parents who have close relationships with little conflict were found to be more strongly protected from depression, anxiety, and other stress-related mental health problems (Beeber & Canuso, 2012). Not only might social connections decrease parental stress, but it also might protect young children by enriching their environment and relieving demands from parents (Beeber & Canuso, 2012). School entry is an optimal time for schools to facilitate social connections at school. Research has indicated the parents desired for schools to facilitate social connections between parents and teachers and among parents themselves (Amirazizi et al., 2022; Ongoren, 2021). Furthermore, as parents' reported an increased amount of the protective factor social emotional competence in their children, their parental stress levels was significantly lower. This provides useful insight into the potential buffers that might work to reduce parental

stress. The literature has pointed to the iatrogenic effects of parental stress on children's developmental and academic outcomes (Soltis et al., 2015).

It appeared that having concrete supports in times of need (i.e., persistence in finding services, knowing where to get assistance, and accessing help when needed) although a positive and useful thing to have, did not have an association with lower perceived parental stress. Perhaps this might have been different if the stress measured a more long-term, chronic assessment of stress. The study findings underscored the significant role of parental protective factors, namely parental resilience, social connections, and social emotional competence of their children, in predicting lower levels of parental stress compared to the protective factor of having concrete supports in times of need.

Parental Protective and Risk Factors on Children's School Readiness

Lastly, this study aimed to understand the association between parental protective factors and perceived stress on children's school readiness. Multiple regression analysis was used to predict children's social emotional and cognitive school readiness based on parental characteristics of risk (perceived parental stress) and protective factors (parental resilience, social connections, concrete support in times of need, and social emotional competence of children). Parental resilience, a parental protective factor, was found to significantly predict children's social emotional school readiness. Parents with higher levels of parental resilience were significantly associated with children with higher reported social emotional school readiness by their teachers. However, parental resilience was not found to significantly impact children's cognitive readiness for kindergarten. These nuanced findings provide important evidence in understanding how the protective factor of parental resilience might impact child outcomes more significantly than others.

Recent research supports the influence of parental or familial resilience on children's social emotional well-being. A recent study found that high levels of parental resilience was the most significant moderator on the relation between adverse childhood experiences and children's social emotional development in comparison to other early learning outcomes that predicted school readiness (Webster, 2024). The results of the current study support Webster's (2024) study that indicated that family or parental resilience is impactful on children's social emotional development and readiness for school. Research has shown that dyadic and interactive processes from parent to children can model the generational transmission of positive skills (Mattis et al., 2016); this highlights how parental characteristics and practices shape and model children's environments. The results of the current study indicate positive associations with parental resilience and children's social emotional readiness for kindergarten, such that as parents' had an increased capability to handle difficulties, children were also reported to have greater impulse control, self-regulation, and persisting with tasks after difficulties.

Social connections and having concrete support in times of need were not found to significantly predict children's social emotional or cognitive school readiness. While research has indicated the importance of these familial protective factors on parents' wellbeing and mental health, this study did not find direct associations with child outcomes of school readiness. These protective factors (i.e., social connections and having concrete supports) have been well researched as important factors in risk and resilience research (Masten, 2013; Harper Browne et al., 2014). However, perhaps these protective factors play a role in impacting parents' resilience as social connections ($r = .56$) and concrete support in times of need ($r = .64$) were significantly moderately correlated with parental resilience.

Gavidia-Payne et al. (2015) proposed a resilience model that theorized that social connectedness, family functioning, parental psychological wellbeing, and self-efficacy can be associated with resilient parenting outcomes. The constructs of social connections and having concrete support in times of need might not have directly impacted children's school readiness but instead it might bolster parental characteristics that will directly impact children's school readiness.

Unexpectedly, parents' social and emotional competence was found to be inversely related to children's social emotional and cognitive readiness for kindergarten, meaning that as parents' reported higher levels of social and emotional competence of their children that children were reported to have significantly lower levels of social emotional and cognitive school readiness. This finding is not consistent with previous literature that highlights the protective nature of parents' having social and emotional competence of children. In fact, research has consistently demonstrated that the development of social and emotional competence in the first five years as a crucial part of social emotional and cognitive competence (National Scientific Council on the Developing Child, 2004). The social and emotional competence of children subscale is focused on what the parent does (i.e., maintaining self-control, staying patient, controlling themselves when angry) when their child is upset. Additionally, this scale focuses on what the parent does when they are with the child (i.e., play with the child, gives the child attention, helps them calm down, and being happy with child). One potential explanation for the negative association could potentially be a result of an over-reporting of positive social emotional competence of children by parents because of social desirability (Zerbe & Paulhus, 1987). It is important to consider parents' level of comfort in reporting as their ratings were identifiable and non-anonymous to their

child's school that they recently had established a relationship with. Additionally, the items in this construct were not targeting specific strategies to ensure that parents' were following evidence-based strategies to promote social-emotional competence in their children. For example, the scale asks for the frequency in which they help their child calm down, but it does not ask about specific strategies that parents are engaging in. Further research is needed to understand the impact of social and emotional competence on children's kindergarten readiness.

Contrary to the proposed hypothesis, perceived parental stress, concrete supports in times of need, and social connections did not significantly predict children's social emotional or cognitive school readiness. While all these constructs might be important factors that research has shown to influence parental well-being and child outcomes, this study did not find a direct relation on children's social emotional and cognitive readiness for kindergarten. One potential reason for the lack of significance may be that the measure of stress in this study was temporally based and could be considered part of "normative" stressors or "daily hassles" or mild stressors that arise out of day-to-day living (Tolan et al., 2004). Results of this finding could indicate that parents daily stressors do not appear to significantly decrease children's social emotional and cognitive school readiness. This research study did not measure the impact of chronic environmental stressors or specific stress related to parenting domains as data were collected within the school setting. Similarly, when reporting on social emotional competence of children, parents could have a lack of comfort disclosing their perceived stress. Parents might have a mistrust of educational and mental health institutions that lead them to respond with acquiescence bias (Moore et al., 2023). No parents in the sample reported high levels of perceived stress.

As research has shown the impact of systemic factors on kindergarten readiness, it is important to note the relation of parental education and child ethnicity on children's school readiness in this study. These covariate variables were found to significantly predict cognitive school readiness such that as parents' level of education increased and children were identified as non-Hispanic/Latino, they were reported to have higher cognitive school readiness. However, parent education did not predict social emotional readiness for kindergarten, indicating that parent education did not have as much of an association with children's social and emotional readiness skills. Child ethnicity was predictive of children's social emotional readiness for school. These findings indicating the significance of parent education and child ethnicity on aspects of children's school readiness are corroborated by other research findings. For example, Reardon & Portilla (2016) found that despite the achievement gap at kindergarten entry narrowing from 1998 to 2010, disparities still persisted between high- and low-income students and between White and Hispanic students at kindergarten entry. Demographic factors, such as parental education and children's ethnicity, impacting school readiness potentially highlights systemic disparities in accessing equitable resources such as books, educational toys, and learning opportunities that might facilitate children's early learning and development. It could also highlight teachers' bias as the measure of school readiness was rated by teachers and based on observations. These findings emphasize the significance of educational interventions and support programs aimed at fostering positive outcomes for all children and families, particularly those from minoritized and marginalized populations.

Limitations

One notable limitation of this study is that the data collection process was facilitated by schools. While this approach is desirable as schools serve as a hub to collect mental health data from families and allows for access to more parents and children than other settings (Moore et al., 2023), it might have inadvertently influenced parents' responses. This data collection experience was likely many parents first interaction with the school system and parents might have felt the need to respond in socially desirable ways. Specifically, parents might have been more inclined to provide positive or socially acceptable answers regarding their level of protective factors and perceived stress.

Another important limitation of this study is non-response bias, meaning that this sample might not fully capture the perspectives of the parents who did not respond for various reasons. The data encapsulated a certain percentage of the entire sample of kindergartners at each school. Parents who were overwhelmed or highly stressed might have been less likely to participate in the data collection process. Therefore, this study's findings might not fully capture the experience of highly stressed parents, potentially leading to an underrepresentation of their perspectives.

It is essential to acknowledge the context of this study, conducted on the Central Coast of California, which limits the generalizability of findings to other geographical regions. Additional research is needed in other geographical areas. Another potential limitation of this study is that school readiness was assessed based on teachers' observations rather than through concrete assessments or tasks completed by the children themselves. The reliance on subjective evaluation methods could potentially result in implicit bias by educators, particularly relating to race and gender, on the assessment of students' skills. Research has shown that biases can significantly influence educators' perceptions and

judgements (Zimmerman & Kao, 2019). Moreover, studies have highlighted the presence of implicit biases within early childhood education systems that have contributed to racial disparities in assessments and perceptions of children's abilities (Gilliam, 2016). Further research is needed to ensure a more comprehensive understanding of school readiness.

This study utilized a quantitative approach which could be considered a limitation as it lacks the specific information that might provide a deeper understanding or explanation of the study's findings, including parents' comfort in filling out screeners regarding their protective factors and perceived level of stress at their child's school. Furthermore, the majority of caregivers that participated were mothers (83.3%). Additional research is needed to understand if there are differences with fathers. Finally, additional parental demographic information (i.e., generational status, age) was not available but could have been helpful in further contextualizing the results of this study.

Implications

Results of this study highlight the importance of public free-of-cost community interventions targeting families with lower educational attainment levels to equitably prepare children for kindergarten. Moreover, a key implication of this study includes the importance of culturally sensitive interventions and equity when designing early interventions to support children and families. Furthermore, understanding protective factors that are malleable in improving stress will be useful for schools and early intervention programs when taking an ecological, holistic approach to supporting students. Future early intervention programs might work to bolster parents' ability to effectively cope with challenges in the face of adversity, manage stress, solve problems, and remain calm during challenging times. It is important that clinicians, policy makers, and educators conceptualize resilience not as an

individual construct but comprised of factors across ecological layers, including community and societal factors (Gavidia-Payne et al., 2015). This has important implications when thinking about how to promote parental resilience on a systemic level rather than individually. Further research is needed to understand ways to bolster parental resilience at the individual and community level. Simply sharing community resources with families or facilitating social connections within the school setting might not be enough to influence children's school readiness directly. Instead, these protective factors might impact parental resilience, parental mental health, or parental stress which thereby impact children's development.

Future Directions & Conclusions

Results of this study highlight the multifaceted nature of factors that influence children's school readiness. Integrated, family-centered approaches in early childhood are needed as children transition to formal schooling. It is important for schools to take into account the results of this study when supporting families holistically as they enter kindergarten. A ready community invests in resources that support families to effectively support children's holistic development and prepare them for a successful transition to kindergarten (Emig, 2000). The current study revealed nuanced findings that support different aspects of children's school readiness, including social emotional and cognitive readiness. It is important to conceptualize protective factors as not only stemming from an individual but also broader social-ecological factors. These broader social-ecological factors include policies and systems that mitigate the impact of risk factors (i.e., social policies that relieve stresses of parenting, such as maternity and paternity leave) when considering ways to intervene to support families (Deater-Deckard, 2004). Risk and protective factors must be

considered beyond the parent and child but instead consider the social, economic, and political forces that affect families and communities (Barter, 2005).

Early childhood mental health practitioners, psychologists, and school administrators can utilize the findings of this study to inform how they might intervene to reduce parental stress and increase children's school readiness. Higher parental resilience had a significant impact on predicting children's social emotional school readiness, suggesting the importance of directing resources towards enhancing parental protective factors such as parental resilience. Although other protective factors did not specifically predict children's kindergarten readiness, it is important to consider the role of other protective factors (i.e., social connections and concrete support in times of need) in bolstering parents' sense of resilience. To bridge disparities found with parental education levels and children's ethnicity, culturally sensitive interventions and equitable support systems are essential for preparing all children for kindergarten. Additionally, parents having high levels of resilience, social connections, and social emotional competence in their children predicted less perceived parental stress. Therefore, targeting school readiness and parental stress at the community, societal, parental, and individual level can carry significant implications and the potential for lasting impact at such a pivotal time in early childhood.

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Chapter 3:

Breaking the Cycle: Parental Perspectives on Intergenerational Trauma, Healing, and Early Childhood Education

Abstract

Early childhood trauma is a public health issue with adverse consequences that impact children, families, and society. As parents are the most proximal influence on their child's development, it is critical to understand how parents' childhood adversity increases their children's risk of experiencing trauma. Intergenerational trauma occurs when the effects of trauma are passed down through generations. There is little known about the mechanisms of intergenerational trauma and the role of positive childhood experiences in potentially buffering the deleterious effects of intergenerational trauma. The current study fills an important gap in the literature by providing a phenomenological description of the intergenerational mechanisms of trauma from parent to child, healing practices, and the ways in which schools can support caregivers who have a significant history of adverse childhood experiences. Findings revealed parental challenges with emotion regulation, barriers to breaking the cycle, and protective factors for healing. Results inform ways in which schools and early childhood education can support young children and families. Recommendations include schools serving as resource hubs, school-based mental health services, preventative measures, and improving caregiver-school relationships in order to enhance safety and trust.

Keywords: adverse childhood experiences, intergenerational trauma, parent perspectives, healing practices, trauma informed, early childhood education

Breaking the Cycle: Parental Perspectives on Intergenerational Trauma, Healing, and Early Childhood Education

Early childhood trauma is a major public health problem with consequences spanning across children, families, and society (Bartlett & Smith, 2019). Psychological trauma can result from experiences that are physically or emotionally harmful and life-threatening and have lasting adverse effects on well-being (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014). Early exposure to trauma can result in difficulties forming secure attachments, unhealthy coping with stress, feelings of depression, low self-esteem, behavioral problems, and poor social skills (Bartlett & Smith, 2019). It is important to understand parents' influences on their children's early exposure to trauma. Adversity or unresolved trauma in the childhood of parents (and generations prior) may result in sustained intergenerational pathways of trauma (Narayan et al., 2021). Therefore, unresolved parental trauma or adversity can result in a higher risk for adverse childhood experiences in the next generation of children, especially if there are no positive or protective influences on development (Narayan et al., 2020).

There remains a gap in the literature on the role of parents' early life adversity on the impacts of their child's early development. It is imperative to understand the mechanisms of intergenerational trauma and ways in which schools and early childhood education (ECE), as community hubs, can provide early intervention and prevention supports to young children and their families. Moreover, it is crucial to understand how parents' positive early life experiences can protect against the transmission of adversity or trauma across generations (Narayan et al., 2021). This phenomenological study aims to investigate the lived experiences of parents who have had adverse childhood experiences to better understand the

intergenerational mechanisms of trauma from parent to child. Additionally, this study will also examine parents' healing practices and how they might serve as a buffer against the transmission of trauma across generations. Moreover, this study aims to highlight parental perspectives in understanding ways in which schools and early childhood education (ECE) can support young children and families who have experienced adverse life experiences and trauma.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are traumatic events in an individual's childhood, including physical, sexual, or emotional abuse, neglect, domestic violence, family separation, and family dysfunction such as a family member's substance use, mental illness, or incarceration (Johnson et al., 2017). The seminal study by Felitti et al. (1998) demonstrated that the more ACEs one experiences in childhood, the greater the likelihood of negative outcomes across physical, social, psychological, and cognitive domains. ACEs are known to affect children's memory systems, ability to think, executive functioning, emotion regulation, and reading social cues, which all compromise children's ability to pay attention, follow directions, work with teachers, and make friends with other students in the educational setting (Temkin et al., 2020). ACEs have also been found to be associated with adverse outcomes such as unhealthy lifestyles, poor physical and mental health, low educational achievement and economic productivity in adulthood, as well as adult-onset diseases such as ischemic heart disease, chronic lung disease, and even cancer (Johnson et al., 2017; McDonald et al., 2015). Furthermore, ACEs have been found to dramatically increase risk for 9 of the 10 leading causes of death in the United States and an ACE score

greater than or equal to four (indicative of four adverse childhood experiences) can shorten an individual's lifespan by as much as 20 years (Hughes et al., 2017).

Research has shown that by five years old, 25% of children in America have experienced financial hardships, 10% have had a parent divorce or separate, 4% have witnessed intimate partner violence, and many have lived with someone who has a mental illness (6%), substance use problem (6%), and/or been incarcerated (5%) (Sacks et al., 2014). This indicates that many young children have experienced a variety of ACEs and traumatic experiences before the start of elementary school (Walden et al., 2021). When children experience strong, continued, and persistent adversity, this can result in prolonged activation of the stress response system and therefore disruption of the development of the brain, otherwise known as toxic stress (Center on the Developing Child, Harvard University, n.d.). The primary way in which trauma influences brain development is through activating the biological stress response system (DeBellis & Zisk, 2014). Activation of the physiological stress response system in children might result in a diminished ability for coping with stress and therefore might result in inappropriate responses to stressful situations such as overreacting or underreacting (Perry, 2001). Additionally, long-term consequences of early trauma can include learning difficulties and academic challenges (Dyregrov, 2004), anxiety, depression, substance abuse, and incarceration (Chu & Lieberman, 2010; Dunn et al., 2017; Kaplow & Widom, 2007).

Fortunately, research shows that early detection and evidence-based intervention can prevent deleterious outcomes associated with ACEs (Narayan et al., 2021). However, there remains a gap in the literature in understanding ways in which ACEs span across generations and the mechanisms in which parents' childhood adversity impacts subsequent generations.

Additionally, further research is needed on parents' healing practices in the face of high levels of parental ACEs to understand factors that might buffer against the intergenerational transmission of ACEs. To inform the prevention of ACEs in children and inform resiliency processes, this study will examine parents' perceptions of the impact of their ACEs on parenting and children's development.

Caregiving as a Protective Factor for Children

Many families demonstrate resilience in the face of adversity and trauma (Masten & Monn, 2015), including ACEs. Understanding how some families are resilient and develop protective factors in the face of early adversity is pivotal to disrupting the intergenerational cycle of early adversity and chronic stress (Woods-Jaeger et al., 2018). Research has consistently demonstrated that a caregiver who is able to provide consistent and responsive care is critical to young children's development and resilience to adversity (Bartlett & Smith, 2019). Caregivers have a profound positive influence on the developmental trajectory of young children (Cho et al., 2020). Conversely, a parent who is unavailable can result in poor adjustment, unresolved processing, and increased stress and fear for a child (Chu & Lieberman, 2010). The quality of the parent-child relationship plays a major influence in young children's coping and processing of traumatic events.

Research demonstrates that the relationship between parents and children acts as a protective factor. This highlights the significance and positive effects of providing early interventions and supports to address parental trauma or adversity (Cho et al., 2020), particularly since parents' play a crucial role in helping their children heal from trauma or adverse experiences (Bartlett & Smith, 2019). This study aims to understand, through parents' voices, the mechanisms in which parental adverse childhood experiences impact

their parenting and children's development, and ways in which schools can provide supports to bolster familial resilience.

Intergenerational Impacts of Parental Adversity and Trauma

Intergenerational trauma refers to the process in which parents transmit their unresolved trauma to their children through specific interactional patterns. As a result, the effects of trauma are experienced by their descendants even without direct exposure to the traumatic event (Hesse & Main, 2000). Epigenetics research has shed light on how trauma can be transmitted across generations. Rather than changes in the DNA sequence itself, it involves alterations in gene functioning influenced by environmental events (Weinhold, 2006). Children can be affected by parental trauma exposures occurring before their birth and possibly even prior to conception (Yehuda & Lehrner, 2018). For instance, trauma experienced by a child's caregiver might impact the way their genes are expressed, potentially impacting future mental health conditions. The well-document effects of ACEs can significantly affect the health and well-being of subsequent generations. One mechanism in which ACEs are transmitted to future generations is via parenting practices (Herbell et al., 2020). The cumulative effect of ACEs increases parents' susceptibility to develop mental health problems, especially symptoms of depression (Cambron et al., 2014). Research has shown that depressive symptoms, which may be increasingly present as a result of ACEs, can reduce a parent's ability to communicate effectively and nurture their children, which can result in greater challenges managing their child's behaviors (Wang & Dix, 2013). Parents with multiple ACEs are also at risk for substance use problems, disrupted social networks, and limited educational attainment (Shonkoff et al., 2012), all of which can negatively impact their children.

Research indicates that mothers who experienced abuse or trauma as a child reported increased parenting stress and decreased relationship quality with their children (Hughes & Cossar, 2015). Maternal childhood adversity might indirectly negatively impact children's physical and mental health, and behavioral and cognitive outcomes (Bowers & Yehuda, 2016). Experiencing several ACEs and other disadvantages in life as a parent makes it difficult to provide a supportive and nurturing environment for children, therefore potentially leading to an intergenerational cycle of ACEs and chronic stress (Bridgett et al., 2015). As high parental ACEs might indicate the need for early family-focused interventions, adopting a two-generational approach (parent and child) as an intervention is necessary for holistic, comprehensive healing (Folger et al., 2018).

There is limited qualitative research that has explored parents' perceptions on the intergenerational mechanisms of ACEs on their children's development. One qualitative study that interviewed parents with a history of ACEs revealed that many parents aspired for their children to have better lives than they did themselves (Woods-Jaeger et al., 2018). Parents reported wanting to avoid the mistakes their own parents made and to create better opportunities and outcomes for their children than they had (Woods-Jaeger et al., 2018). This study revealed that parents' trauma history is passed down to children through unresolved parental mental health problems (Woods-Jaeger et al., 2018). Although many parents expressed wishes to break the intergenerational cycle, parents also reported difficulties in providing nurturance as their adversity and trauma history acted as a barrier to their ability to be an effective parent (Woods-Jaeger et al., 2018). Woods-Jaeger and colleagues (2018) provided their recommendations for interventions to break the cycle of ACEs which included raising awareness in the community, building and nurturing a supportive community, and

providing accessible parenting education and support including mental health services for parents. Other common supports parents reflected on as useful in supporting them through trauma and adversity were peer and familial support (Aparacio, 2017).

Overall, there is little research on how parents' childhood experiences may influence the transmission of ACEs across generations (Narayan et al., 2021). This study aims to address a gap in the research by understanding parents' adverse experiences as children and how they impact their parenting and children's development, especially ways in which schools (as community centers and hubs) can support families in breaking the intergenerational cycle of trauma. Future research is needed to not only better understand the intergenerational mechanisms of ACEs but also *parent perspectives* in understanding ways in which schools, as centers for all families, can support families in breaking the intergenerational cycle of ACEs. Through a phenomenological approach, in which parents' lived experiences are examined, this study aims to examine perspective perspectives on intergenerational transmission of trauma to their children, healing practices, and ways schools can be trauma informed.

Schools as Community Hubs

As the detrimental outcomes of childhood trauma are becoming more evident, calls for schools to take an active role in supporting students experiencing trauma has grown (Temkin et al., 2020). This is due, in part, to a recognition that schools have the potential to foster resilience and healing for children and youth affected by childhood trauma (Collin-Vezina et al, 2020). In fact, many schools across the country have recognized the importance of implementing trauma-informed policies and programs (Phelps & Sperry, 2020), making schools a natural context for intervening on ACEs. Moreover, schools are community centers

and hubs that all students and families have access to. This provides further support for the utilization of school systems to provide early intervention and prevention supports for young children and families who have experienced trauma. Schools may also provide a less-stigmatizing context for parents seeking support; however, it is important to note that parents reported stigma as a major barrier to receiving help (Herbell et al., 2020). It is also important to consider that many parents have fears and mistrust of systems, a term coined as “system avoidance” (Brayne, 2014; Haskins & Jacobsens, 2017). This study serves to address a gap in the literature by examining parents’ experiences and perceptions of how schools and ECE can support families who have experienced adversities and trauma in order to prevent the transmission of ACEs to children.

In early childhood, there is an opportunity to establish a foundation for family engagement and family-school/service provider relationships. Interventions that engage family members result in reductions of children’s disruptive behaviors (Pearce, 2009). Despite the well-established link between childhood trauma exposure and poor child well-being outcomes, many children who have been exposed to trauma are not identified and do not receive services within specialty mental health systems (Rishel et al., 2019). Many pediatric health care institutions offer evidence-based interventions to address childhood trauma, but many of these programs have difficulty engaging and retaining low-income minority families (Gopalan et al., 2010). However, within the school system, there is a unique opportunity to target many more students and families of various backgrounds to determine who is at risk and in need of further intervention.

It may be particularly important to consider ACEs within schools due to their significant impact on the educational process. Exposure to trauma can affect students’

abilities to succeed in academic settings (Loomis, 2018). Additionally, indirect exposures to trauma through intergenerational transmission of parental adversity has been found to impact children's math skills as early as kindergarten (Lynn et al., 2022). Furthermore, research has demonstrated that early adversity is related to difficulties with social emotional development (McKelvey et al., 2016), reduced literacy skills, and increased behavior problems (Jimenez et al., 2016). Specifically, ACEs have been found to affect children's memory systems, ability to think, executive functioning, regulating their emotions and reading social cues (Temkin et al., 2020). All of which compromise their ability to pay attention, follow directions, work with teachers, and make friends with other students (Temkin et al., 2020). Students with three or more ACEs are 2.5 times more likely to fail a grade (ACEs Aware, 2020). Additionally, they are significantly more likely to be labeled as having a disability warranting special education services, be suspended, expelled, or drop out of school (ACEs Aware, 2020). Due to their accessibility to many families and students, schools can serve as an ideal setting to provide trauma-informed programs to young children and families (Tabone et al., 2020). In fact, most children who receive mental health services are first identified and provided services within a school setting (Rishel et al., 2019).

Early prevention and intervention efforts in the school setting for young children exposed to trauma has been shown to decrease the likelihood that children will develop behavioral and health issues (Quinn et al., 2016). The Centers for Disease Control and Prevention (CDC) (2022) reports that early intervention is most likely to be effective earlier in a child's life and has been found to lead to many noticeable improvements as children move to school. When developing and implementing interventions, protective factors and family strengths are important to build upon to promote resilience with children of parents

who have histories of early adversity, in order to break the intergenerational cycle of ACEs (Woods-Jaeger et al., 2018). However, additional research is needed to understand parents' perspectives on the mechanisms of intergenerational trauma and how it impacts their parenting and thereby children's readiness for school. Moreover, further research is needed to understand ways in which early childhood education can support young children and families in trauma informed care (Douglass et al., 2021). This study will examine parental perspectives on how ECE can support young children and families who have high levels of ACEs.

Need for Trauma-Informed Care in Early Childhood Education

It is estimated that at least one in four children will experience a traumatic event before their third birthday (Briggs-Gowan et al., 2010; Jimenez et al., 2016). The high levels of trauma exposure in early childhood are concerning given impacts on later child development, social welfare, and child health. Although risks due to early trauma are made clear, research has also shown that there are effective ways to intervene to buffer or mitigate the detrimental outcomes of trauma (Loomis, 2018). Therefore, parents who have experienced early-life adversity and their children might benefit from early intervention before school entry, a pivotal point in a child's development. Early care and education programs are uniquely positioned to support young children and families exposed to adverse life experiences and trauma, such as ACEs, to promote resilience (Lipscomb et al., 2021).

The National Child Traumatic Stress Network (NCTSN) (2016) defines trauma informed care as practices that: strengthen resilience and protective factors for children and families, routinely screen for trauma exposure, make trauma resources available, address trauma exposure and its impact, emphasize collaboration, continuity of care, and maintain a

workplace that minimizes secondary trauma stress. However, ECE staff often have limited access to resources and training to enhance capacity to deliver trauma informed education and care (Douglass et al., 2021). Currently, little to no research exists on parents' perspectives of how ECE (such as daycares, preschools, and transitional kindergarten) can provide trauma informed care, supports, and education to families and young children. This study serves to address this gap.

Present Study

Resiliency is a dynamic process and cannot be measured or quantified effectively with one item, scale, or questionnaire (Narayan et al., 2021). Therefore, through a phenomenological qualitative approach, this study hopes to understand (1) parents' ACEs and how the trauma and stressors they experienced in their childhood have impacted their current parenting practices and their children's development, (2) parents' healing journey, and (3) what elementary schools and ECE can do to be trauma informed and support families who've experienced ACEs in the classroom setting upon school entry. This study builds upon previous research by examining the intergenerational impacts of parental ACEs on school readiness. It also seeks to understand how schools and early childhood education (ECE) programs can provide supportive programming and interventions based on parents' lived experiences.

Research Question 1. How do parents perceive that their adverse childhood experiences impact their parenting and children?

Research Question 2. How do parents heal or keep going despite the adversities they experienced in their childhood?

Research Question 3. What do parents think that early childhood education programs or elementary schools can do to create trauma informed support and interventions for families?

Method

Design and Setting

The purpose of the current study is to provide a phenomenological description of parents' experiences of ACEs and their perceived impacts on their children. Additionally, this study aims to examine the impact of parental ACEs on children's school readiness and parents' perspectives on the role of schools in supporting families with high levels of ACEs. Phenomenology allows for an in-depth understanding of the lived experiences of a phenomenon among certain people of groups (Birzer & Smith-Mahdi, 2006; Patton, 2015). Phenomenological qualitative study aims are to understand people's perceptions, perspectives, and understanding of a particular situation or phenomenon and provide meaning to their lived experiences (Moustakas, 1994).

Qualitative interviews are an important methodology as they allow participants to provide explanations and opinions on topics of studies and allow researchers to explore complex phenomenon that may be hidden (Tracy, 2013). Interviews are the most commonly used research methodology for phenomenological research studies (Kvale, 1983). Therefore, in-depth semi-structured, one-one-one qualitative interviews were conducted with 10 parent with histories of four or more ACEs. Parent participants were recruited from flyers in community mental health centers on the Central Coast of California and online Facebook parenting groups. The flyer detailed information about the prerequisites of this study. See Appendix C for the recruitment flyer.

Participants

Participants included 10 mothers from the United States with an average ACE score of 9.6 (range 6-13). The average parent age was 31.20 years old (*SD* = 8.89). Most of the sample were mothers who resided in California (80%), 20% resided in North Carolina, and 10% in Florida. Participants were parents of children that ranged from 3 to 6 years old (*M* = 3.82, *SD* = 1.1) who ranged from having no formal schooling experience, being in preschool, or being in kindergarten. Most (40%) of the participants identified as Hispanic/Latino, followed closely by White (30%), 20% identified as Biracial, and 10% as Asian. Half of the parents identified as being single, 40% were married or partnered, and 10% were separated/divorced. Most of the participants in this study (60%) worked full time. Please see Table 1 for additional demographic information and Table 2 for participant characteristics.

Table 1

Demographic Information of Participants

Demographic Information	*n* (%)
Child Grade	
Preschool	6 (60)
Kindergarten	3 (30)
No School	1 (10)
Parent Gender	
Male	0 (0)
Female	10 (100)
Parent Race/Ethnicity	
Hispanic/Latino	4 (40)
White	3 (30)
Biracial	2 (20)
Asian	1 (10)
Parent Education Level	
Not High School Graduate	1 (10)
High School Graduate	2 (20)
Some College/Professional Training	2 (20)

College Degree	3 (30)
Advanced Graduate Degree	2 (20)
Parental Marital Status	
Single	5 (50)
Married/Partnered	4 (40)
Separated/Divorced	1 (10)
Number of People in the Household	
2	3 (30)
3	2 (20)
4	3 (30)
4+	2 (20)
Number of People in Household <18	
1	4 (40)
2	5 (50)
3	1 (10)
Income	
< $20,000	1 (10)
$21,000-$30,000	1 (10)
$31,000-$40,000	0 (0)
$41,000-$50,000	3 (30)
$51,000-60,000	1 (10)
Above $60,000	4 (40)
Parental Working Status	
Full Time	6 (60)
Part Time	3 (30)
Student	1 (10)
Parental ACEs Count	
6	2 (20)
7	1 (10)
9	2 (20)
10	1 (10)
11	1 (10)
12	1 (10)
13	2 (20)

Table 2

Participant Characteristics

Pseudonym	Participant	Parent Age	Parent Ethnicity	Number of Children	Number of Parent ACEs	Child Age for Study
Liz	1	26	White	1	10	6
Sofia	2	23	Hispanic/Latino and White	1	9	3
Charlotte	3	37	White	3	9	5
Mariana	4	48	Hispanic/Latino	3	11	4
Jennifer	5	41	Asian	2	6	3 & 5
Daniela	6	23	Hispanic/Latino	1	12	4
Anna	7	37	White	2	6	3
Emma	8	25	American Indian/Alaskan Native & White	2	13	3
Valeria	9	24	Hispanic/Latino	2	13	3
Alondra	10	28	Hispanic/Latino	1	7	3

Data Collection

This study was approved by the Institutional Review Board at the University of California, Santa Barbara. Interested parents were instructed on the recruitment flyer to follow a QR code that linked to a Qualtrics survey. This Qualtrics survey asked parents to answer demographic information and an extended ACEs questionnaire to determine their eligibility to participate in the research study. Parents provided informed consent for themselves through this process. Criteria for inclusion included being a parent of a 3-6 year old, being at least 18 years old, and having experienced four or more ACEs. If qualified, parents were then contacted to participate in a semi-structured interview. 60% of the sample was recruited from community mental health centers on the Central Coast of California and 40% through online parenting Facebook groups. Interviews were conducted from April to July of 2023 and ranged from 34 to 75 minutes, with an average interview time of 48.3

minutes. Compensation for completing the interview was a $50 Amazon gift card sent to the parents email address. After the interview, parents were provided with a list of community resources. All interviews were conducted by the first author over Zoom or the phone. The interviewer asked all the questions written in the interview guide and selected generic prompts such as “Tell me more” to prompt parents when needed to explore the nuances of their lived worlds. Given that a phenomenological approach was applied, the interviewer paid special attention to practicing bracketing, or setting aside your own assumptions, beliefs, and interpretations during the interview, to ensure that biases do not influence the understanding of the participant’s experience (Thomas et al., 2023). Participants were recruited until saturation or redundancy in the data was reached. Saturation was determined collectively by the research analysis team that met weekly during data collection in order to develop initial codes to create codebook. Saturation in the data was achieved when there was no substantive new information being added from participants (Bowen, 2008).

Measures

Adverse Childhood Experiences

The original ACEs Questionnaire consists of ten items related to abuse, neglect, and household dysfunction that were included in the original ACEs study (Felitti et al., 1998). Criticisms of the conventional ACEs survey are that the data predominantly were collected from White, middle to upper class participants, and focuses solely on experiences within the home (Taylor-Robinson et al., 2018). The Center for Youth Wellness developed an expanded ACEs questionnaire composed of two sections (Purewal et al., 2016). The first section consists of the traditional ten ACEs for that are included in the original ACEs study (Felitti et al., 1998), while the second section includes nine items for assessing for exposure to

additional early life stressors that were developed by experts and community stakeholders. These items are hypothesized to lead to disruption of the physiological stress response but have not yet been correlated with population level data about risk of disease (Purewal et al., 2016). These questions include involvement in foster care system, bullying, loss of parent due to death, deportation, or migration, medical trauma, exposure to community violence, and discrimination (Purewal et al., 2016). The Center for Youth Wellness Questionnaire provides an expanded ACEs screener for youth and adolescents.

Previous research has adapted the Center for Youth Wellness ACEs Questionnaire for parents by modifying the questionnaire for adolescents and creating a comparable de-identified version with the addition of a natural disaster item (Kia-Keating et al., 2019). This study will utilize the same adapted parental ACEs questionnaire (Kia-Keating et al., 2019) from the Center for Youth Wellness. See Appendix D for the measure. Research has demonstrated that the expanded ACEs questionnaire more accurately represents the level of adversity experienced across various sociodemographic groups beyond the conventional ACEs measure (Cronholm et al., 2015). In this study, parents reported upon a total number of the items that they experienced before the age of 18. Parents elaborated on the specific ACEs they experienced by choice in the subsequent qualitative interview.

Semi-Structured Interview

A semi-structured interview guide was used to understand parents' lived experiences about the intergenerational impact of parental ACEs on parenting and their children, healing, and ways that schools can support families who have significant histories of adversity. Interview questions broadly focused on the aforementioned areas with part one focusing on intergenerational transmission of ACEs from parent to child, part two focusing on healing

and protective factors, and part three focusing on schools and trauma informed care. Open-ended questions allowed for participants to expand upon examples in their own lives with their children, reflect upon their childhood, and experiences within their child's current school system. Examples of some questions included in the semi-structured interview guide included: "*Tell me about how the traumatic, difficult, or stressful events that you experienced in your childhood have impacted you as a parent.*", "*What has helped you keep going or persevere?*", "*Are there any other things that helped you heal that you think could help other parents who have experienced similar difficult events in their childhood?*", "*Tell me about your experiences with your child's school as a parent who has experienced difficult, stressful, or traumatic events.*", and "*Is there anything that early childhood education programs can do to support children and families who have experienced trauma or adversity?*" See Appendix B for the qualitative interview guide that the researcher utilized.

Data Analysis

All interviews were audio and or video-taped and transcribed verbatim. Interviews were analyzed using thematic analysis (Braun & Clarke, 2006). The research team composed of two doctoral level graduate students and one post-baccalaureate research assistant. Researchers utilized a step-by-step, six-phased method for thematic analysis (Nowell, 2017). The six steps included: researchers familiarizing themselves with the data, independently generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Nowell et al., 2017). The analysis team members familiarized themselves with the interviews by reading transcripts and writing memos. Then, utilizing an inductive approach, the analysis team reviewed the first two transcripts to develop a descriptive coding scheme based on what emerged (Miles & Huberman, 1994).

After developing the initial codebook, additional transcripts were coded by the research team. The research team met regularly (weekly during data collection) to continuously revise the codebook as needed and resolve differences in coding. See Table 3 for code names and definitions that the research team developed. Each transcript was coded by at least two team members. After all transcripts were coded, the analysis team met several times to review the codebook and transcripts to identify patterns and themes emerging across all transcripts. Patterns were discussed among the analysis team to group codes into broader categories and identify prominent themes. Themes were named, defined, and reviewed among team members across all transcripts until consensus was reached. Consensus processes allowed for an iterative refinement of codes and a collaborative development of themes. This process allowed for investigator triangulation as multiple researchers analyzed and coded data independently and then met together to discuss and compare interpretations, reducing the impact of individual biases (Anderson, 2010).

Table 3

Code Definitions

Code	Definition
Emotions	
Regulation	Parent & child being able to regulate and control their emotions
Attentiveness	Parent being attentive to the child's emotional needs
Intelligence	Parent understanding the child's emotions & child understanding their own emotions
Dysregulation	Hard time managing emotions as parent or child
Triggers	Things that cause dysregulation for parent or child
Behaviors and Interactions	
Control	Managing or being in charge of child's behaviors
Responsive	Parent being attuned or attentive to child's needs. Having child-first thinking, being self-aware as a parent, reflecting on their parenting
Realistic Expectations	Knowledge of realistic expectations for child / child development / appropriate behavior for child
Unrealistic Expect.	Having unrealistic expectations of child / child development / appropriate behavior for child
Automorphism	Parentification – unintentionally or intentionally child becoming a parent or caretaker (from parents' childhood experiences OR currently as a parent)
Modeling	Parent modeling positive or negative behaviors for the child, being a realistic model for your child, modeling how to make mistakes, modeling how to be accountable for actions
Positive Environment	Creating or striving to create positive home environment for their child
Boundaries	Setting boundaries with your child, setting limits (parenting strategies- setting routines)
Active Listening	Being attentive when listening to child, hearing child, giving child a voice
Relationship	Relationship building with their child to enhance the relationship
Parenting Styles	Any reference to different parenting styles
Co-Parenting	Similarities or differences in parenting styles between primary caregivers in child's life (parent or child's perspective)
Other Caregivers	How parents or other caregivers interact with others that are heavily involved in their child's life – positive or negative interactions
Confidence to be a Parent	
Certainty	Increased confidence in parenting skills, know what you want for your child, confident in decisions, confident as a parent, self-esteem as a parent (individual, internal)
Uncertainty	Decreased confidence in parenting skills due to lack of positive childhood experiences (individual, internal)/ having imposter syndrome

Self-Conscious	Anxious about what others think of me as a parent (social)
Intergenerational	
Growth	Parents describing or experiencing growth or healing from childhood adverse experiences
Stagnant	Parents reporting/describing no growth or changes in their healing from childhood adverse experiences
Declining	Parents reporting setbacks or difficulty in making changes and having continuous/current hardships from their childhood adverse experiences
Breaking Cycles	Breaking familial patterns/generational cycles/toxic cycles. Parents noticing and wanting differences in their child's upbringing or demeanor from themselves
Self-Reflection	Reflecting & trying to understand childhood adverse experiences, being self-aware on how it's impacted them as a parent (negatively or positively), understanding blind spots or weaknesses
New Goals	Parent making deliberate/intentional goals based off of parents past ACEs for child's wellbeing and parents focusing their goals to move forward and heal
Unfamiliar	Parents feeling uncertain/unfamiliar with the caregiver environment they are creating/culture shock because these experiences are different from their own childhood/upbringing
Positive relationships	Being able to rely on family members, positive relationships
Safety	Establishing a safe environment for the child / protecting child (ex: parent specifying overprotection) / Child Protective Services (CPS) or legal intervention
Resources	
Mental Health	Therapy, Parent-Child Interaction Therapy (PCIT), medications to manage mental health, etc.
Community Resources	Social Services, food banks, youth programs, medical/doctor offices, childcare etc. not only having these resources but these resources helping in linkages
Information	Having knowledge of local resources
Accessibility	The ability to have access to physical and digital resources (mental health, community resources, medications, childcare)
Absence of Resources	Not having access to information/ not having basic needs met, such as food, water, shelter, mental health, medication, childcare, community resources
Personalization	Resources that are personalized/adapted to serve people with specific traumas (ex: people with different types of trauma need different supports)
Trauma-Informed	Providers that work with youth and families (i.e., teachers, daycare workers, janitors, school staff, etc.) having trauma informed training to support/understand families who have gone through traumatic experiences

Coping Strategies for Managing Trauma Exposures from Childhood

Self-Care	Parents taking care of themselves, understanding needs as a parent
Resiliency	Mindset of moving forward as a parent even when times are tough or things are scary
Personal Development	Parents finding their voice, learning to accept themselves as a parent, listening to constructive criticism
Social Supports	Social interactions with others to promote positive parenting or give parents a support system/network
Safe Spaces	Parents feeling like they have a place to go where they could feel safe/not have to worry about being judged/parents feeling like they don't have to explain themselves
Positive Coping	Childhood or current coping strategies that are adaptive and helpful such as physical activity, reading books, taking it day by day, focusing on what you can control etc.
Negative Coping	Childhood or current coping strategies that are maladaptive and not helpful such as not really facing issues by having a matter-of-fact attitude

Behavioral Causes of Child

Nature	Biological/Genetic causes to behavior or brain functioning (for child)
Nurture	Environmental impacts to behavior (for child)
Unexplained behavior	Parents expressing uncertainty about what caused child's behavior
Psychopathology	Any mention of psychological classifications from the parent about the child (e.g., neurodivergence/ADHD)

School-Caregiver Relationship

Negative comm.	School's negative approach in communicating with caregiver regarding their children, communication styles such as defensive language, blaming parent, lack of support from school, parents taking blame for child's difficulty with school transition
Positive comm.	School's positive approach in communicating with caregiver regarding their children (positive communication styles: preventative rather than reactive approach and specialized approaches for their child, flexibility from school), school providing empathy/offering support to parents
School Personnel Bias	Biases from school personnel such as age discrimination, marital discrimination, social demographic factors, differences in addressing behaviors between students and families
Trust	Trust between school and parents (could be lack of trust or trust building), vulnerability from parent to trust/open up the school,

	schools creating climate of safety for families, historical exclusion of diverse backgrounds resulting in lack of trust
School-Based Resources	
School Mental Health	Schools having mental health resources on campus such as counseling, family group therapy, access to mental health care at school, affordable mental health care services, schools having a standardized protocol to support students in an individualized way
Schools as Hubs	Schools providing community support, schools providing resource guides to parents (i.e., having physical copies of resources), schools providing fun/free of cost age appropriate activities for parents to bond with their children, whole family involvement, schools providing other resources for parents on site or off site such as health care, food banks etc. helping with systematic barriers for parents
Preventative Measures	Schools providing early access to resources/being a preventative support to children and families, universal screening processes to determine need for children/families, schools having a standardized protocol to support students in an individualized way, school creating an action plan for child's success (intervention implementation from school rather than parent)

Results

The aims of this research study were to understand the lived experiences of caregivers who had experienced four or more adverse experiences in their childhood. This study explored parents' perceptions of how the ACEs they experienced impact their parenting and children. Additionally, this study gained information on parents' healing process despite the adversities they experienced in their childhood. Lastly, this study gathered recommendations from parents about how early childhood education programs or elementary schools can create trauma informed support and interventions for families who have experienced adversity. After coding the interview transcripts, researchers inductively developed themes from parents' lived experiences. Parent perspectives were clustered into themes based on research

questions: intergenerational impacts of parental ACEs, healing practices, and trauma informed school practices.

Intergenerational Impact of Parental ACEs

Parents reflected upon how they believe the adverse experiences they went through in their childhood have impacted their parenting and children today. Six themes that emerged from parents' lived experiences included difficulties with emotion regulation, actively working to break the cycle, barriers in breaking the cycle, confidence as a parent, adopting certain parenting practices, and parental conflict among caregivers. See Table 4 for a summary description of themes that emerged.

Table 4

Intergenerational Impact of Parental ACEs

Theme	Description
RQ1: Intergenerational Impact of Parental ACEs	
Difficulties with Emotion Regulation	• Being able to recognize kid as a kid rather than an adult • Not having strong role model for emotion regulation • Desires to break cycle of dysregulation from childhood • Triggered easily • Actively working to regulate and control emotions in front of children
Breaking Cycle of Intergenerational Trauma	• Wanting child to not experience what they did • Breaking harmful patterns (i.e., substance abuse, inattentive parenting) • Keeping child away from normalized situations in parents' childhood • Turning to positive parenting resources to educate self on different techniques from their parents • Taking on role as a protector to break cycle (overprotection & hypervigilance)

Barriers to Breaking Cycle	• Parental mental health difficulties • Hypervigilance • Parents' sustaining intergenerational parenting practices inadvertently • Relational difficulties • Children modeling behaviors • Attachment difficulties
Confidence as a Parent	• Some reported lack of confidence while some reported increase in confidence due to ACEs • Difficulty setting boundaries with children (especially in group settings) • Imposter syndrome as a parent • Feeling more confident in making decisions
Parenting Practices	• Listening and hearing child • Fostering open communication • Listening & understanding child's perspective • Protector of child • Actively involved in child's life • Gentle parenting
Parental Conflict Among Caregivers	• Differences in parenting styles and values • Strong feelings around certain parenting practices • Gentle parenting vs. being authoritative • Dysregulation with co-parent • Fighting with spouse in front of children

Difficulties with Emotion Regulation as a Parent

One theme that emerged was parents reflecting upon how ACEs impacted their *emotion regulation and control* as a parent. For example, one parent reported that, "…the biggest way that those [adverse childhood experiences] have impacted me is in terms of emotional regulation and control and being able to like recognize my kid as a kid rather than like another adult" [Liz]. Several parents expressed how they felt like did not have a strong role model for emotion regulation and that they wished to break intergenerational patterns of their parents' dysregulation and yelling from their childhood. One parent shared, "My dad wasn't really patient with me so I'm trying to be patient and then he always yelled at us like

at me and my siblings so I'm just trying not to yell at [my child] because she's so young" [Alondra].

While wanting to break the cycle and stay regulated as a parent, caregivers highlighted the *challenges* with trying to do things differently from their childhood. One caregiver stated, "Yeah, it's definitely hard for me to regulate my emotions. And unlearn the habits that, you know that I grew up with because I just don't want [my children] to feel how I ever felt" [Emma]. Similarly, my parents highlighted the challenges with staying regulated when it was not something they were taught or was modeled in their home growing up. Another parent reflected, "…I feel like I just had a lot of struggles with regulating my own emotions for a while because no one was ever regulated like with me and responsive to my needs" [Liz].

Several parents expressed feeling *easily triggered* and some reported that they have found themselves triggered by their child's emotions. For example, the same parent shared, "It was definitely like hard for me to stay regulated whenever she got just dysregulated…and I was very easily triggered by her emotions" [Liz]. Additionally, parents reflected that they felt like they were *overreactive* to stressful situations. Many parents reported that they are currently working on *controlling their reactions* and emotions in front of their children. For example, one parent stated, "I can get triggered for lack of a better term in certain situations and I'm working on schooling my reactions" [Charlotte]. Another parent commented, "Sometimes I yell but I'm working on it too… I learned now that yelling is another way…It's sometimes the way I talk, because I talk really loud too…" [Mariana]. Another parent shared, "I do my best not to yell because I got yelled at a lot a lot. So, I try my best not to yell at them, but I get frustrated easily. So I just give up a lot" [Emma]. Generally, parents lived

experiences and perspectives indicated that ACEs resulted in challenges with regulating their emotions in front of their children.

Actively Working to Break Cycle of Trauma

Another theme that emerged was parents actively working to break the cycle of intergenerational trauma for their children. Many parents commented on how they did not want their children to have to go through the experiences that they went through and break harmful patterns (i.e., substance abuse and inattentive parenting). One parent stated:

> I honestly just want the best for my daughter. I want her to have a stable parent who's around and attentive emotionally. And there's a lot of substance abuse in my family so just making sure that she never witnesses me under any substances, or you know, or not taking care of my mental health [Sofia].

Another parent reflected upon how the ACEs they experienced "shaped how I want to parent and an example of what I don't want to do" [Charlotte]. One parent commented how she turned to resources to break the cycle:

> The environment I was raised in was really dismissive and like hypercritical. And so I did…I'm doing like everything I can to do the opposite. So I studied like… I read a lot of like the Laura Markham like peaceful parent happy kids books and then the sibling book and then when it was time when my son was like we did completely respectful parenting for the first 2 years. And no like punishment or anything [Anna].

Many parents commented on their *role as a protector* as a way to break the cycle of trauma from perpetuating and keeping children away from situations that were normalized in parents childhood. Another parent shared, "So I think the number one thing is just wanting to protect my children…I feel like my parents were unable to do for me…I feel like my parents

are a little bit too trusting with people in our community" [Jennifer]. However, many parents reflected on how they felt like they were being *overprotective* as a result of working to actively break the cycle of intergenerational trauma. Parents were not sure if this resulted in positive or negative impacts on their children. For example, one parent commented, "Yeah, I would say that my hardships have affected them in a positive way because I'm avoiding all the mistakes that my family made. But then I don't know because again you know being overprotective" [Emma]. Another parent shared "It's like I need to make sure everybody's protected. And that everybody's okay. And so I tend to go overboard in that regard if that makes sense" [Charlotte]. Many parents reported a sense of *hypervigilance* in allowing their children to participate in activities as a result of experiencing adverse events in their childhood. For example, another parent stated, "…so that's the thing too that I was probably a little bit overprotective with my kids. I won't let them go have a sleep over or be with anybody but me all the time" [Mariana]. Overall, parents reported a strong desire to break the cycle of intergenerational trauma, be a protector to their child, and do things differently from their parents.

Barriers in Breaking the Cycle

While parents reported a desire to break the cycle, a theme that emerged included difficulties or barriers in breaking the cycle despite wanting to do things differently than their parents did. One parent reflected:

> I know that a lot of us that suffer from that abuse when we were little. We try to do things different now, but still sometimes we fail because sometimes we are tired. We are frustrated and then we end up doing things that we don't want to do…like

> sometimes I yell at my kids, and then I remember…and I'm like I don't wanna be like my mom, you know. But then I remember no, I'm not my mom [Mariana].

One of the barriers included *parents' mental health struggles*. Several parents reflected upon how their mental health occasionally interferes with their desired parenting goals and has impacted their ability to leave home with their children. One parent commented, "Some days it's hard for me to want to get out of bed, but I know I have to but it's hard. Yeah, because you know I never had a routine growing up of any sort." [Emma]. Another parent commented:

> I do feel like I'm healed except for like the depression just because it's so I feel like it's so…it's kind of part of me already. I don't have it consistently just kind of like it comes and goes. Like, one week I can have a really bad day and then just kind of just wanna be at home all day and not really want to do anything and then the next week I'm a lot better. Some days are harder than other days especially as a parent you think you're not doing your best [Alondra].

Parents also commented on how their *hypervigilance* about their children due to the adverse experiences they went through in their childhood has impacted their mental health and ability to enjoy time with their children. For example, one parent commented:

> When I go to my friend's birthday party for their kids and I notice that there's like men in the room I start to get anxiety and I don't like when grown men look at my kids. It just gives me anxiety because I don't know if they're like a good person. So I'm not really enjoying the party when I go out or when we do activities I'm more so watching what everyone's you know doing and like I'm just really observant [Emma].

Some parents who experienced adversity in their childhood reflected upon having *relational difficulties* with their partner and co-parent. These parents noticed their children *inadvertently modeling behaviors* that they witnessed as a result of parents' relational challenges with their partner. One parent reflected that despite her best efforts to break the cycle that her child got suspended from school because, "when he got mad at somebody at school he grabbed them by the neck…that's the way his dad used to grab me and throw me to the wall… it was really hard on me because I knew how everything was affecting them." [Mariana]. Parents reflected upon how their childhood experiences made them more vulnerable to intimate partner violence which impacted their parenting. Another parent reflected, "I think definitely like my childhood experiences, made me vulnerable to his abuse, which unfortunately affected my ability to show up in the way I should have for my oldest, which I'm still making up for now" [Charlotte]. This parent reflected upon how she is seeing patterns from her childhood with her eldest despite her best efforts to break the cycle, "as a kid I felt the need to take care of my mother and I'm starting to notice that kind of behavior from my oldest… I would like to be better about like schooling my reaction to stressful situations, so she doesn't feel that need to like try to protect me."

Some parents noted challenges related to *attachment and expressing affection* as a result of the adversity they experienced in their childhood. One parent reflected:

> It's hard for me to like open up and even though I know, for example like my sister, my mom, my immediate family like I know I can trust them but it's really hard for me to like open up and hug or say I love you. And I feel like that's just the biggest thing I've noticed. Like, with what I've gone through, I'm scared to show that I care, like just very reserved and keep to myself [Valeria].

Parents reflected upon how their attachment difficulties might be impacting their confidence with the relationship with their children. One parent shared:

> I was feeling like bad for her like, oh, I wish she had a mom who was like more attached to her. I wish she had a mom who was like more available to her….And some people just like they just like adore their infants the day they're born. And I wish that was true for me, but it takes like a couple of years to kind of get to know them and then I just get like. You know, my son, I'm just like obsessed with him. I can't help but think like…if I have kind of like attachment issues then is that contributing? And making it harder for me to attach to my kids and would they be differently attached to someone else? I don't really know. So I try to do like all the things like I have like a million baby carriers and I like I'm still nursing my daughter and my son. I nursed him until it was like affecting my capacity to conceive my daughter. So I like do all the like external things to try to bond. But it's still feels like there's kind of like something missing and I don't really know how to make it happen" [Anna].

Parent expressed desires to break intergenerational cycle of trauma with their children but expressed many barriers that have made this difficult. Parents lived experiences indicated that parental mental health difficulties, hypervigilance, relational difficulties, and attachment difficulties are barriers that parents have faced when trying to break the cycle and do things differently from their parents.

Confidence as a Parent

Another theme that emerged for most parents was feeling like the adversity or traumatic events they experienced in their childhood has impacted their parenting efficacy or

confidence. Most parents reported *decreased confidence* in their ability to be a parent and feelings of imposter syndrome. One parent reflected that she was "trying to figure out what to do and just half the time faking it…having like a little bit of like imposter syndrome going. But you know feeling a little bit like a fraud. So I think that definitely hit my confidence quite a bit" [Charlotte]. Parent also reflected upon having a lack of confidence in setting boundaries or implementing parenting practices. For example, another parent stated:

> I think I still feel very like self-conscious whenever I'm in public settings, like family settings, and something comes up where I need to like set a boundary or like help her work through something I'm still very aware of like I feel like people are watching me, or I'm like insecure in how I'm actually handling situations because I don't know what I'm doing kind of a thing [Liz].

Another parent reflected upon feeling a *lack of confidence* in the first couple years due to having a difficult time with attachment. She shared:

> I think because I don't feel super confident, especially like the first year or two were really hard for me because they're not talking and walking. So, there's a lot of they're just really dependent. And I think like dependency is really hard for me and like not being able to communicate with them [Anna].

However, some parents shared that the adversity they experienced in their childhood actually *increased their confidence* as they felt strongly about what they wanted for their children. For example, one parent commented:

> I would start off by saying the confidence, I know I'm confident in making the right decision. I'm confident in what I do want for her and what I don't want for her. I think that's it. I know the decisions I want to make for her sake [Sofia].

It appears that parents' adversity from childhood impacted their confidence as a parent in different ways. Some parents reflected upon a lack of confidence, difficulty in implementing parenting practices, and feeling imposter syndrome as a parent. For other parents, the ACEs they experienced in their childhood made them feel more confident in making decisions and feeling sure about what they wanted for their children.

Parenting Practices

Another theme that arose from parents reflection on their ACEs was the influence these experiences had on their parenting practices. Many parents expressed that they desired to implement specific parenting skills and strategies that were gentle, positive, and trauma informed. Many parents had goals for their children to feel *heard and listened* to. For example, one parent stated:

> I continually keep working on making sure that I listen. I know just from conversations with her like one pattern that I'm trying really hard to break that I have noticed being repeated is that she feels like I'm not listening, or she feels like I'm not hearing her [Liz].

Parents reflected upon the influence of these positive parenting skills on their children's long term development.

> I feel like she feels more heard than I ever did. Just as well as how I come across with my tone, I'm very, very cautious with how I speak to her and I always take her feelings into consideration and I feel like as a child who doesn't have that, you know, you tend to shut down more or relationships in the future tend to be more complicated because of communication issues of not being heard [Sofia].

Moreover, many parents emphasized the importance of fostering *open communication* with their children, ensuring that their children felt comfortable discussing anything with them:

> I just wanna make sure like if they ever tell me something happened, I never like question it, or my parents never did that to me. But just I wanna make sure that they know they can always like I would believe them if they told whatever they experienced, they'd tell me [Jennifer].

Parents commented on the influence of fostering *open communication* with their children in breaking the cycle of trauma. One parent stated, "I feel somehow that the cycle before in my family about the abuse physically, it's broken somehow, because now she feels more empowered and she won't let anybody you know how you can say this like, take advantage of her…" [Mariana]. Many parents reflected that a crucial aspect of open communication involved allowing their children to make mistakes. One parent reflected, "I just wanna make sure that they make good choices. And if they make mistakes so they know they can talk to me. And I'm not gonna like, you know punish them for that" [Jennifer]. Another parent shared how she is "giving her [child] like the space and permission to like be a messy human being too" [Liz].

All parents commented on their role as a *protector* in their children's lives as a result of the childhood adversity they experienced. As a result of this, parents shared the importance of being actively involved and aware of what is occurring in their children's lives. One parent commented, "I tried like to at least be aware of things that are happening, you know, if they tell me something. Then I will be more alert if I see something or hear something…" [Mariana]. Another parent commented, "…I'm just like really super aware of

everything that can go wrong and like how innocuous it looks and then it turns out that there was something bad going on" [Anna]. Parents also commented on supervising their children more than their parents did and being mindful of what they are exposing their children to based on their developmental capacity. For example, one mother commented:

> I don't even watch novellas, you know, because I don't want her to see people kissing and stuff. I know it's normal, but I feel like she's still young, like she's 4 years old, and I want for her to learn at her own pace, you know, like not exposing her to those things.… [Mariana].

Another parent commented:

> I am definitely more overprotective and sheltering towards my child…I also have more of a gentle parenting skill versus like being, yelled at, or things like that. So, I definitely feel like I'm trying to do the opposite of what my parents did [Daniela].

Overall, parents reflected upon how the ACEs they experienced have impacted their parenting practices. Parents reflected that they aim to foster open communication with their children, listen and hear their children's needs, be involved and aware of their children's lives, and provide more supervision to protect their child from danger.

Parenting Conflict Among Caregivers

Another theme that emerged for parents was *navigating co-parenting* with a partner. Many parents reported upon difficulties with having different *parenting practices* and *values* from their partner. For example, one parent reflected about her partner, "…he'll parent a certain way, and I am like totally against it. One time he like it wasn't even hard, but he like swatted my son on the butt, and I like completely lost it. I was super triggered. I was

screaming at him [Charlotte]. Many parents reflected upon how they disagree with their co-parent's approach. Another parent commented:

> We have very different parenting styles. He is more authoritative, and I don't wanna be a gentle parent, but my kids really kind of need that kind of parenting style, especially in this age. You know they need a real, gentle touch. And so I feel like right now they need a lot of kind of just like snuggles and really gentle talking and not timeouts. But you know, like whatever you call, "talk through outs," or whatever. And so, and he's a little bit more like well, they didn't listen so they get a punishment or something, you know, and then he makes threats and bribes, and like that doesn't work for me [Jennifer].

Another parent commented on her lack of emotional regulation when it comes to her relationship with her partner:

> Unfortunately, with my husband that's like the one place where I'm just dysregulated and like mean and kind of like just like my parents to him only which I hate and so then my kids see a fair amount of that. Because I'm kind of like a little black rain cloud, you know, when I'm around him and then like just kind of being like emotionally abusive and like mean and yelling and so I'm working on that…I think it's getting better. But, that's, you know, from trauma where I'm dysregulated and so I think that affects them [Anna].

Parents reflected upon how the challenges with their co-parent or partner results in dysregulation and therefore impacts their child who witnesses conflict between parents. One parent commented:

> …disconnect between me and my husband, and I definitely can handle that better…I guess my ideal is more of like a not authoritarian, but like authoritative parenting as the phrase I've heard recently for, but basically gentle parenting kind of like, you know, and I don't handle the disconnect between the two of us as well as I should, because I don't necessarily emotionally regulate properly and so I have these conversations, or even borderline fights in front of the kids with my husband, and I think that might affect some of his behavior as well [Charlotte].

Taken together, it appears that parents adversity or stressors they experienced as a child resulted in them having strong feelings about parenting practices that can be in conflict with their coparent. Parents reported having strong feelings around certain parenting practices, preferring a gentler approach versus authoritarian. Parents reflected upon their dysregulation with their partner impacting their children.

Healing

Parents reflected upon their healing journey from the adverse experiences in their childhood. Six themes emerged from parents about their healing journey including protective factors in their childhood, distancing themselves from family members, having children as part of their healing journey, accessing mental support, social connections or parental support, and overall wellness practices to promote healing. See Table 5 for a summary description of themes that emerged.

Table 5

Parental Healing

Theme	Description
RQ2: Parental Healing	
Childhood Protective Factors	• Sports and being involved in extracurricular activities • Having a trusted adult or friend that was there for you

	• Channeling energy into books or education to better self as an escape from childhood
Distancing	• Distancing or discontinuing contact from family of origin to heal
Children as Healing	• Focusing on children's needs (something bigger than themselves) as healing • Power in doing things differently with their children and giving them the life they never had as healing
Accessing Mental Health Support	• Therapy as an adult to clarify the past and process difficult life events • Improved feelings of confidence, self-worth, and feelings of isolation • Power of having non-judgmental person (not family or friends) to talk to • Barriers: not finding right fit or mental health stigma • Access to services for children
Social Connections/Parental Support	• Power of relationships with other parents • Support network connecting with parents with similar experiences • Support group to talk about parents' childhood trauma • Community based parenting groups • Parenting Skills
Wellness Practices for Healing	• Self-care as a parent • Striving for balanced life • Nature as healing • Religion • Ignoring what cannot be changed, dissociating from people who caused them harm, and not dwelling on trauma

Childhood Protective Factors

Many parents reflected upon what helped them persevere or move forward in their childhood when they experienced adversity. Caregivers highlighted the importance of *sports and extracurricular activities* as a way to distract themselves or take their mind off of difficult things in their childhood. One parent described:

> I think a huge life saver for me outside of that was I played soccer like for 12 years, and having that physical, the physical outlet, but also like when I was on the field…and just everything else went away, and I think that was a huge, a huge thing for me, like a good factor like gave me that mental break [Charlotte].

Another parent reflected upon how participating in an *afterschool program* allowed her to "be involved in something bigger than myself... so being able to distract yourself with other children, other young girls that you know are struggling at home to be distracted in a positive environment with constructive criticism was actually really nice" [Sofia]. Additionally, parents shared that having *social supports* whether it was an adult (professional) or a friend who truly cared about them made a difference. For example, one parent reflected upon the influence her healthcare provider had on her at a young age:

> My orthodontist was like awesome, and he had really good bedside manner and so he would always talk about what we were into and he had similar interests… I don't know how he kept track of everybody, but he would always like talk to you first about what you were doing and your interests and everything and especially because I was so like emotionally neglected that made such an impact. He was like the only person in my life who was like interested in me. And so I was so like attached to him…. [Anna].

This parent reflected upon how big of an influence this professional had on her and making her feel like she mattered as a child. Another parent shared about the influence that her childhood best friend had on helping her get through hard times. She commented, "I have a childhood best friend that went through some difficulties as well. So I think being able to relate to someone at such a young age, going through very similar things it allowed me to

vent to someone that would actually hear me without actually going through my family like with a biased opinion" [Sofia].

Additionally, parents mentioned immersing themselves in education such as focusing on their studies or books as a way to escape the hardships they faced in their childhood. For example, one parent commented, "I think like all the like angst and like trauma and stuff I just, I just turned into like being perfect and like being everything to everyone. And so then I was like, high school valedictorian and like always, you know, did everything…" [Anna]. She reflected, "Books was a big one, too, because I could escape in that world. And yeah, I guess I was resilient in that fact, like I found a couple of things to take my mind off of it" [Anna]. Overall, parents commented on several protective factors that supported their perseverance in moving forward when times were difficult. These included being involved in extracurricular activities, the power of a trusted adult or peer, and focusing energy on education to escape childhood hardships.

Distancing From Family Members

Some parents reflected on how distancing or discontinuing contact with their family of origin was integral to their healing journey. One parent reflected, "I have no contact with my mom at all…So, I feel like that part of my childhood I was able to close off by losing that contact… Not communicating anymore that helped me the best" [Daniela]. Another parent reflected:

> …cutting the cord with my parents like suddenly the world felt like I was in a completely different reality because I like wasn't a part of that system anymore. And wasn't part of that like toxic cycle. It was almost like a culture shock. But like, not just yeah, not having that constant like I don't want to call my family burden but

that's kind of what they are sometimes, but just like not having that like. Yeah, burden. And like brainwashed, weird system of thinking be as relevant anymore. It was really important in my healing" [Liz].

Children as Healing

Another theme that emerged for parents was having children and focusing on their children's needs as allowing parents to move forward from the difficult events in their childhood. For many parents, having children and realizing that they could do things differently was healing in itself. One parent reflected that what helped her move forward was "just having my child and trying every single day. Each day is a new day. Trying every single day to be a better parent" [Alondra]. Another parent also described the freedom in having children and being able to do things differently. She stated, "You don't have to follow what you're shown. I think just being self-aware and motivated to not go through the things and struggles that my family members went through helps me keep a clearer perspective on how I wanted to be" [Sofia]. Parents described focusing on their children's needs as a coping mechanism. For example, one mother said "I think that just kind of was more my coping mechanism was hyper focusing on my responsibilities and what I needed to do with my kids…it got me through" [Charlotte]. Having children allowed for parents to focus on something bigger than themselves and allowed them greater perspective on their childhood. One parent reflected, "your kids give you that motivation because if you're not doing something for yourself, as you know, you're doing it for your kid" [Valeria]. Another parent stated, "…becoming a parent and experiencing it yourself because other than that I would have never understood where [my parents] were coming from…for me it was actually like becoming the parent and reflecting on my childhood and taking that step to make a change"

[Alondra]. Overall, parents reported on focusing on their children's needs as a healing practice to move forward from the adverse experiences in their childhood.

Mental Health Support

Another core theme that emerged for parents was accessing mental health support as pivotal to their healing journey. Parents reflected on how access to mental health services impacted their confidence, self-worth, alleviated feelings of isolation, and supported in processing difficult events from their childhood. Parents emphasized the importance of having an unbiased, nonjudgmental individual to discuss difficult times with and help them gain clarity about their past. For example, one parent noted:

> Since starting therapy, I feel more encouraged to be more self-confident. Also knowing myself self-worth and growing up in a dysfunctional household it like I said, it brings a lot of confusion. So as a child I didn't know who I was or why I was in the family I was in and why they made that decision. But reflecting on it with a therapist just made me realize how, like you said how resilient I am. There's other options of life [Sofia].

Another parent shared, "I guess I have had like some very low points, and I feel like if I wouldn't have had access to that, I don't really know how I would've dealt with it" [Valeria]. Another parent reflected on the impact of her therapist on her healing journey from ACEs:

> "He helped me learn not to blame everything on myself. He made me feel like I wasn't alone. It was okay to feel the feeling that I did. It was okay to have bad days. It was okay to cry and not want to do anything. You didn't have to do everything correctly or the way that your parents wanted you to because it is your life. There was really no right or wrong way to live your life" [Alondra].

Some parents reflected on barriers of therapy. One parent reflected upon the stigma of therapy within her community stating, "…a lot of people who grew up the way I did think that therapy just sounds like a myth like you don't need it. Especially people who grew up with my background like you don't think therapy would help" [Daniela]. In addition to stigma being a barrier to accessing therapy, one parent also reported, "I haven't found a great fit for a therapist" [Jennifer]. Parents also reported upon the usefulness of therapy not only for themselves as adult but also for their children. Specifically, a couple parents mentioned the effectiveness of Parent Child Interaction Therapy (PCIT) to support parents relationship with their children.

Social Connections/Parental Support

Another theme that emerged from parents reflecting upon their healing journeys was the power of social connections and parental support. Many parents reflected upon the power of *relationships* as part of their healing process. One parent stated, "Just having places where I can go and connect with people, helps me be more regulated and have the capacity and change my behaviors, and parenting practices" [Liz]. Having a sense of *community or network* of parents was something that many parents with ACEs reported to be helpful. One parent reflected, "thinking back on it a big difference between when parenting my oldest versus parenting my middle child was having access to more of like a network of mothers" [Charlotte]. Parents shared the importance of being part of parenting groups and the positive impacts on their mental health, feelings of solidarity, and having people to talk to. Parents reflected upon how a supportive community "doesn't necessarily mean that people have to have similar experiences to you, but just that they need to be sensitive and empathetic and aware of the kind of social problem of childhood trauma" [Liz]. Parents noted that beyond

acknowledging their childhood trauma, having parents to commiserate about challenging child behaviors would be helpful. One parent reflected how it would be helpful to have perspectives from other parents about age appropriate behaviors and normal development for children. For example, she said:

> …being able to know that like some of the things kids do is normal and some of the feelings I'm having is normal and not a result of like my trauma…it's nice to have, you know. But yeah, it would also be nice to be able to have a network of people that like have multiple experiences [Charlotte].

Parents reflected that joining faith-based groups, community parenting groups, and online Facebook parenting groups were instrumental to their healing.

Parents also reflected upon the importance of talking about their childhood trauma in a safe space acknowledging the difficulty of this. One parent stated:

> I think it's hard sometimes for people to talk about it, but once you start talking about it, it will help, especially when you are in a group where you feel safe to talk about things. You know, because it's like you don't talk to everybody about those things [Mariana].

They also mentioned that support groups that had some aspect of providing parenting skills would be useful. The same parent mentioned, "It probably would be nice to have something like that or parenting classes that include those things because I think that will help us be better parents too" [Mariana]. Another parent longed for access to a parental support group early on as a mother. She reflected on having support during pregnancy to prepare for the unknowns and unexpected nature of having children would be useful:

I wish I would have had a support group or access to a group like that. Because you don't realize how many things could happen when you're a parent…when my son was born, my pregnancy was pretty bad and like everyone, when you get pregnant, they're like oh I'm gonna give birth, but you don't realize how many complications that you can have in pregnancy. Then just, them telling you stuff that kinda makes you feel bad. Like, oh dang, why is this happening to me? Why isn't my pregnancy good? And then whenever my son was born, he actually at 3 weeks old he got meningitis, and I didn't even know what that was… like people make it seem oh, I have to change diapers, or not being able to go out with your friends was the worst part of it but there's so much more that like I wish I would've known more [Valeria].

Wellness Practices as a Parent for Healing

Another theme that emerged was parents reflecting upon general wellness practices as part of their healing journey. Parents highlighted the importance of taking care of themselves in order to be a good parent to their children. One parent reflected, "it's kind of cheesy, but it's so true like you can't take care of other people unless you take care of yourself" [Liz]. Parents emphasized the importance of *self-care* and striving for *balance*. For example, one parent shared:

I try to draw a balance to my life. So parenting being a good parent is really hard. I always been like oh, anyone can be a parent, but being a good parent is hard, so if you're exhausted and burnt out a little bit, then like you're doing a good job which is a little bit extreme, obviously. But so for me, I want my kids to see me having like the sense of self, a life outside of parenting" [Jennifer].

Nature was another wellness practice that came up for many parents. Parents reflected upon the importance of going outside and exercising with their children. One parent reflected:

> The way that I try to cope is walking every day, going into the community and we have a lot of nature trails, so I walk daily with them. And that's really it because I don't drink or smoke or anything so that's how I cope and going to the gym [Emma].

Many parents reflected on the mental health benefits of going outside with their children to reduce their anxiety. Parents highlighted the power of gratitude in their healing practice. Another parent reflected:

> Maybe just enjoying our environment around us. So going outside more often, going to the park or the beach more often. Instead of just staying at home and dwelling on like our problems I think being out and being distracted also really helped me to, again, be focused on what my child needs [Sofia].

Religion was another wellness practice that many parents found to be healing. One parent shared, "I try to do things that make me happy. I go to church and pray with my daughter. That has helped a lot" [Alondra]. Some parents reported having a complicated relationship with religion due to traumas they experienced but that ultimately that they went back to religion as a healing practice. One mother reported, "even though at first, when I separated from my husband I didn't went to church like for a year because…my mom will tell me since I was married in the church and I destroyed my matrimony." [Mariana]. Another parent reflected:

> …even though growing up I felt like God failed me a lot. I was not religious at all. But I felt like he failed me because if he was good why would he let people go

through things. But as I got older, I just started trying to pray so I feel like you know, God answered lot of my prayers so that gave me hope too. Once I was like 18 is when I started going towards God [Emma].

Overall parents reflected upon several wellness practices for their healing from ACEs. These included striving for self-care and balance, going out in nature, and their faith. Furthermore, many parents commented on how ignoring what cannot be changed, dissociating from people who caused them harm, and not dwelling on their trauma as healing.

Trauma Informed School Practices

Parents provided insights from their lived experiences with early childhood education and elementary school. Parents provided perspectives on what has been or would be helpful for early educators, school administrators and policy makers can do to create school practices for families who have experienced adversities, stressors, and trauma to promote family well-being. Four themes emerged including schools as hubs, providing school-based mental health services, preventative measures, and improving caregiver school relationships to enhance school safety and trust. See Table 6 for a summary description of themes that emerged.

Table 6

Trauma Informed School Practices

Theme	Description
RQ3: Trauma Informed School Practices	
Schools as Hubs	• Schools as hub to connect families to additional resources • Making resources accessible to families to reduce barriers • Basic needs (food/clothing), medical needs, relationship-building activities, school supplies, parenting tips • List of resources as a printout or online • Connecting families with one another
School-Based Mental Health Services	• Mental health services for children and families on school campuses

	• During school hours • Accessibility • Prioritizing mental health as equal to academic success for students
Preventative Measures School can Take	• Providing support to families before problems occur • School led initiatives to support families • Equitable and standardized ways of providing accommodations and supports • Schools providing preventative school-wide education about trauma-informed topics
Improving Caregiver School Relationship to Enhance Safety and Trust	• Direct face to face communication • More frequent communication • Collaborative relationship to support child • Reducing blame on caregivers • School personnel bias: professional development on ACEs, trauma, and emotion development • Point person at school to connect with • Parents feeling safe to leaving their children • Standardized procedures

Schools as Hubs

A theme that emerged was schools serving as a hubs to connect families to additional resources. Parents reflected about the importance of providing resources at school as way to increase accessibility and knowledge of resources for all families. One parent commented:

> I think that for a lot of families that have intergenerational trauma and things like that like you don't even know that these resources are out there until someone tells you and so I think it's especially important for elementary schools to be able to guide families and children into accessing the resources that they need to be healthy and stable, and so they have the capacity to actually deal and make changes in behaviors and parenting practices [Liz].

By having resources available in the school setting, parents mentioned that this reduced the barriers for parents to find resources themselves. One parent reflected that, "…as a parent it's just harder to find those resources on our own time rather than having it sitting there when we're ready to pick up our child or we're having a teacher conference, that type of thing" [Sofia]. Some examples of the types of resources that parents believed would be the most helpful included: basic needs, school supplies, medical services, relationship-building activities, and parenting tips.

Other ideas parents had for schools to *share resources* with families were having a list of resources that included both basic need resources (i.e., food, clothes, and school supplies) and parenting support (i.e., managing children's emotions and dealing with tantrums). One parent commented on how their school provided every parent with a handout of resources in their community such as food, clothes, and school supplies. However, she commented on how additional resources about positive parenting tips such as , "…helpful tips I don't know like getting your child regulated or how to work with your child's emotions, stuff like that…how to help with homework or tantrums. Yeah, like emotional support for the parents and the kids" [Emma]. Another parent agreed with this sentiment:

> If schools gave like an online portal into there's so many like really basic things that change kids trajectory. If families eat meals together, there's like a significant reduction in eating disorders. And everything else, you know, but so just the like really basic things that parents can do that I don't think they know about. Like everybody knows about car seats. Everybody knows about not smoking. But not everybody knows about really basic other stuff [Anna].

One parent also mentioned the idea of having a hotline for parents to reach out to gain support. Several parents mentioned that the school could facilitate social connections by connecting families with one another to gain support and get to know each other.

School-Based Mental Health Services

Parents also reflected upon the importance of having *mental health services at schools* for students, caregivers, and families. Several parents mentioned the importance of students gaining emotion regulation support in the school setting. One parent commented on the importance of schools focusing on mental health rather than just academics:

> I think that it's important to be aware of the mental health before all the other things …they are not gonna successful in school, either, you know, if they don't support them. I think that's a really big part of everything [Mariana].

Most parents reflected upon the importance of their children having access to therapy services at school, regardless of insurance status. For example, one parent mentioned, "If I could say elementary, starting from kindergarten all the way up to sixth grade I would probably recommend free therapy...I know not all families have Medi-Cal…so I feel like maybe just having that accessible within the school facility will help" [Sofia]. Another parent also highlighted the accessibility of having therapy in the school setting, "if you could go... to therapy right there at your daycare center, just increasing access to services and resources is I feel like just the best way to make people feel safer and like facilitate healing for families." [Liz]. Other parents highlighted the accessibility of having their child in therapy during the school day rather than requiring parents to find the time after school with many other competing needs. Many parents also reflected on expanding therapy services at school beyond the individual student to support the family and home problems. One parent reflected

that “family therapy can also help parents actually realize the damage that could be done without even being intentional… maybe providing an actual counselor for personal like at home problems would be really helpful [Sofia]. Overall, parents highlighted the importance of school-based mental health services for children and families who have experienced adversity, stress, and trauma to increase access to services.

Preventative Measures Schools can Take

Several parents reflected upon the importance of preventive measures, such as ways to identify families who need support before a problem arises. One parent commented on the importance of connecting families at the start of the school year “rather than waiting for the child to like have a behavioral problem at school and then trying to get involved because it’s like at that point it just makes it so much harder” [Liz]. Parents highlighted the importance of *school-led initiatives* to support families. Parents commented on schools having *equitable and standardized* approaches to provide support and accommodations for families including being flexible and adaptable as a school. Parents highlighted the importance of this occurring in early years of children’s schooling and the importance of early childhood education in taking a *preventative approach* to support families with ACEs. One parent reflected:

> You're basically building resiliency and supports before there are too many like developmental delays and things like that. So I would say it's even more important for daycares to do the kind of things that I'm recommending for elementary schools. Just because, yeah, that's the earliest access points [Liz].

Additionally, several parents recommended preventative topics that schools can address to promote awareness for children and families. Many parents reflected upon the role of school in educating children and families on different types of trauma and abuse. For

example, one parent reflected about schools providing school-wide preventative education about sexual abuse:

> I think it will be really, really nice for schools to talk to parents how to support their kids when those things happen [childhood trauma], you know, because sometimes we don't know how to act or who to talk to, because, you know, it's something that sometimes we don't want to talk about. But it's really important, because it happens. It happens and we have to be aware of that" [Mariana].

Another parent reflected:

> I wonder if there could be a school based intervention in like what's normal and not? Or like healthy conflict resolution. Cause a lot of, I don't, there's so few kids who actually even see it, you know. See healthy conflict resolution. That would be maybe more for kids... Yeah, well, parents too, I guess. Just reflecting on like, okay, when your parents were having a conflict, what did they do? And like, what do you think would be healthy? And here's some things that people recommend are healthy" [Anna].

Overall, parents who experienced ACEs believed that it would be helpful for schools to take preventative measures to support families before problems occur where support is needed. Parents suggested school led initiatives to support families school-wide including providing education about trauma-informed topics.

Improving Caregiver School Relationship to Enhance Safety and Trust

A theme that emerged for most parents was improving the caregiver school relationship in order to enhance caregivers' *safety and trust* with the school system. Many parents shared that they felt like schools could build trust with families through more

frequent, direct face-to-face communication with caregivers. One parent shared that she felt like a barrier was that "communication is literally passed through the child like I have to get her folder on a Friday to find out all these things like, just think there's gotta be more like community events. And things like that for school to do" [Liz].

Parents expressed highly valuing when their children's teachers were actively engaged and communicated with them, providing regular updates on their child especially in the early education years. Some parents reported distrust with the school system stemming from past negative encounters with educational and other institutional systems. Parents emphasized the importance of *reducing blame* on caregivers and instead supporting parents in navigating their children's behavioral challenges within the school environment. One parent commented, "the approach that her school has taken has been much more of like it must be something you're doing at home…she's acting this way because her needs are being met at home. And it's like that's not…kids have hard times and have a hard time adjusting" [Liz]. Other parents emphasized the significance of schools implementing standardized procedures for addressing behavioral challenges across all families as a way to mitigate any potential biases among school personnel.

Caregivers also highlighted the significance of having school staff that are welcoming, non-judgmental, and have a desire to engage with families. One parent commented, "…at least try to learn a little bit about the families that will help a lot, you know, like not like being totally on your case, but at least because like everybody has different situations" [Mariana]. Another parent commented that something they appreciated about their school is that she felt like "they like wanna get to know [her son], they wanna get

to know your family like, it's very like personal, and I like that..." [Daniela]. Parents also expressed their fears of being judged by the school system. The same parent stated:

> I did like have a fear being judged and like his school, is like, not judgmental like you can just like walk, you can be anyone, you go walk in there and you're gonna be treated the same. And I feel like that is super important, growing up the way I did, and also like something that reflects on to your children…[Daniela].

Parents commented upon the importance of schools facilitating a warm relationship between caregivers because "once families can see and feel that it's like a safe space, I think it'll make it a lot easier to open up within the systems knowing that they're not gonna just be handed it off or like separated, or from the kids or whatever so yeah" [Liz].

In addition, parents felt like it was having helpful to have a point person for caregivers to contact at school. One parent shared about a school mental health therapist that hosts coffee and tea for parents to have individual time with families as way to build relationships between caregivers and the school. Additionally, some parents suggested providing school staff with professional development on the impact of ACEs and trauma on students and families. For example, one parent stated it would be helpful to provide:

> …some basic skills to help support kids who are either going through ACEs or, you know, have parents that are triggered and go through that and help them with that emotional like help support them with that emotional development because I think you know, preschool is huge and interacting with other kids is massive and all kids should do it. [Charlotte].

Overall, all of the sentiments expressed by parents about improving relationships between caregivers and school to enhance trust is highlighted in the following quote. Parents

underscored the need for schools to cultivate strong relationships with families, particularly caregivers with a significant history of ACEs.

> I feel like it all goes back to building that personal connection with every family, because you want to feel like your child is safe where you are sending them, especially with the cost of childcare. And then their workday is 8 hours. So your child is there probably for 9 hours, with back and forth from drop off and pick up like that's 9 hours that you're trusting them with your child… his preschool is so good at that, like I feel like I know them on a personal level now because they just choose to talk to me within those like 10 minutes of drop off. Like it literally doesn't take that long and I know how elementary school is harder because you just literally drop your kid off. But it's like just email. The kind of school he'll be going to kindergarten at, like they have an email monthly. They send you updates on your child like that is so important because you wanna know that your kid is thriving where they are [Daniela].

Discussion

Intergenerational Transmission of ACEs

The qualitative findings, based on parents' lived experiences with significant early life trauma and adversity histories, provide additional support for understanding the mechanisms of intergenerational trauma. This research study highlights parent perspectives regarding the impact of parental ACEs on parenting and how these experiences affect their children's development. Results indicated parental difficulties with emotion regulation, desires to break the cycle of intergenerational trauma, barriers to breaking the cycle, impacts to parental confidence, implementing certain parenting practices, and increased parenting conflict among caregivers.

A significant finding from this study is that parents who faced adversity during their own childhood are currently facing challenges with emotion regulation as parents. Many parents shared that they actively work to regulate and control their emotions in front of their children, recognizing that they lacked strong models of emotion regulation during their own upbringing. Previous research has suggested that there is an association between ACEs and poorer emotion regulation skills (Cloitre et al., 2019). Additionally, research has shown that exposure to ACEs early in life might lead to dysregulation of the autonomic nervous system and hyper-reactivity of the hypothalamic pituitary adrenal axis that interferes with the operation of the stress response (Hoppen & Chalder, 2018). Therefore, exposure to ACEs can result in dysregulation of the stress response system leading to low frustration tolerance and defensive affect regulation strategies even when no longer in danger (Kim, 2015). Parents in this study commented on feeling frustrated with themselves for responding to their children the same way their parents did. However, biologically it appears that parents' with high ACEs have stress responses that are more easily triggered. As a result, when dealing with common parenting challenges such as setting limits, dealing with their child's dysregulation, it is much more difficult for parents who experienced adversity to stay regulated as their body might automatically perceive danger and threats from the adversity they experienced in their childhood (Suardi et al., 2017). This finding has great implications for future parenting interventions as parents' emotion regulation implicitly teaches children which emotions are acceptable and expected in the family environment, and how to manage their emotions (Morris et al., 2007). Therefore, if parents display high levels of anger in frustrating situations, children might face challenges in developing effective coping strategies. Further research is needed to understand if addressing parents' emotion regulation will prevent

children from experiencing similar difficulties and disrupt the cycle of intergenerational trauma.

Another key finding was parents' desire to break the cycle for their children. These findings are corroborated with previous qualitative research with parents who had a history of ACEs who also reported parents' aspirations to break the cycle of intergenerational trauma yet found difficulties in being able to as their adversity and trauma history acted as a barrier (Woods-Jaeger et al., 2018). Parents in this study aimed to break the cycle of intergenerational trauma by assuming a protective role for their children, sometimes resulting in overprotection and hypervigilance. Childhood trauma is often associated with mistrust, as children were not offered protection from their attachment figure, thereby leading children to be hypervigilant and overprotective as adults (Fonagy & Luyten, 2015).

Barriers to breaking the cycle of intergenerational trauma were found to include parental mental health difficulties, relational difficulties, and attachment difficulties. Previous research suggests that high ACE scores might impact people's attachment styles, relationships, and romantic relationships (Sheffler et al., 2019). Previous studies also highlighted that parents' trauma history can be transmitted to children through unresolved parental mental health problems (Woods-Jaeger et al., 2018). It is important to consider mental health interventions for parents as a way to work through barriers (i.e., mental health, relational, and attachment difficulties) of breaking the cycle of intergenerational trauma.

Parents also reported increased conflict among caregivers due to differences in parenting styles and values that resulted in dysregulation with co-parent. Previous research has demonstrated that exposure to ACEs has been associated with greater relationship distress and lower relationships satisfaction in adulthood (Wheeler et al., 2019). Furthermore,

parents expressed that ACEs impacted their confidence as parents. While some parents reported a decrease in confidence and difficulties in setting boundaries with their children, others felt more confident in making decisions for their child based on their experiences. Furthermore, parents aimed to adopt parenting practices that they felt like they did not have in their childhood such as listening and hearing their child, fostering open communication, being involved in their child's life, and taking a gentler approach to parenting. This is a novel finding as prior research has highlighted the impact of significant parental ACEs on harsher parenting practices, discipline and punishment (Hughes et al., 2022).

Parental Healing

Building upon prior research that has highlighted the deleterious effects of ACEs on both parents and children (Shonkoff et al., 2012), this study offers further insights from parents' lived experiences. Findings shed light on not only negative impacts but also positive outcomes and ways that parents have healed from the adversity they experienced in their childhood. Findings reveal that parents' healing journey involved childhood protective factors, establishing distance from certain family members, becoming parents themselves, accessing mental health supports, fostering social connections and receiving parental support, and engaging in other wellness practices.

Parents reported upon several protective factors that supported their perseverance and ability to move forward during their childhood despite the difficulties they faced. These protective factors included participation in extracurricular activities such as sports, the presence of a supportive adult or friend, and immersing themselves in books or education as a means of escaping their reality. Participation in extracurricular school activities that promote engagement and belonginess has been found to serve as a protective factor as it

promotes positive developmental outcomes among peers (Fredricks & Eccles, 2006). Additionally, research has shown that children who have caring adults in their lives experienced less psychological distress (Woolley & Bowen, 2007). This highlights the importance of schools in fostering resilience and cumulative protective and compensatory experiences (PACEs) for healthy development, such as having a best friend, being part of a social group, having support from an adult outside of the family, engaging in a hobby, and regular physical activity (Hays-Grudo & Morris, 2021). Furthermore, many caregivers reported that becoming parents themselves was a healing practice to be able to give their children a life they never had.

Many parents also emphasized the importance of mental health support and supportive parental social networks in their healing process. Family social support has been found to be a culturally relevant protective factor for maternal ACEs and child behavioral outcomes (Hatch et al., 2020). Parents recommended the facilitation of support networks that connect parents with one another and community-based parenting groups aimed at learning parenting skills. Lastly, parents reflected upon wellness practices that contributed to their healing including self-care, finding balance, connecting with nature, and drawing faith and hope from religious beliefs. Nature has found to be therapeutic and have protective potential for children or adults who have experienced adversity and have difficulties with emotion regulation (Touloumakos & Barrable, 2020). Additionally, research has indicated positive religious coping and religiosity as a protective factor against poor mental health for adults with early trauma history (Reinert et al., 2016). Future research is needed to determine ways that communities, schools, and other institutions can promote healing practices for families who have experienced ACEs.

Trauma Informed School Practices

Furthermore, this study provides recommendations from parents about ways that schools can support families as they consider the impacts of intergenerational trauma. Recommendations include schools serving as resource hubs, school-based mental health services, schools intervening preventatively, and working to improve the caregiver school relationship to enhance safety and trust. As schools are often the point of access for all children, parents reported about the influential power of having schools as hubs for resources. Calls for schools have grown to take an active role in supporting students and families who have experienced trauma (Overstreet & Chafouleas, 2016). Parents emphasized the power of schools in making resources accessible to families to reduce barriers to basic needs (i.e., food, clothing, medical), and parenting support for children's development.

Parents also highlighted the importance of school-based mental health services in providing mental health services to children and families on school campuses to increase accessibility. Parents provided recommendations for preventative measures schools can take to support families with significant ACEs history including providing equitable and standardized interventions to families before problems occur. Parents suggested that schools provide school-wide interventions as a preventative strategy to support students and families, such as education about trauma-informed topics (i.e., abuse and healthy communication). Parents emphasized the importance of schools providing professional development to school staff about the topics of ACEs, trauma, and social emotional development in young children. Previous research also highlights the importance of raising awareness about ACEs in the community (Woods-Jaeger et al., 2018).

Parents also highlighted the importance of schools working to improve the caregiver-school relationship in order to enhance safety and trust. Developing safety and trust is crucial for parents who have experienced adversity in early life. Traumatic environments early in life have been theorized to lead to mistrust and hypervigilance as an adult, as a child learns that they cannot rely on others from an early age (Dollberg & Hanetz-Gamliel, 2023). Therefore, it is critical for schools to establish a sense of safety and trust with parents in order for their children to flourish. Schools and educators can play a critical role in promoting caring relationships and promoting social and emotional skills for families (Murphey & Sacks, 2019). Parents felt like direct face to face communication was important, and they wished for a collaborative relationship with their school to support their child's development. Parents suggested schools having a point person at school to connect with in order support for parents in feeling safe to leave their children at school. Results from this study delineate ways that schools can mitigate the negative effects of ACEs by creating school wide practices to create safe and supportive learning environments for all students and families.

Limitations

While this study provides meaningful insights on parental lived experiences about the impact of intergenerational trauma, healing practices, and ways schools can support families in early intervention, certain limitations must be acknowledged. One notable limitation of this study is that the sample consisted of primarily mothers who self-enrolled in this study and therefore had the resources and technology to participate on a phone or Zoom call. This impacts the generalizability of results. To enhance the breadth of understanding of parental perspectives of intergenerational transmission of ACEs, healing practices, and ways schools can support families, future research is needed to determine if fathers would demonstrate

similar responses. Furthermore, the majority of participants in this study were from California thereby limiting its representativeness, as the study primarily captures the experiences of parents from that specific region. Furthermore, the parent interview was only offered in English, thereby requiring English proficiency to participate. Therefore, this study excludes the lived experiences of parents whose primary language is anything other than English.

Another limitation is that the researcher did not collect information on which ACEs parents experienced and their level of current trauma symptoms. Individuals respond to adversity differently depending on a multitude of factors including severity, frequency, duration, and context of risk and protective factors (Temkin et al., 2020). Therefore, it is important to acknowledge that a traumatic response is a possible reaction to adversity but exposure to adversity or ACEs does not always result in a traumatic response (Eklund et al., 2018). Limitations of the ACEs screener are that it gives equal weight to all forms of adversity (Temkin et al., 2020). Therefore, future studies should consider gathering this information to understand the impact of certain types of ACEs on parenting practices and healing.

Future Directions & Conclusion

This study investigated the lived experiences of parents with a significant number of ACEs to better understand the intergenerational mechanisms of trauma from parent to child, healing practices, and ways that schools and ECE can support young children and families. Research has made clear the transgenerational impact of trauma on children. Therefore, it is important to consider preventative approaches to healing in early childhood that involves the entire family. As early childhood trauma has been found to be a major public health problem

(Bartlett & Smith, 2019), results of this research study provide perspectives from parents to understand ways to intervene and support families who have a significant history of trauma and adversity. Results point to the importance of early intervention and prevention programs in working with parents to partner in assisting to break cycles of intergenerational trauma by supporting emotion regulation, increasing parents' efficacy, and supporting parents in sustaining trauma-informed parenting practices to reduce conflict in the home. Furthermore, findings highlighted protective factors for families with a significant history of ACEs, beginning from childhood that allowed parents to move forward despite the adversity they faced. Parent perspectives on their healing practices provides significant implications for schools and other community providers in facilitating parental social connections, increasing children's protective factors, and supporting families in accessing mental health supports. Results from this study also provided recommendations from parents for school districts, ECE, and educational policy makers in making schools resource hubs to increase accessibility, bolstering school-based mental health services, implementing school-wide practices to educate students and staff about trauma-informed topics, and improving the caregiver school relationship to enhance safety and trust. Ultimately, results of this study have significant implications for policy makers, early childhood educators, and school districts to provide support to families who have experienced adversity and mitigate the adverse effects of intergenerational trauma.

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Chapter 4: Summary and Conclusion

The purpose of this integrated dissertation was to better understand malleable factors in early childhood to promote positive child and family outcomes. Additionally, this study sought to better understand the relation between parental characteristics and children's early developmental outcomes. The first part of this dissertation aimed to understand the relation between parental protective factors, parental stress, and children's social emotional and cognitive school readiness. Findings aimed to provide insights on the potentially buffering impacts of parental protective factors on mitigating parental stress and improving child developmental outcomes, such as school readiness. This second part of this dissertation analyzed parents' lived experiences to understand the intergenerational mechanisms of trauma from parent to children in the early childhood developmental period. This study provided insights on how parents' significant trauma history in their childhood has impacted their current parenting practices and children's development, parents' healing journey, and what early childhood educators can do to support families who have experienced adversity.

Study 1 Major Findings and Implications

Study 1 utilized a risk and resilience framework to investigate the relation between parental protective factors, perceived stress, and children's school readiness in a broad sample obtained from schools on the Central Coast of California of kindergartners and their families. Using moderation analyses, this study examined the role of perceived parental stress as a moderating variable between overall parental protective factors and children's school readiness. Parental stress was not found to moderate the relation between overall protective factors and children's kindergarten readiness. Despite individual parental protective factors being significant in the following models, overall parental protective factors did not

significantly predict children's overall school readiness. However, examining protective factors separately revealed more specific insights and nuanced findings for supporting optimal child and familial outcomes.

This study examined the influence of parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) on perceived parental stress. Results indicated that all parental protective factors, except for concrete support in times of need, significantly negatively predicted parental perceived stress. Therefore, as parents' levels of each of these protective factors increased, their perceived level of stress decreased. In this study, having more concrete supports in times of need (i.e., persistence in finding services, knowing where to get assistance, and accessing help when needed), although a positive and useful thing to have, did not have association with lower perceived parental stress.

Furthermore, this study was interested in understanding what parental characteristics might predict specific facets of children's school readiness: social emotional and cognitive. Therefore, this study examined the influence of parental protective factors (i.e., parental resilience, social connections, concrete support in times of need, and social emotional competence of children) and risk factors (perceived parental stress) on children's social emotional and cognitive school readiness, while controlling for parent education and child ethnicity. Parental resilience, a parental protective factor, was found to significantly predict children's social emotional school readiness but not cognitive readiness for kindergarten. Unexpectedly, parents' social and emotional competence was found to be inversely related to children's social emotional and cognitive readiness for kindergarten, meaning that as parents' reported higher levels of social and emotional competence of their children that children

were reported to have significantly lower levels of social emotional and cognitive kindergarten readiness by their teachers. Parental education, and children's ethnicity were found to be a significant predictors of school readiness.

Early childhood mental health practitioners, psychologists, and school administrators can utilize the findings of this study to better understand how to intervene to reduce parental stress and increase positive child developments, such as school readiness. Findings provide implications for directing resources towards family-centered approaches, specifically enhancing parents' abilities to effectively cope with difficulties during challenging times. Additional research is needed to understand ways to bolster parental resilience at the individual and community level. Sharing community resources or facilitating social connections within the school setting might not be enough to influence children's school readiness. Instead, these protective factors might impact parental resilience, parental mental health or parental stress which thereby impact children's development.

Furthermore, the findings related to parental education and child ethnicity highlight the importance of equitable community interventions that are culturally sensitive. It is important that these interventions target families with lower educational attainment levels to enhance parental protective factors and prepare children social emotionally and cognitively for school. Results highlight the multifaceted nature of factors that influence children's school readiness, beyond individual child characteristics. Therefore, bolstering parental protective factors at the community, societal, and individual level can carry significant implications at such a pivotal time in early childhood.

Study 2 Major Findings and Implications

The second study examined the lived experiences of parents who faced significant childhood adversity. As healing and the accumulation of protective factors are dynamic processes and cannot fully be measured or quantified with one item, scale, or questionnaire (Narayan et al., 2021), this study aimed to gain additional qualitative insights from parents' perspectives. This study sought to understand the intergenerational mechanisms of trauma in impacting parenting and subsequent children's development. A key finding is that parents who faced adversity in their childhood are currently having difficulties with emotion regulation as a parent. Many parents' desired to break the cycle for their children but their trauma and adversity history acted as a barrier. Barriers to breaking the cycle of intergenerational trauma were found to include parental mental health difficulties, relational difficulties, and attachment difficulties. Parents also reported increased conflict among caregivers due to differences in parenting styles and values that resulted in dysregulation with their co-parent. While some parents reported a decrease in confidence and difficulties in setting boundaries with their children, others felt more confident in making decisions for their child based on their experiences. Furthermore, parents aimed to adopt parenting practices that they felt like they did not have in their childhood such as listening and hearing their child, fostering open communication, being involved in their child's life, and taking a gentler approach to parenting.

Furthermore, this study also aimed to explore parents' healing practices and how protective factors served as a buffer against the transmission of trauma across generations. Parents reported upon several protective factors that supported their perseverance and ability to move forward during their childhood despite the difficulties they faced. These protective factors included participation in extracurricular activities such as sports, the presence of a

supportive adult or friend, and immersing themselves in books or education as a means of escaping their reality. Many caregivers reported that becoming parents themselves was a healing practice to be able to give their children a life they never had. Some parents commented on the healing power of distancing themselves from family members that perpetuating the cycle of trauma for them. Many parents also emphasized the importance of mental health support and supportive parental social networks in their healing process. In addition, parents reflected upon wellness practices that contributed to their healing including self-care, finding balance, connecting with nature, and drawing faith and hope from religious beliefs. Future research is needed to determine ways that communities, schools, and other institutions can promote healing practices for families who have experienced ACEs.

Lastly, this study aimed to highlight parental perspectives in understanding ways that early childhood educators can support young children and families with trauma-informed approaches. Recommendations include schools serving as resource hubs to reduce barriers to basic needs (i.e., food, clothing, medical), and providing parenting support for children's development. Parents also highlighted the importance of school-based mental health services in providing mental health services to children and families on school campuses to increase accessibility. Parents provided recommendations for preventative measures schools can take to support families with significant ACEs history including providing equitable and standardized interventions to families before problems occur. Parents also highlighted the importance of schools working to improve the caregiver-school relationship in order to enhance safety and trust. Given the intergenerational deleterious impact of trauma on children, it is important to consider preventative approaches to healing that involves the entire family. Results of this research study provide perspectives from parents to understand

ways to intervene and support families who have a significant history of trauma and adversity.

Overarching Findings and Future Directions

Regardless of parents' prior history of adversity, findings of this integrated dissertation underscore the impact of parental characteristics on child outcomes. The results of both studies highlight the crucial need to direct resources towards accessible and equitable family-centered approaches. Investing in supportive resources within communities to promote social emotional and cognitive school readiness allows for schools to be ready to holistically support children and families (Emig, 2000). In order to create ready communities and schools, this study found several malleable parental characteristics that are influential to children's social emotional and cognitive readiness. It was found that parents' with an enhanced ability to cope with challenges during difficult times fostered positive child developmental outcomes in their children.

While the risks of intergenerational trauma and early adversity are evident, research has also shown that there are effective ways to buffer or mitigate the detrimental outcomes of trauma through early intervention (Loomis, 2018). Early intervention, particularly during a child's early developmental period, yields noticeable improvements as highlighted by the CDC (2022). Outcomes of this integrated dissertation carry significant implications for policy makers, early childhood educators, and school districts. Findings underscore the important role of schools in providing familial support by serving as resource hubs and gaining the trust of families at a pivotal time in child development. Results point to the importance of early intervention and prevention programs in partnering with parents to support with breaking cycles of intergenerational trauma by enhancing emotion regulation,

increasing parents' efficacy, and supporting parents in sustaining trauma-informed parenting practices to reduce conflict in the home. Early childhood educators have a unique opportunity to provide preventative, school-wide approaches to support all families, thereby creating nurturing environments that are conducive to optimal child development.

Appendix A: Study 1 Questionnaires

Questionnaires Given to Parents:

1. Parental Assessment of Protective Factors

Parental Resilience Subscale

1. I feel positive about being a parent/caregiver.
2. I take good care of my child even when I am sad.
3. I find ways to handle problems related to my child.
4. I take good care of my child even when I have personal problems.
5. I manage the daily responsibilities of being a parent/caregiver.
6. I have the strength within myself to solve problems that happen in my life.
7. I am confident I can achieve my goals.
8. I take care of my daily responsibilities even if problems make me sad.
9. I believe that my life will get better even when bad things happen.

Social Connections Subscale

10. I have someone who will help me get through tough times.
11. I have someone who helps me calm down when I get upset.
12. I have someone who can help me calm down if I get frustrated with my child.
13. I have someone who will encourage me when I need it.
14. I have someone I can ask for help when I need it.
15. I have someone who will tell me in a caring way if I need to be a better parent/caregiver.
16. I have someone who helps me feel good about myself.
17. I am willing to ask for help from my family.
18. I have someone to talk to about important things.

Concrete Support in Times of Need Subscale

19. I don't give up when I run into problems trying to get the services I need.
20. I make an effort to learn about the resources in my community that might be helpful for me.
21. When I cannot get help right away, I don't give up until I get the help I need.
22. I know where to go if my child needs help.
23. I am willing to ask for help from community programs or agencies.
24. I know where I can get helpful information about parenting and taking care of children.
25. Asking for help for my child is easy for me to do.
26. I know where to get help if I have trouble taking care of emergencies.
27. I try to get help for myself when I need it.

Social and Emotional Competence of Children Subscale

28. I maintain self-control when my child misbehaves.

29. I help my child learn to manage frustration.
30. I stay patient when my child cries.
31. I play with my child when we are together.
32. I can control myself when I get angry with my child.
33. I make sure my child gets the attention he or she needs even when my life is stressful.
34. I stay calm when my child misbehaves.
35. I help my child calm down when he or she is upset.
36. I am happy when I am with my child.

2. **Perceived Stress Scale-10**

Please write the number that describes how you have been feeling the last couple of months.

How often have you…
1. been upset because of something that happened unexpectedly?
2. felt that you were unable to control the important things in your life?
3. Felt nervous or stressed?
4. Felt confident about your ability to handle your personal problems?
5. Felt that things were going your way?
6. Found that you could not cope with all the things that you had to do?
7. Been able to control irritations in your life?
8. Felt that you were on top of things?
9. Been angered because of things that happened that were outside of your control?
10. Felt difficulties piling up so high that you could not overcome them?

<u>Questionnaires Given to Teachers</u>

3. **Kindergarten Student Entrance Profile (KSEP)**

1. Seeks adult help when appropriate
2. Engages in cooperate play activities with peers
3. Exhibits impulse control and self-regulation
4. Maintains attention to tasks (attention focus, distractibility)
5. Is enthusiastic and curious about school
6. Persists with tasks after experiencing difficulty (task persistence, coping with challenges)
7. Recognizes own written name
8. Demonstrates expressive verbal abilities
9. Understands that numbers represent quantity
10. Writes own name
11. Recognizes colors
12. Recognizes shapes
13. Names upper case alphabet letters

Appendix B: Study 2 Interview Guide

Semi-Structured Interview Guide

Thank you so much for your interest in this research study. Before we get started, I wanted to briefly go over the informed consent that you signed in the original survey.

As a reminder, this research study is aiming to better understand how stressful, difficult, or traumatic events parents experienced in their childhood might affect them or future generations. This project also hopes to understand ways families can heal from traumatic and stressful events. Lastly, another aim of this study is to better understand how schools can support young children and families who have experienced these stressful life events.

This interview will take about one hour. Please let me know if you want to skip any questions or stop this interview at any time. If it is okay with you, this interview will be audio recorded so I can keep track of all of the valuable information you will say. Everything you discuss in this interview is completely confidential and will not be traced back to you. Once the interview is transcribed, the recording will be deleted. The results from this research study will only be looking at general themes and patterns (so everything is confidential), and your name and other personal details will not be attached to you or anything you say. **Is it okay if I start recording?**
TURN ON RECORDING ***This is (Participant ID X) for Qualitative Early Childhood Healing Study. Do I have your permission to record this interview? I want to confirm that you have read and signed a consent form.***

As a researcher, I am considered a mandated reporter, which means I am required by law to report any situations in which there is any current suspected child, elder, or dependent adult abuse or if someone might be in danger of harming themselves or others. If I become aware of any abuse, neglect, or risk to your child's safety during this study, this information will be reported to you and the appropriate organizations for the state that you live in.

Do you have any questions so far?

After the interview, you will be emailed a $50 Amazon gift card. If you decide halfway through the interview that you do not want to participate, you will receive partial compensation of $10 for your time spent.

The first question I have is how did you hear about this study?

Okay now I'm going to discuss more about the interview itself. I want to acknowledge that it might be uncomfortable to think about the difficult events in your childhood. I will not ask specifically about these difficult events other than acknowledging you have experienced them. I know these were on the pre-survey you took, but I want to make sure you understand what I mean when I talk about difficult, stressful, or traumatic events from your childhood. Some examples of this include…before the age of 18, going through:

- emotional, physical, or sexual abuse or neglect

- household challenges (such as witnessing DV, mental illnesses/substance abuse in household, household member in prison, divorce or separation)
- discrimination, bullying, and witnessing community violence

There are no right or wrong answers, and there is no judgement for any of your comments. Your experiences are very valuable to me, and I am interested to learn from you. Please feel free to be as open and honest with your answers as long as you are comfortable doing so.

Any questions before we begin?

Okay great, let's get started.

Part 1: Overall ACEs and Intergenerational Transmission to Child

In this first part, I'm going to ask about the events that you experienced in your childhood and how it might have affected you as a parent.

1. In the survey you filled out, you noted that you experienced traumatic, difficult, or stressful events in your childhood.

    a. ***(I was wondering if you could)*** Tell me about how these traumatic, difficult, or stressful events you experienced in your childhood have impacted **you as a parent**?
        i. Probe if doesn't come up for how they think it might have affected their parenting style, parenting stress, confidence as a parent, interactions with their children/other parents

    b. Tell me about how these traumatic, difficult, or stressful events you experienced in your childhood might have impacted **your children?**
        i. Probe if doesn't come up for how they think it might have affected child's development, child's behaviors, social-emotional, **academics, ability to be successful at school**

Part 2: Healing

Thank you so much for sharing these reflections with me. In addition to the negative impacts that might come from experiencing traumatic, difficult, or stressful events, there is also hope and resilience that might come from these stressful life experiences you experienced as a child. Now I want to focus our conversation on things that might have helped you heal or keep going.

1. Given that you have experienced traumatic, difficult, or stressful events in your childhood, describe to me what has helped you keep going or persevere.
    a. Probe for "as a parent" if they don't mention ways they keep going as a parent

2. Describe to me your journey to healing or working towards getting better from the difficult events you experienced in your childhood.
    a. Probe for what are some of the concrete things that have helped you? (people, resources, networks, communities, knowledge) in case they need examples

3. I'm trying to get a better understanding of what might be helpful for other parents that are trying to heal from difficult events in their own childhood. I'm going to ask some specifics and I'd like to get your opinion on if these things might be helpful or not.

Text/Put in Chat:
"Access to Concrete Supports
Confidence to Parent
Social Connections
Understanding Child's Emotional Needs & Parenting Strategies"

Provide Definition for each verbally "so I'll just explain what I mean by each one":
1. Access to Concrete Supports: having access to services that address your needs such as food, housing, clothing, healthcare, childcare
2. Increasing Confidence to Parent: confidence in yourself to manage stress, solve parenting problems, have a positive attitude about parenting roles and responsibilities
3. Social Connections: having positive relationships with others or someone to talk to in times of need to reduce stress
4. Understanding Child's Emotional Needs & Parenting Strategies: providing a nurturing environment, setting clear boundaries, understanding child's emotional needs

1. Do you think you could describe to me which protective factors from the list above you think would be or would have been the most helpful in your healing as a parent who has experienced traumatic, difficult or stressful childhood experiences?

2. Are there any other things that have helped you heal that you think could help other parents who have experienced similar difficult events in their childhood? Feel free to be as creative with your suggestions as possible.
    a. To follow up….if there was an intervention or program that wanted to focus on how to best help parents' who have experienced traumatic, stressful, or difficult events in their childhood…what do you think would be most helpful?

Part 3: Schools and Trauma Informed Care

Thank you so much for sharing about your healing journey and providing your insight and experiences. I work with schools, and we are hoping to understand ways in which schools can support families who have experienced these difficult, traumatic, or stressful events, especially in the earlier years of Transitional Kindergarten (TK) and K. These next set of questions are about what schools may be able to do to help and feel free to be as creative with your suggestions as possible.

3. Tell me about your experiences with your child's school as a parent who has experienced difficult, stressful or traumatic events. Has there been anything helpful that their school has done to help you as a parent?
    a. Anything that you wish they would have done that would have been helpful for you? (Probe: school-wide community, classroom, teacher, individual support)
    b. Anything you think elementary schools (specifically in earlier years such as TK or K) can do to support families who have experienced or are experiencing difficult, stressful or traumatic events?

4. Did your child go to daycare, preschool, or transitional kindergarten?
    a. If so, is there anything different that you think early childhood education programs can do (besides what you said for elementary schools) to support children and families who have experienced trauma or adversity? What can early educators do in the classroom to support your child or family?

Is there anything else you'd like to share with me? Any other questions you have?

Thank you so much for your time, reflections, and valuable input and suggestions. Your perspectives are much appreciated. I wanted to share a resource, 211, a free telephone number that provides access to local community services and resources, including mental health resources. You can call or go on their website to get more information.

One last thing, there are a few more short questions that I was hoping that you could click on the link right now and fill out before the end of this interview. Here is the link (in the chat). Let me know if you have any questions. You are participant XX.

https://ucsb.co1.qualtrics.com/jfe/form/SV_2lB5cueVboNj4qO

I will also send you the Amazon Gift Card in the next day or so. Do you have any other questions for me? Thank you!

Appendix C: Study 2 Recruitment Flyer

SEEKING CAREGIVERS OF 3-6 YEAR-OLDS FOR RESEARCH ON ADVERSITY, HEALING, AND WAYS IN WHICH SCHOOLS CAN SUPPORT FAMILIES

Criteria:

1. At least 18 years old?
2. A parent/caregiver of a 3-6 year-old?
3. Experienced childhood adversity?

If you answered **yes** to these questions, you might be eligible to participate in an IRB approved research project.

Interviews will be conducted via Zoom or phone call and take 60-90 minutes to complete. Interviews will be audio or video recorded.

If selected to take part in an interview, participants will be compensated with a $50 Amazon giftcard for their time.

Interested?

Click on this link or scan the QR code to determine your eligibility for this study: https://ucsb.co1.qualtrics.com/jfe/form/SV_0uiyGWiC367jRDE

Questions?

Contact Samira Amirazizi, M.Ed. at samirazizi@ucsb.edu or (805) 429-0691

Appendix D: Study 2 Questionnaires

1. CYW Adverse Childhood Experiences Questionnaire

At any time during your childhood (from birth to age 18) how many apply to you…? (Count total number)

Section 1. *At any time during your childhood (from birth to age 18)*

- Your parents or guardians were separated or divorced
- You lived with a household member who served time in jail or prison
- You lived with a household member who was depressed, mentally ill or attempted suicide
- You saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt
- Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable
- More than once, you went without food, clothing, a place to live, or had no one to protect you
- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks
- You lived with someone who had a problem with drinking or using drugs
- You often felt unsupported, unloved and/or unprotected

Section 2. *At any time during your childhood (from birth to age 18)*

- You were in foster care
- You experienced harassment or bullying at school
- You lived with a parent or guardian who died
- You were separated from your primary caregiver through deportation or immigration
- You had a serious medical procedure or life threatening illness
- You often saw or heard violence in the neighborhood or in your school neighborhood
- You were detained, arrested or incarcerated
- You were often treated badly because of race, sexual orientation, place of birth, disability or religion
- You experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)
- You were in a situation when you or someone you love was seriously injured, or you feared injury or death, due to a natural disaster or other frightening situation.