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Creating Community for Parents: Faith, Trauma, and Online Talk

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Creating Community For Parents: Faith, Trauma, and Online Talk

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A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Master of Science

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ABSTRACT

Creating Community for Parents: Trauma, Faith, and Online Talk

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Childhood trauma and stress can lead to widespread changes in brain function that can lead to lifelong learning and living difficulties and disability that impact parental stress levels. Increasingly, parents are turning to social media to find systems of support. This Interpretive Phenomenological Analysis explores the online talk of 17 participants to better understand how they make meaning out of their participation in an online, faith-based parenting community designed for parents raising children with complex trauma exposure. Findings based on the data analysis included five overarching main themes: a) A community of experts; b) The community dethrones the experts; c) The community empowers women to navigate status from victim to warrior; d) The community provides support for members to grieve what seems "irreparably broken;" and e) Participants express faith that God will "mend what is broken." The findings were overlayed on Bronfenbrenner's bioecological theory (Bronfenbrenner & Evans, 2000) to provide a construct for the professionals interacting with parents of children with trauma. Professionals, therapists and religious leaders interacting with parents of children with trauma may want to incorporate a pluralistic, multileveled perspective, recognizing parents' interpersonal conflicts or personal experiences exist in a broader more nuanced system, thus fostering a nuanced and individualized approach to providing support for parents of children with trauma.

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all while I was prickly, preoccupied and at times perturbed by life. Bill, I could not have done this without your unfailing support. I vote we go on vacation!

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CHAPTER 1

Introduction

Children who experience trauma, traumatic stress, or adverse childhood experiences are impacted in multiple ways including cognitive and social functioning (Cole et al., 2005). Additionally, trauma can provoke significant problematic behaviors which in turn can profoundly affect family life (Kasehagen et al., 2018).

However, little is discussed in the literature about the lived experience of parents providing care for these children. Parents are generally treated as the confounding variables, intervention agents, perpetrators of the trauma, or analyzed in the context of their own exposure to trauma. For example, Demir-Lira et al.'s (2016) fMRI study found that maternal perception of stress was associated with neurological changes in their child's brain; the impact of a child's exposure to violence, poverty or acute stress was mitigated by maternal perception. Lange and colleagues (2019) linked a mother's exposure to adverse childhood experiences with higher levels of parenting stress. Other literature has suggested that religious practices like forgiveness, gratitude, and religious coping were protective against mental health problems in adult survivors of early childhood trauma (Reinert et al., 2016).

Parents of children who have experienced trauma may experience vicarious or secondary trauma themselves as they provide care. Online narratives of parents from adoption sites and blogs relate the profound struggles of parents as they raise children—but limited work has been done to qualify or quantify the experiences in an evidence-based format. While extending understanding to parents and including them in the broad range of "care providers" for at-risk children, Perry (2003) exclusively references research focused on the experiences of therapists and social workers.

Church communities have long been considered part of the support system for parents and families (Heath & Cutrer-Párraga, 2020). While perception of religious participation seems to be declining, a recent Gallop poll reported that nearly three-quarters of Americans indicate that their religion is an important part of their lives (Brenan, 2018). Two-thirds of all Americans are considered moderately or highly religious based on their church attendance (Newport, 2017).

Research dating to the 1970's examined ways in which church congregations could support parents of children with disabilities as well as probing for parents' spiritual experiences through their parenting journey. Across the decades, regardless of the disability of the child, the literature reflects the need of parents and children to be included and involved as part of the community (Ault et al., 2013a; Carter, Boehm, et al., 2016; Ferguson & Heifetz, 1983). The church becomes a community because parents are seen— their stories are told, and their experiences are understood (Harding, 2007; Lassetter et al., 2007). Yet parents continue to report feelings of isolation and lack of support from church communities (Ault et al., 2013b; Carter, 2011; Goldstein & Ault, 2015). Due to the lack of support, parents are increasingly turning to social media as a platform to create communities and faith based support systems, allowing parents to access resources and find support they may not be accessing in their faith congregations or local communities (Ammari et al., 2014).

Statement of the Problem

Not enough is known about the lived experiences of parents caring for children who have experienced trauma. That gap of understanding extends to parents' use of social media and their faith-based perceptions and participation. Research revolving around familial faith experiences centers on the religious experiences of parents of individuals with developmental disabilities— cerebral palsy, "mental retardation," intellectual disability, autism spectrum disorder —very little

research takes into account behavioral difficulties that accompany trauma-related disorders and scant research identified or discussed trauma-based disorders in their studies(Ault et al., 2013a; Carter, 2007, 2016; Carter, Boehm, et al., 2016; Gaventa, 2012). Research underlines the benefits of religious and faith-based experiences for individuals with trauma related disorders because, as an integral aspect of an individual's culture, faith based beliefs influence individual perceptions and experiences surrounding traumatic events (Heath & Cutrer-Párraga, 2020). Yet, scant literature examines church community support via social media groups and online faith-based groups and the experiences of parents of children exposed to trauma. A lack of research and understanding of parents' experiences may impede educators' best efforts to provide wrap around services for families.

Statement of the Purpose

Research indicates that parents play a critical role in the development and success of their children with special needs (Dyches et al., 2018). Online support systems seem to be good at providing avenues for parents to access support (Ammari et al., 2014). To this end, understanding parental experience may allow practitioners, professionals, clergy and educators to better provide wrap around services for families affected by trauma.

The purpose of this study is to explore the ways in which parents of children who have experienced trauma talk online—both about their experiences parenting and their religiosity. The researcher examined themes in the communication content to identify which supports offered by traditional and online faith-based groups provide meaning.

Research Questions

Aligned with the purpose of the study, the research questions for this thesis included:

1. How do parents talk online about their lived experience raising children with trauma related disorders?

2. How do parents talk about their "brick and mortar" faith experiences and faith community?

3. How do parents describe supports provided by clergy that create a feeling of community and support, if at all?

CHAPTER 2

Review of Literature

The literature confirms that childhood trauma and stress can lead to widespread changes in brain function that can lead to lifelong learning and living difficulties and disability. Studies probing parental experience conclude that parents of children with particularly difficult behaviors experience high levels of stress and distress. And while faith-based groups remain important to the majority of Americans (Brenan, 2018; Newport, 2017), parents of children with disabilities report feelings of isolation and lack of support from church communities (Ault et al., 2013a; Carter, 2011; Goldstein & Ault, 2015). Parents seem to be turning to social media to find systems of support (Ammari et al., 2014).

The following literature review explores how trauma and stress can lead to disability, what parents say about their parenting experience, and issues surrounding the intersection of faith-based communities and parental experience.

Complex Trauma and Stress as Disability

Childhood exposure to stress has been categorized as Early Life Stress and Trauma Exposure. Trauma refers to exposure to death, actual or threatened physical injury or actual or threatened sexual violence (Carrión et al., 2010), whereas the term stress is given "to experiences where a sense of control and mastery is lacking and which are often prolonged or recurrent, irritating, emotionally draining, and physically exhausting or dangerous" (McEwen, 2007, p. 874).

Exposure to both trauma and stress can lead to widespread changes in neural activation and structure that typically produce behavioral symptoms such as increased fear and anxiety (Mitra et al., 2005; Schock et al., 2016); alterations in working and declarative memory (Carrión

et al., 2010; Gamo et al., 2015); decreased cognitive control and flexibility (Demir-Lira et al., 2016); increased maladaptive, risk taking behaviors (Birn et al., 2017); and increased trauma-related avoidance (Schock et al., 2016).

Behavioral studies have identified various trauma/stress related symptoms that may impact a student's school success such as reductions in sustained attention (Wang et al., 2017), poorer executive functioning, distortions to auditory, motor and visual motor integration, and decreased complex problem solving capabilities (D'Andrea et al., 2012). Children who had been exposed to three or more Adverse Family Experiences had lower odds of completing schoolwork and demonstrated less resilience (Kasehagen et al., 2018).

The social emotional components of learning and education are also impacted by early childhood stress (Cooper et al., 2006). Children may have difficulties self-regulating and modulating their emotions and behavior at school and at home (Floyd et al., 2008; Perry, 2001; Schore, 2002; Schwartz & Davis, 2006). Inappropriate interpersonal relationships including bullying, acting out, scaring/harming peers (Hall & Geher, 2003; Szalavitz & Perry, 2010), or over reliance on teachers (Floyd et al., 2008; Schwartz & Davis, 2006) commonly occur when children have experienced early childhood trauma.

The widespread changes to neural networks impact social, emotional and cognitive processes and leave students unable to benefit from the learning environment (Schwartz & Davis, 2006; Perfect et al., 2016) and require specific, targeted interventions designed to improve self-regulation (Floyd et al., 2008; Perry, 2009).

 Emerging research has proposed a new classification for the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) to acknowledge the widespread and lasting changes trauma can cause. Developmental Trauma Disorder (DTD) has been proposed as a guide to

assess and treat victimized children (D'Andrea et al., 2012; Ford et al., 2013, 2018; Stolbach et al., 2013; Van Der Kolk, 2005). With proposed criteria that parallel adult complex Post Traumatic Stress Disorder, but align with the symptomology typically seen in children, DTD may allow practitioners to better address and support children with trauma (DePierro et al., 2019). While some research groups have questioned the utility of a separate diagnostic category for children (Schmid et al., 2013), more studies are evaluating the proposed criteria and symptom guides (DePierro et al., 2019; Ford et al., 2018; Stolbach et al., 2013).

Increasing awareness of the implications of toxic stress, adverse childhood experiences (ACEs), and interpersonal trauma have opened the door to researchers, educators and parents who seek to understand how to best support and educate these children. Recent court rulings affirm that trauma can impact neurobiological processes in ways that cause physical impairments to learning, and as such, students with a history of trauma may quality for accommodations under section 504 of the Rehabilitation Act of 1973 (P. P. v. Compton Unified School District, 2015; Stephen C. v. Bureau of Indian Education, 2019).

A growing body of research provides evidence of educational and clinical best practices to support children with trauma-based disabilities (Perfect et al., 2016). For example, California's surgeon general has advocated wraparound services for families – spanning health care and educational supports for children, as well as counseling supports for caregivers (Gutierrez, 2019; Neely, 2019). Aligned with wraparound services, Trauma Informed Care is a service delivery model that recognizes the importance of crafting organizational culture and policies that honor individual experiences and work to prevent traumatization and re-traumatization (Rich et al., 2020). This process can "co-create cultures that foster sustainable partnerships with those receiving services…" (Prescott, 2001, p. 83).

Research indicates childhood trauma and stress can lead to widespread changes in brain function that can lead to lifelong learning and living difficulties (Cole et al., 2005). Recent court rulings have held that children who have experienced trauma and stress can qualify as having an educational disability (P. P. v. Compton Unified School District, 2015; Stephen C. v. Bureau of Indian Education, 2019). Best practices include supports, accommodations, and interventions geared toward both children and parents (Gutierrez, 2019).

Understanding Parents' Experience

Matching interventions and supports to individual families requires a basic understanding of the lived experience of families raising children with special needs. Gorham (1975), describes the parental experience as complex; mixed bag of ironies; and emotional, physical, mental overwhelm:

> Although I have learned much, I am clearly one of the lost generation of parents of handicapped children. We are parents who are either intimidated by professionals or angry with them, or both; parents who are unreasonably awed by them; parents who intuitively know that we know our children better than the experts of any discipline and yet we persistently assume that the professionals know best; parents who carry so much attitudinal and emotional baggage around with us that we are unable to engage in any real dialogue with professionals - teachers, principals, physicians, or psychologists - about our children. (p. 521)

While much has changed in the diagnosis and treatment of individuals with disabilities over the last 40 years, parental experience may still reflect some of the complexities described by Gorham.

Participants in Thompson and Emira's (2011) study discussed the conflict between service provider "experts" and parents, the parents' struggle to build trusting relationships, and the isolation for parents and child that comes with parenting children with behavioral and educational difficulties Doig et al. (2009) found the parents expressed frustration about the "hoops" they had to jump through to access respite services. Hastings (2002) linked the frequency of problem behaviors with parents' reports of higher stress and mental health issues like anxiety and depression.

On the other hand, Furgeson's review of literature (2002) found that parental stress and distress do not discriminate and do impact families raising children with and without developmental disabilities. Additionally, families with children with special needs reported benefits to their caregiving like, cohesiveness, adaptability, spiritual growth. Furgeson (2002) and Hastings (2002) conclude that intensity of disability and family structure may not be as important a predictor of parental resiliency as the persistence and magnitude of challenging behavior or family income.

Multiple authors describe a progression, development or evolution in understanding and parental attitude through the ongoing process of childrearing. Parents move from a focus on frustration and stress to seeing the beauty and benefits of the experience of raising children with disabilities. (Ferguson, 2002; Marshall et al., 2003; Paterson, 1975).

The literature on parental experience seems to present mixed results with some studies finding higher levels frustration at the complexities of caring for children with special needs, especially when children exhibit problem behaviors, and others making a case for the universality of parental difficulties. Scant studies probed for the lived experiences of parents of

children with trauma related disorders; the generalizability of this information may be limited. Regardless of the extent of the difficulties of parents, the need for support is universal.

Building Supportive Faith Communities

Across the decades the literature reflects the need of parents and children to be included and involved in faith communities. The best supports for families of special needs children create an atmosphere of inclusion (Ault et al., 2013a). When working to create a feeling of inclusion and understanding in faith-based groups, a community of support seems to be more important than the physical accessibility features of the building (Ault et al., 2013a; Carter, Biggs, et al., 2016). This inclusion leads to a sense of community and belonging—not just being there and receiving services but fostering a true give and take, examining ways in which the individual can serve and be served in turn. Taking the "otherness" out of the individual so they can become one with the body of Christ (Carter, 2007, 2011; Gaventa, 2012).

While parents consistently discuss the need for inclusion and support, that belonging remains elusive. One study found that less than half of parents (42.5%) described their congregation was supportive (Ault et al., 2013a):

> Almost one third of parents reported having changed their place of worship because their child had not been included or welcomed; almost half had refrained from participating; more than half had kept their sons or daughters from participating in a religious activity because of a lack of support; and more than half had been expected to stay with their sons or daughters in order for participation to occur. Finally, more than half of parents reported they had never been asked about the best way to include their sons or daughters in religious activities. (p. 55)

Other researchers have detailed a similar want for resources for individuals with disabilities and their families. Polling more than 400 families supporting individuals with IDD or ASD on the availability and helpfulness of 14 supports, parents rated supports aimed at helping them, including respite, support groups, resources, the highest. The study also delineated a discrepancy between supports that parents rated as helpful and the availability of those supports. The majority of the supports (67-96%) were not available in their current congregation (Carter, Boehm, et al., 2016). Creating a feeling of inclusion and understanding, a community of support, seemed to be more important that physical accessibility features of the building (Carter, 2016).

While Carter, Boehm et al. (2016) found that parents were most interested in resources that could support their parenting, Ault et al.'s (2013a) interviews revealed a competing interest. Parents most often commented on how their children were or were not supported and rarely spoke of their own systems of support. Parents identified concerns ranging from not having appropriate accommodations for severe ASD disabilities, lack of access to appropriate visual or language interpretation, and no understanding of appropriate behavioral supports. While some parents felt their faith communities lacked knowledge, others expressed that community members were not willing to accommodate differences. Parents appreciated when faith communities learned which practices and accommodations were appropriate for their children and asked questions about appropriate ways to manage behaviors, meet needs and create opportunities to be involved (Ault et al., 2013b).

Parents' Spiritual Experiences

Parents may experience spirituality and religious growth differently when they parent children with special needs. Gallagher et al. (2015)and Paterson (1975) have described parents' perceptions of abandonment by both God and clergy. Gallagher et al. (2015) reported that even

after controlling for work outside the home, the other significant factor relating to depression in caregivers, greater spirituality was linked with greater depressive symptoms. Paterson (1975) interviewed 22 families with children who have cerebral palsy. One third of the families reported having a spiritual crisis of sorts. While not all parents experienced a faith crisis, Paterson remarked on the intensity of the feelings of those who do. Paterson found that the spiritual crisis was greater the more active the family was in their faith (1975).

These findings could be a result of publication bias (Dowdy et al., 2020) or could result from parental feelings of lack of support from clergy. For example, Paterson's (1975) research also uncovered the belief of parents that their religious practice was crucial to their well-being and reported benefits such as clarity of purpose, acceptance of disability, and providing hope, consolation and peace.

Further, in 1983 Furgeson interviewed parents of children with intellectual disabilities. The interviews revealed not much of a God crisis but a pastoral one. The parents experienced more stress from an absence of support from pastors, than by the presence of their child with disabilities (Ferguson & Heifetz, 1983).

Other researchers describe a progression, development and evolution in understanding as families grow and change/raise children (Ferguson, 2002; Marshall et al., 2003; Paterson, 1975). For example, Marshall and colleagues describe movement among participant families who were members of The Church of Jesus Christ of Latter-day Saints and raising at least one child with special needs from a feeling of separation, trouble, and dissonance with religious life to a transcended state where they come to view the raising of special needs children as a spiritual experience (Marshall et al., 2003).

Issues of Inclusion and Belonging. The previous studies highlighted the perception of parents that simply being able to attend a worship service—being present—isn't the same as being part of the faith community. McNair and Carter (2010) insisted,

> The goal is not merely the inclusion of people with disabilities for inclusion's sake. After all, a church is not meeting its mission solely because people with disabilities are now to some degree present. (However, we would emphasize that a church is definitely not meeting its mission if people with disabilities are not present.) It is essential that we explore the changes that must occur in the structures of the Christian church so that religious education is truly inclusive. (p. 221)

> Notably, Carter, Biggs et al. (2016) interviewed 25 parents of children with IDD to learn more about inclusion practice and distilled 10 themes that contribute to belonging. "Being present, noticed, welcomed, accepted, supported, cared for, known, befriended, needed, and loved" really sounds like ordinary needs rather than special needs (p. 141). Carter found that while programs may seem like the first area to create supports, relationship driven efforts should take priority -- and that may mean efforts may extend beyond the Sunday worship service (Carter, Biggs, et al., 2016).

The ability to contribute in meaningful ways, share talents, and develop meaningful relationships may be elusive for individuals with disabilities and their families. Well-meaning efforts may inadvertently create separation. Individuals and families may feel dehumanized by generalized social constructs:

> People with disabilities often are attributed exceptional faith, described only as inspirational or a divine blessing, offered excessive attention or praise, extended charity in place of justice, or viewed primarily as objects of ministry. Such responses fail to

affirm the individuality, gifts, needs, and contributions that every person has to offer and

to receive from the community of believers. (Morris & Carter, 2007, p. 11)

Gaventa (2012), described this dehumanizing as creating heroes and victims—saintly

parents and victims of disability. In the process of labeling and dehumanizing, individuals

become distanced and move farther from accessing meaningful relationships.

Extensive access to services may not mean that individuals have access to meaningful

relationships. Congregations may provide programs and initiate initiatives to aimed at

individuals, but may not invest enough in the individuals to see how they could serve the

congregation (Carter, 2007). "The spiritual movement from exclusion to inclusion could be

described as moving from seeing people as "outside of" community to "caring for" them to

"caring with" them to recognizing that they too, provide care" (Gaventa, 2012, p. 238). Efforts to

build inclusion lead to a sense of community and belonging—families do not just attend religious

services and receive support, but congregations foster a system of give and take and examine

ways in which the individual family members can serve and be served in turn. These efforts take

the "otherness" out of the individual so they can become one with the body of Christ(Carter,

2007, 2011; Gaventa, 2012).

Nearly 40 years earlier, Furgeson (1983) interviewed parents of children of "mentally

retarded children" and described the universal expectation of acceptance and the parents' clear

recognition of the absence or presence of that acceptance. Parent interviews and surveys

indicated they believed that clergy's leadership needed to be centered on providing theological

counseling, fostering a sense of inclusion and acceptance, and encouraging participation in

worship services and social functions. This warm acceptance and inclusion was echoed by

Paterson (1975), who revealed that parents felt loved and a sense of belonging in their faith community in proportion to the frequency and duration of the clergy's in home visits.

The efforts of faith communities to build inclusion can be summarized in their efforts to see parents and children as individuals— their stories are told their experiences are understood (Harding, 2007; Lasseter, 2007) and they are empowered to participate in meaningful ways in religious services (Carter, 2007, 2011; Gaventa, 2012).

Issues of Self-Efficacy, Fatigue, Leadership. Literature pointed to aspects of fatigue and self-efficacy as mediators of positive spiritual experience and levels of participation. Ault et al.'s qualitative findings (2013a) showed that religious participation may decrease as parental fatigue increases. Some parents explained that the personal effort required to have their children participate individually or with them in religious services was more than they had to offer; when supports were unavailable, some parents chose to not participate or seek out a different faith community instead.

Parents with high levels of self-efficacy reported higher levels of religious participation. Those parents took an active leadership role in providing supports for their child, educating the congregation, and advocating for congregation wide supports and programs to foster inclusion for all (Ault et al., 2013a).

González-Rivera and Rosario-Rodríguez (2018) conducted a study evaluating the relationship between self-efficacy and spirituality in caregivers of individuals with neurodegenerative diseases. While the focus was neither parents nor children with disabilities, the findings may have application to the broader caregiving community. Stepping away from the notion of religious observance or participation as a measure of religiosity, Gonzalez-Rivera defined spirituality as "existential beliefs that allow the caregiver to give purpose, significance,

and an ultimate sense to their caregiver experience" (González-Rivera & Rosario-Rodríguez, 2018, p. 2). The findings revealed that spiritual beliefs do not independently inoculate an individual from the adverse consequences of caregiving. Caregivers who combined high spirituality levels with high levels of self-efficacy (they believed they had to the tools to successfully meet their demands and challenges) showed less depression, stress and perceived overload. Individuals with a selfless spiritual mindset (low spirituality and low self-efficacy) demonstrated increased risk of symptoms related to stress, depression and anxiety.

Parents' Use of Social Media

Ammari et al. (2014) surveyed how and why parents of children with special needs use social media. 89% of the parents surveyed were active participants on Facebook. The parents used Facebook groups to either connect with people/services in geographical proximity or to participate in groups where participants shared common features— such as children with similar diagnoses. Just over half of parents actively used private Facebook groups to seek social support, most often sharing information about challenges and sharing both stressful and positive aspects of parenting. Ammari and colleagues report that parents perceived less judgment when discussing parenting difficulties online and rated "offline" relationships as more likely to produce sources of negative judgement, including interactions with friends, colleagues, extended family and strangers in public places. (Ammari et al., 2014)

The study also asked parents to define appropriate ways to use of social media to seek support. Raters revealed that public profile posts that combined humor with the realities of hard parenting and allowed the reader to simultaneously commiserate and offer support were viewed as most appropriate. Complaints about another's judgements or exceptionally difficult parenting scenarios (child's violence) were viewed less favorably. The findings also revealed that when

posting in private groups parents found posts celebrating children's success and describing alternative treatments as most socially appropriate. Parents were aversive to social comparisons where participants one-up each as they enumerate children's problem behavior.

Scarcity of Research With Trauma-Based Disorders

Gaps in the current literature reveal a need for ongoing research in the area of understanding the impact of trauma on families and their faith practices. Much of the research focus on parent experience and religious experiences of parents of individuals with developmental disabilities—cerebral palsy, intellectual disability, autism spectrum disorder—very little research takes into account trauma-based disorders. What is known about trauma centers on how it impacts a child's emotional, cognitive and relational functioning. Yet little is discussed in the literature about the lived experience of parents providing care for those children. Parents are generally treated as the confounding variables, intervention agents, perpetrators of the trauma, or analyzed in the context of their own exposure to trauma. Much our current understanding relies on surveys or semi-structured interviews, very few studies rely on parents' use of social media as a data source. This research project probes for information in the current literature gaps.

CHAPTER 3

Method

Theoretical Lens

This study employed several theories which were used to answer the research questions

and guide analysis. Carter's description of community and inclusion provided the primary

analysis lens. Carter explains that inclusion and community within faith groups may be a product

of "being present, noticed, welcomed, accepted, supported, cared for, known, befriended,

needed, and loved" (Carter, Boehm, et al., 2016). The data were primarily evaluated by exploring

how the online support group created community where participants were seen, welcomed

supported and cared for.

Within the iterative coding process, secondary and tertiary analytical lenses were

employed to deepen the analysis and connect the findings to existing literature. Bronfenbrenner's

ecological nest and his later bioecological theory of human development (Bronfenbrenner, 1977;

Bronfenbrenner & Evans, 2000) were overlayed on the findings after analysis concluded (see

below for a complete discussion of the process).

Bronfenbrenner's theories are a popular method for describing and analyzing human

development and are utilized as a conceptual framework to guide mental health interventions

(Eriksson et al., 2018). Within the field of trauma research, ecological theory has been utilized to

provide perspectives for trauma informed teaching practices (Crosby, 2015), explore and

describe the role of shame in complex trauma (Zhu et al., 2020) and give guidance for clinicians

providing support for families experiencing stress (Swick & Williams, 2006). Marlowe and

Adamson (2011) superimposed the ecological theory on case studies of individuals who had

experienced trauma. Bronfenbrenner's theories and their application to the findings from this study will be discussed in detail in Chapter 5.

Procedure

The research team incorporated an interpretative phenomenological analysis (IPA; Smith, 2019) to collect and analyze the data. IPA has gained acceptance as a popular qualitative inquiry method with studies spanning patient experiences (Smith, 2011) and clinical psychology as well as parenting experiences (Carpenter et al., 2018). Interestingly, one study investigated the transformation of sense of identity from the accounts of women during their transition to motherhood (Smith, 1999). Allan and Eatough (2016) indicated that the use of IPA enables researchers to "drill down and explore the depth of an issue for a particular group of people, further explore the nuances of the impact of context on relationships, or bring narratives to the fore" (p. 406). This process "gives voice" to the participants in their lived experience (Larkin et al., 2006). Additionally, IPA approaches tend to consider individuals' meaning making processes while simultaneously examining shared themes (Shaw, 2010; Shaw, 2011). Thus, IPA may be particularly suitable as a research methodology for exploring the ways individuals utilize an online parenting support group and make meaning of their participation.

IPA was developed to study how individuals make sense of lived experiences. As a result, in IPA projects, researchers generally collect data from members of a homogenous group who share the same experience (e.g., parents raising children with trauma; Larkin et al., 2019). IPA unites a focus on a deep understanding of participant experiences, (ideographical); a focus on lived experiences (phenomenological); and interpretation by the researcher as a way to gain insight into the experience of the participants (hermeneutic) practices (Smith, 2019). As the researcher tries to make sense of the participants who are trying to make sense of their specific

lived experiences or understandings, a double hermeneutic occurs (Smith, 2019). In IPA, researchers focus on both individual and group meaning and understanding by conducting an in-depth analysis of data from each participant and then looking for patterns (both divergent and convergent) across participants. Inevitably, as researchers probe for a deep understanding from a set of homogeneous participant experiences, the utility of a large sample size diminishes (Noon, 2018). Therefore, researchers conducting IPA typically select smaller sample sizes (Eatough & Smith, 2017).

Participants

One key element of IPA methodology is that study participants are considered experts in the phenomenon being researched (Smith, 2011). As such, participants in this study were recruited because of their expertise relative to the research question. Study participants were recruited from a closed, private Facebook support group consisting of 280 individuals who self-describe as belonging to a specific Christian denomination and as parents of children who have experienced trauma. The group name indicated that the group was intended for mothers. The group's statement of purpose indicates that the site's goal is to create a safe space to discuss religious topics or experiences as they pertain to raising children with trauma. The Facebook group has been live for 7 years and has a fairly high level of activity: 192 posts in a 28-day period.

Ethical considerations and the protection of the participants and vulnerable populations was a top priority. The university's Institutional Review Board (IRB) determined that the participants (parents raising children with trauma) and the setting (their private, secret Facebook group) constituted a vulnerable population and sensitive setting. As such, the IRB limited the researcher's contact with the participants to only the moderator of the group. Coordination with

the moderator of the group occurred during study design, informed methods submitted to IRB, and facilitated data collection (see Appendix). Consideration for the moderator's preferences guided the recruitment process as well. After receiving IRB approval, the research team provided a video introduction to the study and informed consent text to the moderator who shared it on the group site. Individuals who were willing to become participants in the study filled out an online form with an implied consent notice (Appendix) to grant consent for a member of the research team to copy posts and comments from a previous four month span from the Facebook page. The moderator of the group compiled the usernames of the individuals who had consented and provided that list to a member of the research team and allowed the researcher access to the Facebook group. Before data collection each member of the research team participated in training concerning the impact of trauma on childhood development and the ethical handling of data. In compliance with the stipulations put forth by the IRB, the participants were not contacted by the research team at any point during the study and no demographic data were collected. In all, 17 participants gave implied consent to participate in the study.

This study followed the conversations of 17 participants who self-identified as parenting a child with trauma and being a member of the online parent support group, for a four month period of time. Due to IRB constraints, limited information about demographics is available beyond information gleaned from message content. The research team predicted the gender of the participant (based on the name of the online group). Ten participants disclosed, in the course of their online talk, some of their child's diagnoses. Of note, the parents listed diagnoses and disabilities that co-occurred with their child's trauma history. Five participants discussed adoption during the four-month study period. Table 1 shows the likelihood of participants by gender and co-occurring disability of their child.

Table 1

Participant Information

Participant Gender	
Female	17
Male	0
Participant Disclosure of Child's Comorbid Diagnosis	
Reactive Attachment Disorder	6
Fetal Alcohol Spectrum Disorder	6
Post-Traumatic Stress Disorder	2
Anxiety Disorder	3
Epilepsy	1
Attention Deficit Hyperactivity Disorder	1
Oppositional Defiant Disorder	1
Conduct Disorder	1
Developmental Disability	1

Data Collection

Online communities, including social networking, social media platforms, chat rooms and discussion forums offer multiple avenues for conversations and connections. This research focused exclusively on Facebook. Studies indicate that participants who choose Facebook are motivated to communicate and use the social network site to create community, build and maintain relationships and share updates (Holtz et al., 2012; Ross et al., 2009).

In accordance with Facebook terms of use, the group's posted privacy policy, and IRB recommendations, with permission granted by the site moderator and consent by study participants, an undergraduate research assistant copied participants' posts into a word processor document for analysis (Holtz et al., 2012; Smedley & Coulson, 2017). The research assistant

compiled written posts and transcribed verbatim any video posts and assigned participant numbers. Textual features including emoticons, message format and responses including (likes) were retained, but personally identifying information, including signature lines, names, and locations were removed to create a confidential data set. The deidentified data were stored on the cloud. The gathered conversations of 17 participants covered a span of 4 months, and approximately 368 individual data episodes.

Data Analysis

IPA methodology involves an in-depth investigation of the data in a multi-stage process (Smith, 2019). The stages are divided into two phases outlined below.

In the first stage of data analysis, the copied social media posts from each participant were studied in-depth one at a time. Members of the team read and reread these transcripts. As the researchers read each participant's posts, short meaning codes were applied to individual data episodes. These codes consisted of one word or short phrases. During coding cycle one, the team utilized a combination of open codes, process codes and in vivo codes. Open codes, short phrases, were created to describe or classify phenomena in the participants' online conversations. In vivo codes were taken directly from the participants' words (e.g., "expert," "triangulation"). Process codes, word or phrases that capture actions, were applied to data episodes (e.g., labeling kiddos, wrestling with problems). These meaning codes allowed the researchers to begin to capture the "essence" and "essential elements of the research story" (Saldaña, 2009, p. 8). After cycle one coding, there were 30 emergent meaning codes derived from the transcripts.

Next, the emergent codes from cycle one were listed, diagramed, clustered and categorized to produce meaning phrases. This produced seven emergent categories identified as

mom shame, faith, triangulation, descriptions of children, sharing resources, marriage struggles and outsider versus insider.

During the next cycle of the analysis, researchers returned to the data set and looked for evidences of these initial emergent categories from all the participants. The Sort, Sift, Think, and Shift method (described below) was used to "dive in" to comprehend content in the data and "step back" to assess what was learned (Maietta & Mihas, 2017).

The categories were then reduced and refined into five themes which were: (a) participants use the on-line community to gain advice from the "field experts" (e.g., other members of the on-line community); (b) participants "dethrone" individuals traditionally seen as experts; (c) participants navigate status from "victim to warrior;" (d) participants wrestle with what lived experiences considered "irreparably broken" and (e) participants have faith God will "mend what is broken."

As is typical of IPA data analysis, within this stage, a table was produced to organize each theme and provide an illustrative data episode. The table also ensured that the integrity of each participants' words was preserved.

Throughout the data collection and analysis process, the team participated in reflexivity rounds as well as expert reviews and member checks (described below). During the ongoing process of analysis, the five themes were renamed to honor the participants' voices. Theme names were chosen from salient participant quotations and are used to represent and "give voice" to the participants themselves. Significantly, after receiving feedback from a member review, one theme was reorganized and renamed to better reflect the meaning and understanding the member of the community gave to the finding. Final themes include (a) A community of "Field

Experts," (b) Dethroning the Experts, (c) Moving from "Victim to Warrior," (d) Grieving what seems "irreparably broken," and (e) God will "mend what is broken."

Sort, Sift, Think, and Shift

At the commencement of the data analysis, the research team explored the data through the theoretical lens of making community. During sort and sift, data episodes were sifted through a lens how the participants used their support group to create community. Data episodes that did not speak to the participants' use of the community were set aside. The remaining data episodes were sorted into meaning groups. The meaning groups, which became categories, represented salience rather the frequency of statements.

Throughout the data analysis, the researcher would step back from the data analysis and consider how or if the emergent codes or categories aligned with theories and research perspectives (think and shift). The process of shifting and thinking was repeated throughout the data analysis process. During analysis three major think and shift episodes occurred.

Shift One. The first think and shift began while peer debriefing the emergent category "descriptions of children." The primary researchers recognized a need for deeper analysis into the specific labels the parents used to describe their child. After thinking about the descriptions, the researchers shifted the analysis process to include elements of Discourse Analysis.

The inclusion of discourse analysis (DA) was used to generate an understanding of not just what was said, but what it accomplished within the online community (Clarke & Braun, 2018; Paulus & Wise, 2019; Smedley & Coulson, 2017). In lieu of using statements to make claims about the person who said them, DA reaches for the effect of the discourse choices themselves (Paulus & Wise, 2019). Both IPA and DA share methodologies in the analytic phase as researchers decontextualize and recontextualize data. While IPA methodologies center around

interviews where researchers can probe for further details and clarity, discourse analysis observes participants in their natural environment (Starks et al., 2007). As in IPA, the researcher examines their own place in the discourse while they explore how understanding is produced with close attention to the words utilized by the participants, and what "shared meaning" is created through language (Starks et al., 2007). Typically, analysis of language in DA informs professionals working with specific populations so they can cultivate meaningful messages and interchange, but this project incorporated the analysis of language specifically to inform the IPA data analysis.

During analysis, a trend of utilizing diagnosis labels was observed. The labels were compiled in a table along with excerpts from the original text and were scrutinized using a sensitivity devise (What sort of assumptions underpin what is being said?) to see what shared meaning was created through use of diagnosis labels. That understanding informed the IPA analysis in the development of codes, categories and themes.

Shift Two. The second Think and Shift exercise invited a shift in theoretical perspectives. When beginning the research process, the data were analyzed from the lens of community. During one peer debrief, the researchers discussed how the data aligned with the view of community. They asked if there were other theories of human development that inform the emerging themes and reductive categories. One theory discussed was Bronfenbrenner's ecological nests.

Bronfenbrenner's early theory emphasized ecological systems and described how interactions within the individual's immediate experience and formal and informal environmental systems impact individual's actions (Bronfenbrenner, 1977). The research team noted that the participants in the study seemed to have complicated ecological nests and observed

that part of the participants' lived experience included complexity in their surrounding relationships. The researchers discussed the possibility of linking the findings to Bronfenbrenner's theory in the discussion, but did not utilize the theory in the formation of the final themes.

       Shift Three. The final shift and think occurred after the preliminary findings section was reviewed by both experts and members for plausibility. The impetus for this shift was the in depth study (thinking about) of Bronfenbrenner's ecological nest for the discussion section of the thesis. While reviewing the literature explaining ecological nests, the primary researcher learned of Bronfenbrenner's later theory, the bioecological model of human development. While exploring that model, the primary researcher reflected on how the reductive themes and sub-themes, already established in the findings, mapped onto the Bronfenbrenner's model without any alterations or modifications to the analysis. The research team determined to include this final shift perspective within the thesis study.

Reflexivity

       In order to strengthen rigor and to gain deeper interpretive access to the data in an IPA study, researchers are encouraged to practice reflexivity (Goldspink & Engward, 2019). Reflexivity in the research process has been defined as the ability to reflect on and consider intersubjective dynamics between the researcher and the data (Biggerstaff & Thompson, 2008). Instead of seeking to bracket or diminish researcher roles in the inquiry process, both IPA and DA invite researchers to acknowledge and explore their role in the data (Shaw, 2010). The researchers' thoughts and feelings are considered legitimate components of the study. The congruence or divergence of thoughts and feelings from those of the participants is considered an authentic component of the data analysis process (Biggerstaff & Thompson, 2008)).

The researchers deliberately incorporated reflexivity in the current study by implementing rounds of reviews wherein members of the team continually reflected on interpretations of both personal experiences as well as the phenomena being studied. Additionally, sensitizing devises, questions to help the researcher interrogate the data, were utilized. Sensitizing concepts and questions may suggest a direction for research to look, (Blumer, 1954), draw attention to important features, and lay the foundation for analysis (Finlay, 2008). Sensitizing questions utilized in this study questions included: What sort of assumptions underpin what is being said (Gee, 2014; Paulus & Wise, 2019) and how does what is being said impact the online community, if at all?

The goal of these reflexive rounds was to make plain how a researcher's previous understandings intersected with participants' experiences. The reflexive process encourages researchers to move beyond partiality or investment in specific research outcomes (Shaw, 2010). Reflexive notes were kept throughout the study by the researchers and the undergraduate research assistant.

Engaging in reflexivity as part of this study was a complex task (Shaw, 2011) and extended beyond the researchers themselves. After the data were analyzed, experts were invited to review the findings. During this phase, member checking was also incorporated. This review process was not a request to legitimizing the findings, but rather, an acknowledgement of the challenges to insider/outsider claims of knowledge as well as an expression of humility towards the participants (Sandelowski, 1999). The expert panel was made up of two individuals who self-identified as White (2) and female (2). Each expert reviewer held graduate degrees (Phd-1, MS-1), were licensed (LCSW-1, Teaching Credential-1) and had expertise in supporting parents of children with trauma. Due to the vulnerable setting and population being studied and the agreed

upon request to not contact study participants, member checking with the actual members themselves was not possible. In keeping with IPA's homogenous sample, a parent outside that specific community, but with similar characteristics was invited to complete the member check. This parent (female) had more than 20 years' experience caring for and parenting children with trauma and was a member of the same religious denomination. The experts and the member were asked to review the preliminary findings and determine if they felt the findings were plausible. The reviewers were specifically asked if the findings represent something parents raising children with trauma might say or experience. Additionally, the member and expert reviewers were invited to provide feedback on instances that did not align with their personal experiences, suggest areas that needed clarification and recommend implications for practice. Reviewer feedback was incorporated in the findings section and influenced the discussion section.

Trustworthiness

Best practices in qualitative research include standards of rigor that promote credibility and trustworthiness of the data (Brantlinger et al., 2005). Lincoln and Guba (1985) proposed that the standards of credibility, transferability, dependability and confirmability be utilized to ensure trustworthiness.

Credibility. While many components make up credible research, this project developed credibility through the use of triangulation, debriefing, deviant case analysis, member checking, expert checking, and prolonged engagement.

Analyst triangulation allowed for the development of rich, robust theory development and discussion. Peer debriefing empowered the research team to explore different ideas, check in with any bias, and experience cathartic release as they reviewed data. Through negative/deviant case analysis the research team gained understanding of exceptions to the data set. The research

team invited a parent of the same religious denomination who is also parenting children with trauma to review and comment on preliminary findings. During member checking the researcher asked for clarification and obtained additional feedback.

Prolonged engagement refers to persistent observation and provides both depth and scope for the research. The data were collected over the course of four months and represents more than 300 social media interactions. While the length of time is somewhat limited, the primary researcher was a participant observer and had been imbedded in the research population for several years. The length of time in the community allowed the research team to coordinate with the group moderator, gain access to the population, develop sufficient trust with the participants to allow access to their closed social media group, and empowered the researcher to provide a rich level of context to the data collected.

Transferability. A thick description of the variables and rich accounts of social relationships provided context and allowed for transferability. When data and participants are described in rich detail, readers of the research can independently determine the extent to which the data and findings might be applicable to other times, people, populations, or settings.

Dependability. Dependability was reached throughout the research endeavor as the team keeps a record of the process and decisions. Record keeping, including memos delineating decisions, thought processes and questions created a paper trail that can be used to audit the findings of the research.

Confirmability. In this project, reflexive journaling and analyst triangulation allowed for confirmability. Reflexivity is especially important in qualitative research where individuals act as a research tool. Reflexive tools allow the research team to clearly express and disclose their positionality and create a depth of discussion and analysis. Included in this thesis is a statement

of positionality that discloses the primary researcher's member participant status, perceptions of the participants, and preconceived beliefs about the research questions.

Reflexivity. Reflexivity was also developed through journaling. Each member of the research team, including those responsible for data collection, reflexively journaled as they worked with the data. This journaling can be cathartic, but also can produce an audit trail of thoughts, feelings and decisions. The journaling is especially important for the focus on discourse analysis. Discourse analysis explores not just what was said, but the effect the words produces. As researchers journal after contact with the data, they create a secondary data set that may shed light on the effect of the discourse on each individual researcher.

Statement of Positionality. In my work at Hope Springs School (pseudonym), I assist students whose life experiences exponentially compound their learning difficulties. I have seen how abandonment and early childhood abuse create cognitive and emotional scars that change the trajectory of children's lives. I watch children work to integrate in a new country, culture and language while managing the emotional and psychological trauma of their early life experiences. I assist students as they struggle to acclimate in a culture of abundance when neglect and want was all they knew. I have witnessed students taking the first timid steps toward trusting the world around them, when their life experience taught them that their safety requires manipulation and control.

The longer I worked with the children the more I got to know their parents and learned of their personal parenting experiences. Parents shared with me their heartaches and triumphs, their joys and struggles all mixed together in one. Again, and again, I heard parents express that they had lost hope, and nobody understood the hell they were going through as they tried to parent children with complex histories. The group of women simultaneously expressed their faith and

related crises of faith, frustrations, and conflicts about religious beliefs and lack of religious and community support. Many parents expressed a dissonance between their faith and their lived experience.

My intimacy with this population and our shared religious orientation led me to question what the scientific literature had to say about parents caring for children exposed to trauma and how religion and faith play a role in creating systems of support for vulnerable families.

My prolonged work in this community extends beyond providing educational services for children with complex trauma histories. I have given respite to families, acted as an individualized education program (IEP) consultant for parents, provided training to parents, spoken at local events and national conferences, and developed lasting friendships. Before pursuing this research project, I was invited to join the private Facebook group, where for a few months I observed how the parents discussed their parenting experiences.

My prolonged exposure to this population is both a benefit and a liability in this research project. My involvement allowed me to gain access to the population sample—a trust that has not been granted to observers before. My professional and personal experience with families also allowed me to provide context for and provide relevance to conversations and interactions that may not make sense to one unfamiliar with the population group. On the other hand, my personal relationships may hinder unbiased analysis of the data.

Our research team utilized the following strategies to decrease the influence of personal bias in the analysis. Prior to the beginning of the study, my access to the Facebook group was revoked. A member of the research team unfamiliar with the participants collected posts from the site and de-identified the data sets. Multiple researchers participated in analyst triangulation,

reflexive journaling, and peer debriefing. Member and expert checking allowed for a plausibility

of analysis.

CHAPTER 4

Results

This study explored the online talk of 17 parent participants raising children with complex trauma. The purpose of the study was to better understand how these parents made sense of their participation in an online, faith-based parenting support community. Aligned with the purpose of the study, the research questions included:

1. How do parents talk online about their lived experience raising children with trauma related disorders?

2. How do parents talk about their "brick and mortar" faith experiences and faith community?

3. How do parents describe supports provided by clergy that create a feeling of community and support, if at all?

Multiple rounds of data analysis incorporated participants' online talk, expert and member reviews, and the researcher team's reflexive journaling. The findings included five overarching main themes with reductive subthemes. The five overarching themes were (a) A community of experts; (b) The community dethrones the experts; (c) The community empowers women to navigate status from victim to warrior; (d) The community provides support for members to grieve what seems "irreparably broken;" and (e) Participants express faith that God will "mend what is broken." The research questions were embedded within the main themes.

Main Theme 1: A Community of Experts

The participants in this study ascribe the members of the online community expert status. Instead of reaching outside the community for insight, the group actively sought the expertise of

the online community when they faced challenges or hard questions. One participant expressed

her gratitude for the sage advice of group members saying,

> Thank you for sharing! It is so helpful to not have to reinvent the wheel! I wish everyone
>
> could get themselves to share their experiences with others. I feel like we each have so
>
> much to give and could help each other so much greater if we were willing to be a little
>
> more humble and not ashamed of what life has thrown at us. [FT0T002]

This participant recognized the value of sharing lived experience to help other moms not have to

"reinvent the wheel." Another parent reached out to the group to learn about other's experiences

with a behavior management program a counselor had recommended. She exclaimed, "I'm here

asking the field experts!" [FTOT011]. The idea of community members being ascribed expert

status was apparent within the following subthemes where members both requested and provided

expert advice.

Sub Theme: Soliciting Support From the Field Experts

Solicitations for advice spanned the gamut of parenting, personal, and relational

scenarios. Participants asked advice for the everyday questions a parent might have. For

example, one participant inquired about what to do "with hot flashes that wake you up at night"

[FT0T009]. Another asked for "pediatric neurologist" [FTOTO11] recommendations.

Participants also sought information and advice about the challenging aspects of their

world. One parent asked for help on behalf of another mom wishing to remain anonymous,

seeking resources for her son with was sexually reactive and struggled with suicidality:

> Asking for recommendations for a Mama. This is the information I have: asking for
>
> recommendations for a residential or paid respite for a child. He is 16 and in (name of
>
> state). He has been in residential for suicide, but isn't making progress and will be

released. Mom believes he was sexually abused as a child -- he has been accused of

abusing a sibling. So an RTC that can handle both issues (suicidality, sexual

reactivity???) or home without young children, maybe? Any recommendations my

incredible Trauma Mamas? [FT0T007]

The participant trusted the group to provide resources and recommendations for a sensitive

parenting situation. Another participant requested advice when she was struggling to find support

for a daughter with developmental delays who, in the past had been abused by an adopted son:

Hey, my sisters. Do any of you have any really great resources or ideas for helping my

13yo DD [developmentally delayed] (bio) [biological] cope with the trauma of what our

AS [adopted son] did to her 6 years ago? We knew she would start processing the

assaults differently as she got older, and that's 100% true. She went through therapy back

then, including EMDR [Eye Movement Desensitization and Reprocessing], and she's not

willing (or able) to talk with a counselor now. I suggested looking into survivor support

groups, but she nixed that as well. [FT0T004]

After listing multiple resources the parent was aware of, yet untenable for her daughter, the

participant reached out to the group to see what additional options or ideas may support her

daughter's healing.

Another parent looked to the group to help her gain a better understanding of the layers of

diagnosis her child had and the potential for overlapping treatment:

So the question is how do you parse out the difference between all of these syndromes or

disorders? Is it even possible? Is the treatment different for each of them? Is it important

to find out the differences? [FT0T014]

This participant was unsure about the comorbid "syndromes" and how treatment may look and reached out to the online community for clarification and understanding.

In both the everyday and out of the ordinary circumstances, participants treated the online community as "field experts." Those "field experts" were ready with advice, insight and knowledge to share.

Sub Theme: Community Provides Expert Insight

While some participants tended to seek advice, other participants provided expert insight and encouragement in navigating the challenges of parenting children with complex trauma. When a concerned parent was unsure how to navigate increased COVID related anxiety from both children and husband one participant chimed in with ideas for therapeutic coloring and boundary setting:

> Have them do some scribbling or other things to get out the covid anxiety. I know you
>
> have lots of strategies! Maybe try giving you husband and time frame he is allowed to
>
> talk about it. 10Am and 2pm and then give the girls headphones. [FT0T005]

Not only did participants share therapeutic ideas that had worked for them, they shared novel suggestions for helping children see the potential consequences of their actions. When one parent lamented a child's unwillingness to participate in school-based learning, a parent offered an optional filed trip. "If she's not into doing her homework it won't benefit her anyway. Maybe a field trip downtown to see the homeless people digging through garbage cans" [FTOT001]. This participant offered advice to help a mom craft a strategy to help her child see the negative outcomes that could accompany failing to do schoolwork.

The community also provided expert advice on navigating the legal complexities surrounding children in and out of residential treatment and the relinquishing of parental rights when a child is returned to state custody:

> This was shared by Toni Hoy (Author of Second Time Foster Child: One Family's Fight for Their Son's Mental Healthcare and Preservation of Their Family): "Important info for kids adopted from foster care. If they were returned to state custody for any reason- danger, RTC funding, etc. your state can't take your adoption subsidy and they can't charge you child support. It's against federal law according to NACAC." [FTOT007]

Compared to other requests for support and advice shared during the study period, this topic garnered a remarkable level of participation from the community members, with 37 replies on the thread, which included additional recommendations for specific local and national resources for legal support and redress for families navigating state custody with children with disabilities. The community of experts had answers and ideas for parents traversing exceptional parenting dilemmas.

Whether a parent was navigating normative challenges or extenuating struggles of managing multiple diagnoses and treatments, abuse, or removal from the home, the online community acted as a support system with "field experts" ready to share their collective expertise.

Main Theme 2: The Community Dethrones the Experts

In addition to positioning themselves as experts, parent participants seemed to simultaneously devalue the expertise of those outside their online community. One participant asserted, "I trust my Mama's over most experts. They [trauma mamas] haven't steered me wrong

yet" [FTOT007]. One mom elaborated on the sentiment explaining that outsiders are not intimate with the everyday challenges faced by parents raising children with complex trauma:

> Nobody knows all of the reasons we say and do the things we say and do for our troubled kids. They can't know why we do the things we do or say the things we say to help our kids learn. There are so many times the scenes do not represent what we actually go through or the promises to God we have made to help heal these kids and we will always look like the bad mom. [FTOT001]

The dissonance between what outsiders, with no contextual knowledge thought compared to actual complexities faced daily by parents raising children with complex trauma, resulted in many of the participants feeling negatively judged.

One member reviewer shared additional insight in this area by explaining that participants may choose to wear "looking like a bad mom" as a "badge of honor," as one way to appropriate expertise [FTOTMR1]. In other words, outsiders and experts may judge or misunderstand, but the participants themselves know what they are doing.

Sub Theme: Experts Got it Wrong, Government

Multiple participants supported each other as they commiserated the times when the supposed experts got it wrong and their families were negatively impacted. One parent described the time when she defied a Child Protective Services (CPS) order to keep her son in her home. She suspected her son was abusing other children:

> After a CPS sexual abuse investigation that came back with "no findings," we defied their order to keep him in our home and placed him in a private therapeutic foster home…. I had suspicions which is why I called CPS…. We were told he was just "roughhousing"

with his sisters and that was "normal." But through the power of the Holy Ghost, I knew

there was more going on. [FTOT007]

This parent rejected the counsel of industry professionals and instead relied on her connection to

God for the needed insight to see things as they really were. Later she learned her suspicions

were correct -- her son had sexually abused her two daughters and a nephew, and had "sexually

abused and raped or attempted to rape, two of my nieces, my cousin's daughter, 3 children at

school during school, and a child at a summer camp" [FTOT007]. This participant asserted that

not only did CPS get it wrong, but they were also blind to the enormity of the situation.

Another parent felt "let down" with the lack of information and resources shared with her

after she adopted a child who had been exposed to drugs in utero. She said,

My rant is about how we, as adoptive parents, were totally let down. We knew it would

be difficult to raise her due to her drug exposure and her bio mom's mental illnesses. We

asked the LCSW who did our home study what to do to prepare. He said she would

probably grow out of the effects of the meth by age 8, and it was clear that she loved us

and we loved her, so we would be fine! [FTOT003]

This parent understood that raising a child with a history of drug exposure would be difficult, but

felt completely unprepared for the magnitude of the task she was currently facing. She was told

by an expert that the child would grow out of the impact of drug exposure, advice that conflicted

with her lived experience. This parent continued with her experience by lamenting,

How many times did I have to beg for help and be told that it was fine and we just needed

to be more patient and get family therapy...again?! Apparently, I would never have

known if it weren't for my desperate post… What is wrong with this picture?!

[FTOT003]

This participant expressed frustration that she had repeatedly experienced experts minimizing struggles at home. She related that she gained understanding and support when she was referred to this online, faith based, parenting complex trauma community.

Sub Theme: Experts Got it Wrong, Therapists

The participants in this study also minimized the expertise of trained therapists. While many mentioned benefiting from therapy, the tone of their discussions overall reflected a devaluation of the expertise of therapists. One participant recounted an incident where an expert suggested a specific therapy modality; a treatment plan that had been previously attempted and subsequently abandoned:

> His new parole officer asked us and his therapeutic Foster Parents if we had ever parented [child] using Ross Greene's "Explosive Child" techniques. Yes, sir! We have all read the book, watched the DVD's, and my son saw a Ross Greene trained therapist. The parole officer said that he had never seen a child that the techniques didn't work with. Surprise! My son was that child. He has now been kicked out of 5 RTC's. [FTOT007]

This participant's child had not benefited from a recommended therapeutic treatment, even though the specific treatment was highly regarded by experts. The participant knew it, recognized it, and rejected the authority of an expert who had less lived experience and exposure to highly resistant problematic behavior.

In response to the above post, another participant expressed the feeling that while counselors and therapists were attempting to provide support, often the therapeutic experience feels like a silly song and dance where a parent tries out new ideas and families end up riding a "roller coaster" and facing new ideas and challenges:

Sometimes I feel like we are like Bugs Bunny and Daffy Duck... doing that silly shuffle dance. "On with the show this is it!" 🎵Each new counselor will bring a new set of ideas. You can tell a great counselor if they build you up to handle the next steps in this roller coaster ride. A bad counselor will blame the parent and take away their confidence. I've seen my share of bad counselors but have had a few great ones too. Stand strong sweet mama, you're doing great. Feel that wind beneath your wings! [FTOT001]

One participant's humorous vocal parody underscored the dichotomy of an expert therapist who didn't have a grasp of the reality of the parent's world. In a self-talk therapy session, the mom goes back and forth as the "therapist" and as herself as the "mom." The therapist recognizes that the mom needs daily self-care and probes for information about the types of self-care the mom currently enjoys. "Um, and I do shower—everyday. Kinda. Well, not really. Ok, I shower at least once a week—Saturday nights so that I'm clean for Sunday. So, I do do that" [FTOT014].

After the "therapist" prescribes 1 hour of self-care each day, the mom imagines what taking that hour of time away from her family would look like, and relates the self-care adventure in the parody of the song "Into the Unknown," from Frozen II, with the title "I want to be Alone." The lyrics, punctuated by perpetual interruptions and requests from children, paint a picture of this participant's imagined self-care time.

What do you want?

Cause you've been banging at my door

Are you here to tell me jokes?

Or are you bleeding on my floor?

Are you needing sage advice

For deciding who was wrong

Who knows deep down—It was you all along

Every day's a little harder

As I feel my bladder grow

Don't you know there's part of me

That needs to go!

Gotta be alone

Gotta be alone

Gotta be al-o-o-o-one

At the end of the song, the Mom looks at therapist with an, "I-told-you-so, your recommendation won't work" look. The therapist then hands the mom a bottle of pills and says and says, "Yeah, never mind—that's not going to work. Here—take some of these. See you next week" [FTOT014].

This imagined therapy session, while humorously highlighting the ongoing struggle many parents face in balancing personal and familial priorities, underscores the shared view that therapists really don't comprehend the lived experience parents face each day. Additionally, the therapist seemed to be viewed as a means to an end. As the participant devalued the authority and expertise of the therapist, she seemed to crown herself the expert of her own world.

While participants tended to devalue the expertise of therapists, they did not reject the utility and benefit of the therapeutic relationship all together. For example, the member reviewer shared a paradoxically positive experience with a therapist. The member related a situation where she was parenting "the most abused child in [name of state]" and was assigned an unlicensed, supervised, therapist in her final year of training; a therapist lacking both clinical and

life experience. The therapist openly acknowledged her inexperience and acted as sounding board for the parent. The therapist, instead of positioning herself as an expert, honored the lived expertise of the parent and assisted in helping the parent harness tools she already possessed. Broadly, participants described relationships with therapists in more positive terms when therapists positioned the parents as experts.

Sub Theme: Experts Got it Wrong, Schools

The participants in this study devalued the expertise of many educational leaders and teachers as well. Parents described their students being pushed "through without actual learning happening" [FTOT007]. One mom expressed frustration with a child learning algebra who was still calculating with his fingers:

> I am so frustrated with my son's school. He is in 7th grade and is taking seventh grade math. The school always said he was a little behind but was doing okay. He never had homework. I am now trying to teach him at home due to COVID 19. He is learning algebraic equations, but he still can't count without using his fingers. How have they let him progress to seventh grade math when he can't do basic math skills? Ugh! [FTOT009]

This participant identified a problem with persistent missing skills that hadn't been addressed and was impacting the students ongoing learning. The participant indicated that the gaps in learning had been minimized and had not been adequately addressed by school professionals.

On the other hand, during the expert and member reviews, one expert, a retired teacher, refuted the perceived inadequacy of the school system. She explained, "Using his fingers may have been pure survival since many trauma-kids like myself struggle with memorizing anything." She went on to explain, "If he can do Algebra via fingers that is amazing!" [FTOTER2] This retired, trauma expert teacher asserted that moving a child on to algebra

without requiring memorization of math facts was the appropriate educational decision. If fact, she applauded the skill of a child who could comprehend higher math skills while still computing via fingers. The expert reviewer expressed sorrow that the community of field experts, with knowledge in so many dimensions did not provide expert educator insight regarding education principles. She said, "when considering the level at which this group was incredibly successful at supporting each other, this section makes me sad because there would be expert information that would help this parent not push memorization" [FTOTER2].

Notwithstanding the reviewer's discrepant understanding, this online group's distrust of schools extended beyond providing academic support for students. When a parent asked about the quality of a specific charter school in supporting children with Reactive Attachment Disorder (RAD), participants in the group shared their distrust. "(name of school)? That is a hard no for kids with RAD" [FTOT007]. She explained that the school's military structure didn't adequately address behavior problems. She continued, "I know a former student that left [the school] because of bullying" [FTOT007]. This participant openly shared her distrust of the charter school in question. As a whole, the group seemed to believe that not all school systems and teachers are equipped to provide the level of support and assistance the parents believed their children required.

Consistently, the online community devalued and marginalized the expertise of therapists, government representatives, and school personnel. The participants in this community were not alone in their disillusionment with the system. One expert reviewer commented, "some [practitioners] do more harm than good" [FTOTER1]. She went on to explain that Child Protective Services (CPS) employees, foster care workers and adoption providers "aren't adequately trained" [FTOTER1].

The participants seemed to believe that outsiders, with little contextual concept of the complexities faced daily by parents raising children with complex trauma, negatively judged parents and did not have the experience to provide insight, support and expertise. The participants seemed to feel that this lack of knowledge contributed to instances where participants felt deeply hurt and unseen. As a result, the participants in this online community positioned themselves as field experts, with the expertise to support and empower group members to navigate the daily struggles of raising children with complex trauma.

Main Theme 3: The Community Empowers Women to Navigate Status From Victim to Warrior

Repeatedly, participants shared online posts describing parenting triumphs and tragedies. Often, the participants expressed while they initially felt isolated and helpless in their "completely broken failures," the online community helped them to traverse the complexities of shared difficulties together and feel empowered. Participants went on to describe this transformation. "This group has helped me to move from a victim in my own world to a warrior" [FTOT014].

A pattern emerged from the participants' narratives that reflected a transformative process moving from victim to warrior. As victims, the parents described the tragedy of feeling like failures, paralyzed by the enormity and the complexity of the parenting challenges they faced. As participants shared their difficulties and normalized their life in the trenches, they received support and encouragement from others. Participant "warriors" shared their personal parenting triumphs that took the form of rejecting intense feelings of shame, offering self-compassion and courageously sitting with grief. One participant explained her journey:

Thank you so much for your love, support, and understanding. I was at my wit's end and

felt like a complete failure. I still struggle with feelings of being a failure, but knowing

that I'm not alone and I didn't single-handedly damage my daughter, has meant SO

MUCH to me! Thank you, thank you, thank you! [FTOT003]

This participant harnessed the "love, support and understanding" the community offered to

internalize that she was not alone in her parenting struggles. Another participant identified the

painful emotions she faced as a parent. She reflected that as a warrior, she chooses to act with

courage and do what is best for her child:

I think the mentality that we have, that we have to have where we can only see one step

in front of us at a time because it's too painful and it's too hard to look at the whole

picture. But we, as parents experience this grief over and over and over again but we have

the courage to stand up and to do the next right thing for our child. [FTOT014]

The participant expressed that this online community offered support and understanding that

helped to normalize experiences. Consequently, this participant was better able to simultaneously

act courageously to make difficult decisions, and then sit with the accompanying grief.

Sub Theme: The Community Normalizes Life in the Trenches

Consistently, parents related difficult parenting experiences. With each anecdote and

supportive response, community members saw that they were not alone, and their experiences

were not out of the ordinary. This process of sharing seemed to normalize the difficult

experiences parents faced. Parents described internal wrestles with navigating children's

behaviors, maintaining healthy relationships with their children, and carrying the emotional

weight of motherhood.

One parent shared the struggle of a child who was "selling pretend drugs to a girl at school." She explained, "yeah, my son has now sold aspirin as a 'pain killer' and oregano as marijuana. I'm worried the real drug dealers will beat him up or try to kill him" [FTOT009].

While this parent navigated the challenges and worries of children selling drugs, another parent related the difficulties of maintaining a healthy relationship with a daughter in a residential treatment center. She shared,

> Her dislike of me is escalating, too. Her sleep patterns are also a mess. All are signs of anxiety for her. I have to drastically limit my interactions with her, because if I call, text, or FaceTime her too much, regardless of the content or tone of the conversations, she escalates and blames me for her behaviors. [FTOT003]

This participant shared that she made the difficult decision to limit contact with her child so her child could be more successful in treatment. Another mom described her shock when, despite her best efforts, and the use of video cameras to detect behaviors, she learned the extent of her children's choices. She said,

> We gave them the permission to tell us about anything that they had ever done with no consequences. That was huge! I listened to hours of stuff that they should have been in jail for. Hours and hours. I knew it was bad, but I didn't know the tip of the iceberg! (And I have alarmed doors and cameras!) Every thing from sex to stealing from the church when it wasn't Sunday. [FTOT002]

In spite of this mom's efforts to watch over her children, she was shocked to learn of the extent of their choices.

While some participants shared difficult experiences, others shared the emotional weight of parenting. This mom explained the pain of the title mother as she raised children with trauma.

She said, "My two trauma disordered kids ruined the "mother" thing for me. They call me "mother" with such disdain in their voices. The word "mother" makes my skin crawl" [FTOT001]. For this participant, the status of mom was riddled with layers of hurt and pain.

Another participant echoed the pain that came from navigating a family experience that was decidedly different from the one they were expecting. She said,

I don't know if I am strong enough to look myself in the mirror yet. I don't want to question whether or not I am catastrophizing everything. Or blowing things out of proportion. I'm not strong enough to challenge my best efforts as broken. And yet my mind knows I have been broken over and over again. This is not what I had in mind for my family. [FTOT014]

This participant carried the emotional weight of navigating choices, worrying that she was "blowing things out of proportion" and that she didn't have the capacity to carry on. This was not what she thought family was going to be like.

As parents disclosed their personal difficulties, the community at large provided empathy, encouragement, support, and laughter. When one participant shared parenting frustrations, a community member offered encouragement, saying, "it is a different way to parent. Therapeutic parenting is not for sissies!" [FTOT001]. Normalizing the difficulty of parenting decisions provided support for this participant.

Other participants lightened the mood with humorous memes. One such meme was contained the phrases, "Glad to be RAD" in bold colors -- a tongue in cheek reference to a shared children's diagnosis. One participant shared, "this made me laugh, and I desperately needed to laugh" [FTOT009].

Empathetic sentiments punctuated most conversation threads. One parent empathized, "So stressful. I'm so sorry that you are going through this" [FTOT003]. Another commiserated, "Oh, my heart just hurts for you" [FTOT007].

Throughout the difficult parenting dialogs, community members sought and received acceptance, learned they were not navigating these struggles alone, and that their lived experiences were not out of the ordinary. This process of sharing normalized the difficult experiences parents faced.

Sub Theme: The Community of Warriors Rejects Mom Shaming

Not only did the community normalize difficult parenting experiences, but the members also supported each other and rejected mom shaming. When one parent expressed that before learning about therapeutic parenting, she hadn't done enough for her child, members chimed in saying, "Always remember you did the very best you could with what you knew at the time. You were at a huge disadvantage" [FTOT007].

Over the course of the study, multiple participants shared a quote attributed to Maya Angelou. This participant combined a meme of the quote with encouragement for another, "Be kind with yourself❤️MEME WITH THE QUOTE: Do the best you can until you know better. Then when you know better, do better. Maya Angelou" [FTOT013].

The injunction to be kind and afford yourself grace and forgiveness while constantly striving to know better and do better permeated conversations. This unconditional acceptance and encouragement resonated with the community members. In response to a series of encouraging, shame rejecting comments, a participant expressed, "Thank you. It's hard sometimes to realize that we are making a positive difference. Thank you. We do make a difference. It's just so easy to get caught in the trap of feeling defeated" [FTOT003]. This

participant understood that it is easy to feel defeated and emphasized the value of the group in rejecting the shame associated with parenting.

When one participant shared a difficult experience with her family and blamed herself, another participant stepped in and invited the frustrated participant to see it differently. The participant exclaimed, "All I do is stress him out. That's really how I feel. I mess everything up. I really do" [FTOT009]. A fellow community member responded with,

> No, you don't! I won't let you take that on. You are the glue that holds your family together. I have seen plenty of examples of that. Please, please, please know that you are valuable and loved. You work hard, serve unselfishly, and love unconditionally. I think you are incredible. <3 [FTOT007]

When a participant felt like a failure, other participants stepped in to provide encouragement.

Not only did the group reject shame, but the community also actively encouraged participants to parent with courage. One participant shared a meme that resonated with participants. "Own it ladies! INTERNET MEME THAT SAYS: If your path demands you walk through hell, walk as if you own the place" [FTOT011].

Another participant took the time to honor her strengths and failings as she parented her child. She shared how she accepted accountability for her part in her child's behavior choices, and then shared how she had acted courageously to make changes in her life:

> I was not the parent my oldest son needed. I was trapped in my own trauma. He triggered me over and over again. I acted out of my trauma. That does not excuse what I did, but it is the reason for it. I went to years of therapy. I am healing. I fully accept responsibility for my part in adding another layer of trauma to his already numerous layers of trauma. I needed forgiveness for my part. I repented with a broken heart and contrite spirit. I told

him I was so very sorry that I acted from my trauma. I told him what I did to pay

retribution for my actions. I told him what I did to help me heal and become better. He

could see through my behavior, my heart had changed. The hardest part was forgiving

myself. There were days I felt swallowed up in my guilt, shame, and pain for my actions.

I asked myself if he would be who he is if I would have been a better Mom for him in the

beginning. I don't know. But, what I do know, is when I knew better, I did better. I

continue daily to strive to do better. I cannot change the past. I still screw up. I am mortal,

imperfect, and broken. When I do, I go through the repentance process again over and

over. I don't have to be perfect, because he and the salvation he gives through the

atonement, already is. [FTOT007]

This participant courageously confronted her parenting weakness and worked to reject shame,

learn, and make changes and become a better person and mother. Another mom shared her

perspective of sitting with the hard emotions. She said,

We Moms have to compartmentalize our emotions to exist and get through each day.

However, our own mental health is important. It's important to reach for those raw

emotions, experience them and move on… I am hoping for a small space of time for

healing for us. [FTOT014]

For these participants, the online community was a place to express, feel and confront the

difficult emotions and behaviors that cooccur with parenting children with complex trauma. One

member of the research team described the vulnerability of the moms in her reflexive journal.

She said, "They are willing to be vulnerable, and this vulnerability with each other helps them in

their personal healing and just daily sanity in general" [FTOTRJ1].

The act of feeling, normalizing, and acting with courage transformed our participants from "victims" to "warriors" in their own lives. While parents described the tragedy of feeling like failures, paralyzed by pain, they worked to adopt the courage of warriors who reject intense feelings of shame, offer self-compassion and courageously sit with grief.

Main Theme 4: The Community Provides Support for Members to Grieve What Seems "Irreparably Broken"

The community seemed to provide support as member participants grieved areas in their lives that they self-identified as "irreparably broken." The participants recognized multiple dimensions of their world where they had to fight to repair, heal and maintain family relationships. Those interpersonal trials spanned their relationships with their children and their spouses.

Sub Theme: The Wrestle With Grief, Labels, and Diagnoses

Participants consistently struggled to understand and reconcile children's behaviors and diagnoses. One participant shared an insight from a therapist saying, "[the therapist] mentioned that we see our kids as their diagnosis rather than kids" [FTOT014]. Later in that discussion thread the mom came to this conclusion:

> I wonder if because we fight so hard to figure out what is wrong with our situation, behaviors, parenting, etc, that once those diagnoses come, we latch on to those as an explanation of our life. It's a way to hide behind the grief perhaps? It's easier to say "My kid has FASD." Rather than, "My kid isn't who I thought I would raise. His behaviors confuse me. How can I help him through the world?" [FTOT014]

This participant recognized the immense grief she felt when she came to accept the fact that her life, and her children's lives would not be ideal. Utilizing labels to describe children's behaviors

allowed her to conceal her sorrow and begin to accept this new normal. One of the members of the research team, who is also the parent of children with disabilities, reflected in her reflexive journal about the relationship between grief and labels in her world. She shared,

> Making sense of grief. How do you navigate parenting when the "normal" hopes and dreams for your child are not a reality? …. I labeled it. My kids are ASD and don't tolerate [fill in the blank] despite our best efforts and the application of our best resources. SIGH. Then I went about and created a new normal... The grief has a purpose when the label is applied. It is a symbol of the sacrifice, past, present and future that we lay on the altar of love of family.

This researcher recognized her own use of labels as a tool to reconcile her reality with hopes and dreams.

One surprising finding was the extent to which participants utilized labels. Each participant seemed to cultivate a distinct tone and tenor with their labels for their children. Perhaps to respect privacy, or maybe to facilitate fast comprehension of the difficulties facing the child and the parent, participants rarely called their children by name. Participants utilized both diagnosis labels and descriptive labels to paint a picture of their parenting experience (see Table 2).

A wide variety of diagnosis labels were used to describe children. Many used diagnostic abbreviations familiar to the community like "RAD," (Reactive Attachment Disorder and "FASD," (Fetal Alcohol Spectrum Disorder). Another described a child as "on the spectrum" [FTOT003].

Table 2

Labels for Children

Diagnosis Labels	Invisible Disabilities
	Disassociation
	RAD
	FASD
	Substance Abuse
	Hidden Disabilities
	Anxiety
	Conduct Disorder
	ODD
	ADHD
	Developmentally Delayed
	Recovering Heroin Addict
	On the Spectrum
Descriptive Labels	Tier 3
	Bio Kid
	Adopted Son
	Difficult
	Dangerous
	Overwhelmed
	Defiant
	Criminal
	Slow to trust
	Victims
	Frightened
	Death
	Unlovable
	Abusive
	Born addicted
	Radlet
	Toxic
	Physically aggressive
	Holy terror
	Not a mean manipulative bone in his body
	Violent
	Radling
	Survivor

At other times, participants provided an alphabet soup like list of comorbid conditions.

One participant shared, "Here's my boys' diagnosis list, ADHD, ODD, Conduct Disorder,

Anxiety, and substance Abuse (marijuana). Undiagnosed is probably, FASD and RAD. They are 13 and 14" [FTOT011]. Other participants differentiated the difference between their "bio kids" [FTOT003] and "AS" [FTOT004] (adopted son).

Contrastingly, other parents adjusted diagnostic labels to diminutive nicknames like "When we were raising our two RADlets" [FTOT001] or "My 12 year old RADling" [FTOT009]. Yet another participant honored the invisible nature of many of the disabilities calling her child's struggles, "hidden disabilities" [FTOT014].

Careful analysis also revealed value judgement labeling of their child. For example, while describing her children at their birthday party one parent recognized the "overwhelmed look of dissociation on the poor kids faces" [FTOT001]. Another parent labeled her daughter as "extremely difficult" and pointed out the child's "rages, threats and complete defiance" [FTOT010].

Almost ubiquitously, participants utilized labels to describe their children and their struggles. While interpreting the intent of such labeling is beyond the scope of this study, the variety of styles and use may reflect the participants' simultaneous wrestle to manage their hopes and dreams for their children, their grief at their lived reality, and their desire to love and nurture their children.

Participants described the difficulty of loving their children. One parent explained, "We are learning to love as Jesus did. We are loving the unlovable. We are loving those that use and despise us" [FTOT007]. In this participant's grief at the challenge of loving her "unlovable" children, she looked to her faith for an exemplar.

Another participant explained her grief like this. "Working with these kids is like playing in the mud and you never seem to be able to feel clean again" [FTOT006]. While that parent felt

unclean and permanently damaged by her children another participant chose to view her child in another light. "Our kids really are such victims. I know I forget this when I deal with the tantrums and threats. But they are victims. And in the end, they are frightened to death" [FTOT014]. This participant's choice to shift her perspective, allowed her to see beyond the behavior to underlying emotions that may overwhelm a child's best intentions.

One member of the research team with more than seven years' experience working with children with trauma discussed the dissonance she felt as she read data episodes. She shared, "If I were not an insider, I don't know that I would give the moms the benefit of the doubt… I think I would be shocked, horrified, saddened and frankly want to take the "mom card" away and rescue those kiddos… almost like the kiddos become a victim of the mom's dehumanizing attitudes and judgement" [FTOTRJ2]. Later, after peer debriefs with the research team, the researcher contemplated on the meaning her insider status gave to the persistent labels used in the online support group. She reflected,

> Being an insider, I can look at the victim, survivor, fighter labels and see the mom's attempts to see her child through a lens of the child's disability. Mom is trying to reconcile the horrific behavior with the reality that those behaviors are "normative" for a child with that diagnosis, so if I see them as a victim of the trauma, I can forgive the maladaptive behaviors and recognize that the child makes that choice because of their history of reinforcement… not because any child wants to hurt others, but because trusting relationships aren't safe. It feels like a mindset shift that allows moms to anticipate poor behavior and forgive it freely. To reconcile the desires for a "healthy" relationship with their reality. [FTOTRJ2]

This researcher observed that the labeling fulfilled a purpose for the parents in the support groups and may provide another layer of support as parents navigate the difficulties of parenting children with trauma. The participants' use of labels cultivated a unique method of aptly describing the reality of the reality of their world. Participants utilized labels, expressed their grief, and shared their struggle to love their children as they grieved the child they "thought they would raise."

Sub Theme: Triangulation Wrestles Within the Marriage Partnership

In addition to the grief participants faced in raising children with complex difficulties, participants also struggled to navigate difficulties in marriage relationships. One participant reaffirmed that her faith system helped her choose to fight for her marriage. "If I didn't feel that commitment was part of God's plan, there are many times I would have left my marriage. But each time I felt like walking away there was something that made me stay. (Maybe angelic assistance)" [FTOT001]. The difficulties facing this participant in her marriage made her want to give up, but her belief system was a key factor in helping her persevere.

Another participant shared a link to an article about the importance of loving a spouse. "I know how hard it is to nurture a marriage among all the chaos and triangulation, but it is so important for many reasons: Love matters: How parents' love shapes children's lives www.sciencedaily.com" [FTOT007]. This participant asserted that love matters, even when it is hard.

The participants' descriptions of their spouses underscored the shared sentiment of grief and dissonance in their relationships. Participants combined devaluing and endearing terms as they spoke of their spouses. One participant said, "My darling husband has been slow to "get it." You would think after the 18 years we have had raising children with RAD, it would be a no-

brainer at this point. But, it appears that is not the case" [FTOT007]. This participant combined the a term of endearment "darling" with the value judgement of "slow to get it" and lamented the lack of unity despite their working together on difficult parenting matters for more than 18 years.

When commiserating with another participant, this mom expressed the struggle of getting a spouse onboard with parenting plans. She said, "Sometimes husbands are like herding cats🐆🐆🐆" [FTOT005]. Another parent praised husbands for their goodness but reaffirmed that they do not fully understand the participants' lived experiences. She said, "your husband is such a nice guy. My husband is such a nice guy too, but they will never understand our kids problems" [FTOT001].

Participants also shared the ongoing strife they face in parenting decisions. One participant expressed that her husband distrusts her parenting decisions. After learning that her child was lighting grass on fire at the bus stop, a participant chose to check her son's pockets and backpack for lighters. She explained, "My husband fears that if I check pockets when leaving and arriving home, my son will feel like a criminal and become one" [FTOT009]. Another participant shared her grief that "my husband hates them [the children]" [FTOT002] because of the physical injuries she had sustained while parenting.

The online community provided a platform where members could openly share the dissonance, the grief, and the difficulties in marriage relationships. Notwithstanding the dissonance in relationships, the community also seemed to provide support for women to wrestle with marriage challenges and fight for better relationships.

For example, one participant related how she works to be patient and refuse to allow her memories of past difficulties to continue to trigger problems in the marriage:

I'm sure that our husbands can trigger the daylights out of us when they have their bad days and start acting a little RAD. I also realize that I have a hard time trusting my marriage after going through all of the triangulation years with our RAD kids, of course he sided with them until we learned better. Those were very hard years. It did damage us as a couple, but we understand what caused the damage and try to be patient with each other when we can. [FTOT001]

Honoring the struggles that resulted from triangulation was the first step for improving this participant's marriage relationship. Another mom explained that the triangulation typical of parenting children with trauma histories perpetuated her marital distress. She explained,

My husband and I have had many talks about Triangulation, during our kid's therapy appointments, during our own therapy sessions, and during our marriage therapy. Kids with RAD are masters at Triangulation. Triangulation almost took down our marriage. This is what we both have learned. [FTOT007]

Learning together about the impact of RAD as seen in children's ability to manipulate and triangulate their parents helped this participant wrestle to repair her marriage. Another participant shared her determination to make her marriage work. She said,

Just like our kiddos, I think we have developed PTSD for the rest of our lives from raising them. I guess it's the next stage to our marriage as we try to repair the damages done from raising our last two children….. Geesh... these lessons of endurance never end! Dog gone it... I'm going to make it to the end of this life with this crazy man if it kills me! [FTOT001]

The choice to "make it to the end" notwithstanding ongoing challenges reflects this participant's "warrior" like choice to grieve then repair what has been broken. While honoring the difficulties,

another participant summed up the feeling of the participants as they navigated their marriage

relationships, "Not being one is truly one of the hardest trials in marriage. ❤️Hugs!!! I think our

mercy and forgiveness will be mostly needed for us and our spouses in the end 😊" [FTOT013].

A key element in grieving for these participants was honoring the outcomes of

triangulation on the marriage relationship. Just as participants described and labeled their

children and difficult parenting scenarios, they discussed and labeled heavy marriage concerns.

The online community provided a space where participants vocalized grief, began to process

their struggles, wrestled with the dissonance in relationships (with children and spouses) and

made courageous choices to heal their relationships.

Main Theme 5: Participants Express Faith That God Will "Mend What is Broken"

Significantly, participants referenced their faith and trust in a supreme being that would,

in His time, "mend what was broken." This faith seemed to buoy the participants and anchor

them to hope and reconciliation. As community members shared trials, participants expressed

their support by "Sending prayers!" [FTOT009] and "praying for better times for you"

[FTOT001].

Participants also shared inspiring messages from their religious leaders that normalized

the pain of life's trials and provided encouragement to look to their higher power for healing. For

instance, one participant shared this message from a religious leader, "The Savior loves to restore

what you cannot restore; He loves to heal wounds you cannot heal; He loves to fix what has been

irreparably broken; He compensates for any unfairness inflicted on you; and He loves to

permanently mend even shattered hearts" [FTOT007]. She went on to explain,

> During times like this, it can be easy to lose faith and wonder if Father in Heaven is still
>
> minding the store, so to speak. I promise He is perfectly mindful of us. This current trial

is just that; it's a trial that will help us grow stronger if we choose faith over fear. Use

your struggles to refine yourself into a stronger, more spiritual person. [FTOT007]

Not only did her faith inspire hope that what is broken in her life will be mended, but that in the

process of being mended she has become a stronger, more faith filled person. The member

reviewer concurred, "If you're a Christian you can't believe things are irreparably broken. With

Christ nothing is irreparably broken."

Notwithstanding messages of faith and hoped were included in conversations, in-person

faith experiences at church services and the actions of clergy were rarely discussed in the

community. One participant shared,

I'm staying home [from church]. I've been much closer to the spirit studying from home. I

do miss the members but I'm searching the scriptures more strongly since being on home

study. It's also helped me to depend on my own testimony more. [FTOT001]

This participant expressed that she gained more from personal study than she did from her brick

and mortar church experiences. Another participant explained that interpersonal relationships at

church make in person worship services more difficult. She explained, "Over the years many

voices at church have insisted and still insist I'm doing it wrong. When I go to church sometimes

I honestly I wonder what it is that I'm lacking" [FTOT007]. Brick and mortar worship services

seemed to reinforce the feeling of being broken instead of instilling hope and healing for this

participant.

Regardless of their participation in or discussion of formal church services, the

community expressed an ongoing belief that all things will be healed through Christ. One

participant expressed, "I'm hoping there's no Asperger's conditions in heaven! I'm also hoping

our kids conditions will be gone too. Maybe that's what the heaven is all about. Pure peace and

joy!" [FTOT001]. Her vision of heaven included healing for her family members of their disabilities.

The hope in the healing of disabilities in the hereafter was repeated by a parent who was struggling to make sense of her conflicted feelings. She explained that a close friend's daughter had a terminal illness; her friend was fighting to keep the daughter alive. The participant admitted that, at times, she had wished for her child to be released from the misery of his life. In a video post she wrestled with her conflicted feelings. She said,

> In my beliefs in our church, I believe in a hereafter. And I believe that my son will be cured and that this horrible torment that he's in will go away and all I can think of is to pray (choking up) to my Father in Heaven and say, "Take him!" (emotional). "Just take him! Put him out of his misery! I believe in a hereafter. I don't think he's gonna be accountable. Just take him before he hurts everyone else! And his life is miserable. What can he possibly learn from this?" And I know that this is my test and other people's test, but oh my gosh. I feel for her [my friend] in such a weird way that, she has a daughter that she doesn't want to go. And I have a son that I want him to go (choking up). Not in a mean way and because I want to be over it, but because I want him to have rest finally and I want his misery to end (choking up). [FTOT014]

This participant believed in and dreamed of a day when her child would be healed from his illness and wrestled to reconcile that hope with the reality that the healing would not happen immediately. Another participant shared the grapple she faced as she made peace with her path in life. She said,

> We may never heal our children in this life. They may never heal themselves in this life. For me, this has been a slow acceptance process, filled with pain and grief. But when I

learned more about the Atonement, what it truly is, what it truly does, what grace is, the merciful nature of our Heavenly Father and Elder Brother, I received peace. All of this will be made right though, through the atonement and the saving power of Heavenly Father and Jesus. In the hereafter, it will be okay. I am so very grateful for the sacrifice our Savior made. He is truly our Savior and our children's Savior. [FTOT007]

Over time, after wading through pain and grief, this participant was able to look to the mercy and love of her God and gain the hope that all will "be okay." The wrestle to accept life's reality and look for hope was an integral part of this participant finding hope. One member of the research team discussed how the grief and faith of the participants reflected her own journey in her reflexive journal. She recounted,

It seemed like there was a deep, enduring wrestle to personally reconcile life experiences in a lens of faith. The inspiring messages [the participants] shared from religious talks centered on healing and navigating that wrestle while being anchored in their faith. It felt like a complex personal relationship with the divine was formed in the heartache and in the wrestle before God. It reminds me of Jacob in the bible. Who wrestled before the lord all night.. who then saw a ladder. I have wrestled through the darkness; the nights of my life, raising my kiddos, trying to navigate through their mental/emotional/ health struggles and my own as well. My crisis was dark, and it was prolonged. But the dawn came—it was an awaking of sorts, a revelation of the first step on my ladder and the only message I needed was to know of Jesus' great love for me. That was it. His love. There was no solution. There was no real hope for change in the outward circumstances in my life, no assurance of happily ever afters, no miraculous gestures from others to rescue me from the wrestle… just the peace of the love of God and His Son. That was it. The first

rung on my ladder. As I read the inspirational messages shared, I am reminded again and again, that the first rung is always feeling loved—by someone else. By Jesus, by the community. Removing the isolation and fear—the otherness—that is the heart of the darkness by being wholly integrated—one with "the body of Christ." [FTOTRJ2]

The community created an environment where struggles could be normalized, wrestles could be vocalized without shame, grief could be felt, and hopes could be visualized. The participants expressed their oneness as a body of Christ as they exercised faith and trust. One participant expressed, "I can't wait to see these kids on the other side of the veil, healed with the love of Jesus Christ and my mother's prayers. It's such a relief to me!" [FTOT001]. The hope of healing provided joy and anticipation for this mother. Another participant found joy in her trust in Christ. She said, 'This is a beautiful message of joy. I know in our lives, joy is hard fought and often seems beyond reach. But, through him, we can have joy in even the hardest of times. Love you all" [FTOT007].

After all the struggles, the grief, the wrestles, and the pain, the community rejoiced in the conviction that God

> … loves to restore what you cannot restore; He loves to heal wounds you cannot heal; He loves to fix what has been irreparably broken; He compensates for any unfairness inflicted on you; and He loves to permanently mend even shattered hearts. [General Conference Meme Quote posted to group]

Members of this community shared the belief that "Restoring what you cannot restore, healing the wound you cannot heal, fixing that which you broke and you cannot fix is the very purpose of the atonement of Christ" and that belief seemed to tie the participants together and anchor them in faith.

Conclusion

Participants in this study related their personal experiences of raising children with trauma and stress and cooccurring learning and living difficulties. Additionally, parental experiences seemed to denote that parenting children with particularly difficult behaviors experienced high levels of parental stress and distress. And while faith-based groups remained important to the participants, these parents reported feelings of dissonance with church communities. These parents seemed to be turning to social media to access expert advice and to navigate the complexities of their parenting experience.

The participants in this study utilized their community to access resources, share expert advice, garner support, normalize parenting difficulties, sit with their grief, make difficult choices and reflect of their sources of faith and hope. Whether the participants wrestled with and grieved broken marriages, fractured families, shattered hopes, splintered dreams, or ruptured lives, this online community of experts empowered participants to move from being victims in their own lives to courageous warriors, anchored in the hope and joy their faith provided them.

CHAPTER 5

Discussion

This study explores the online talk of 17 participants in order to better understand how the participants make meaning out of their participation in an online, faith-based parenting community designed for parents raising children with complex trauma exposure. Findings based on the data analysis included five overarching main themes with reductive subthemes. The five overarching themes were (a) A community of experts; (b) The community dethrones the experts; (c) The community empowers women to navigate status from victim to warrior; (d) The community provides support for members to grieve what seems "irreparably broken;" and (e) Participants express faith that God will "mend what is broken." A thorough discussion of the findings is found in the previous chapter.

This chapter will connect the themes from the findings to current literature and includes an analysis of the findings as they relate to Bronfenbrenner's bioecological theory of human development (Bronfenbrenner & Evans, 2000), an examination of the role of churches & faith communities in supporting parents of children with disabilities, limitations of this study, implications for practice and suggestions for future research.

Online Parent Talk Reflects Literature

The literature confirms that childhood trauma and stress can lead to widespread changes in brain function that can lead to lifelong learning and living difficulties and disability. The participants' accounts of their children's rages, threats, and anxiety align with studies that indicate that children with trauma histories may have difficulties self-regulating and modulating their emotions and behavior at school and at home (Floyd et al., 2008; Perry, 2001; Schore, 2002; Schwartz & Davis, 2006). Parents also described maladaptive, risk taking behaviors like

selling fake drugs, lighting fires, and stealing from churches, behaviors anticipated with trauma (Birn et al., 2017). One parent described her child's struggles with schoolwork a pattern similar to the findings of Kasehagen et al.'s (2018) report of children who had been exposed to three or more Adverse Family Experiences had lower odds of completing schoolwork and demonstrated less resilience.

The parents in this study openly discussed both their stress and distress as they navigate the difficulties they face in parenting, whether they were managing difficult behaviors, grieving lost dreams, experiencing and rejecting shame, or struggling to repair and maintain relationships, the high level of emotional content in the participant's words reflected the depth of their distress. Studies probing parental experience conclude that parents of children with particularly difficult behaviors experience high levels of stress and distress. Furgeson and others conclude that intensity of disability and family structure may not be as important a predictor of parental resiliency as the persistence and magnitude of challenging behavior or family income (Ferguson, 2002; Hastings, 2002).

Like the majority of Americans (Brenan, 2018; Newport, 2017) faith is an important component of the participants' online talk. Although little online talk mentioned brick and mortar faith practice, faith filled sentiment infused many conversations. While the parents did not overtly express feelings of isolation and lack of support from church communities (Ault et al., 2013a; Carter, 2011; Goldstein & Ault, 2015), some did express the dissonance they felt between their personal faith practices and in-person services.

In 2014, Ammari et al. reported that parents seem to be turning to social media to find systems of support. This community is a clear example of individuals who seek and receive expert information ranging from the legal resources for extra ordinary circumstances and

practical tips for managing daily parenting. The parents in this online community seemed to use it to create community, build and maintain relationships and share updates, typical of other individuals who see out support groups (Holtz et al., 2012; Ross et al., 2009). Similar to the participants in Ammari et al.'s study (2014), participants' openness in discussion may indicate a sentiment of experiencing less judgment in the online community. Of note, the participants' discussions of personal and parenting difficulty did not align with the findings from one study that found parents with disabilities in an online support group express aversion to negativity and discussions of personal difficulties (Ammari et al., 2014).

The participants' online talk tended to reflect a lived reality similar to what is described in current scientific literature. The participants' conversations also map onto Bronfenbrenner's theories of human development.

Bronfenbrenner's Bioecological Theory

Bronfenbrenner's theories are a popular method for describing and analyzing human development and are utilized as a conceptual framework to guide mental health interventions (Eriksson et al., 2018). Within the field of trauma research, ecological theory has been utilized to provide perspectives for trauma informed teaching practices (Crosby, 2015), explore and describe the role of shame in complex trauma (Zhu et al., 2020) and give guidance for clinicians providing support for families experiencing stress (Swick & Williams, 2006). Marlowe and Adamson (2011) superimposed the ecological theory on case studies of individuals who had experienced trauma. Their work outlined the differences in context between individuals and illustrated the individuality of trauma. In alignment with previous research, this discussion describes ecological theory and places the findings from the study within Bronfenbrenner's model.

The earliest iterations of Bronfenbrenner's ecological theory were, in part, a rejection of current psychological understanding that encouraged professionals to look beyond an organism's behavior to understand the context in which behavior took place in a multidimensional fashion (Rosa & Tudge, 2013). The early theory emphasized ecological systems and described how interactions within the individual's immediate experience and formal and informal environmental systems impact individual's actions (Bronfenbrenner, 1977). Those interrelated systems, ever widening nests, exert influence, provide opportunities for growth and development, and offer avenues of self-exploration. Bronfenbrenner's ecological nests are comprised of the following.

1. The micro system includes the individual's immediate setting and surrounding relationships.

2. The meso system encompasses the "relationships existing between 2 or more settings" (Xia et al., 2020, p. 12), like parent/teacher or parent/child relationships).

3. The exosystem contains the context in which those interacting with the individual are situated (e.g., the teacher's context).

4. The macro system encompasses "the values, beliefs, practices, access to resources, sense of identity, and so forth of a sociocultural group;" (Xia et al., 2020, p.13, e.g., cultural values).

Bronfenbrenner used the metaphor of nesting Russian dolls to illustrate the ecological context; for this discussion this thesis will use intersecting circles to represent the different systems (Rosa & Tudge, 2013). Bronfenbrenner's ecological nest is described in Figure 1.

Figure 1

Bronfenbrenner's Ecological Nest
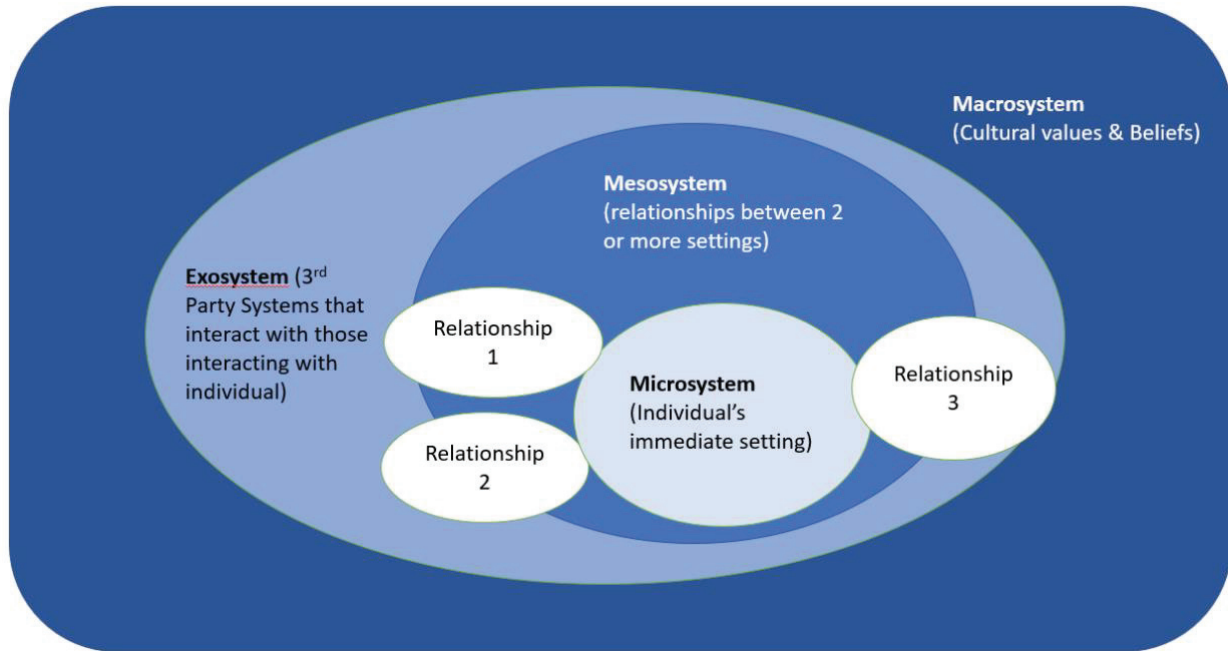
Note. Adapted from Bronfenbrenner (1977).

Later in life Bronfenbrenner expanded his theory to include chromosystems and interplay of genetic characteristics with that context over time (Rosa & Tudge, 2013).

The preliminary theories were useful to scholars, practitioners and researchers. The ecological theory empowered practitioners as they recognized that an individual's mental health needs a "pluralistic and multilevel perspective" (Eriksson et al., 2018, p. 422). The chromosystems expanded preceding understanding and facilitated the practitioners' understanding of biological systems as they interact with environmental constructs (Eriksson et al., 2018).

Bronfenbrenner continued to refine his theory late in his life. The final iteration, known as the bioecological theory embedded the multidirectional ecological nests as a component in a larger model consisting of Person, Process, Context, and Time (PPCT; Bronfenbrenner & Evans,

2000). In the Bronfenbrenner's PPCT model, person incorporates the individual characteristics that sustain proximal processes and are inclusive of genetic traits, acquired knowledge and skills, and attitudes and perspectives. Process embodies proximal processes, the reciprocal interactions taking place with a developing human and his immediate environment. Proximal processes also foster the acquisition of skills, abilities and knowledge, facilitate competence or inhibit dysfunction, and represent the potent intervention agent. Context represents the ecological nests and the synergistic relations between the elements as described above. Finally, time refers to what is happening from both the narrow scope of proximal processes and the large scale changes in expectations of the larger society across generations.

Bronfenbrenner's bioecological theory (2000), asserts that human change and development is a function of personal characteristics that play out in proximal processes within a broad context of environmental factors across time. The elements of person, process, context, and time simultaneously and synergistically interact to impact human development (Xia et al., 2020). Siraj and Huang (2020) explain that the bioecological theory, "integrates psychological perspective and social-contextual/cultural perspectives of human development and provides a holistic model" (p. 24). See Figure 2 for a visual of the model.

This holistic, bioecological model is well suited to describe and provide a framework for understanding the participants in this study and their interactions in an online, faith based community.

Figure 2

Bronfenbrenner's Bioecological Model (PPCT)
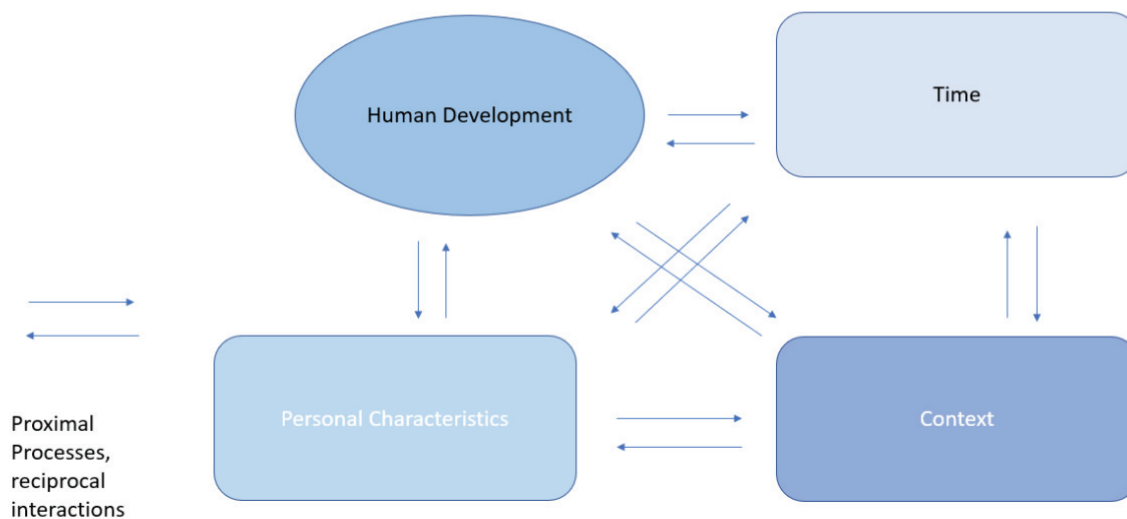
Note. Adapted from Bronfenbrenner and Evans (2000).

Bronfenbrenner indicated that ecological context is a phenomenological construct, indicating that the environment should be "considered as it is perceived and understood by the person" (Rosa & Tudge, 2013, p. 247). Accordingly, the participants' online talk was used to illustrate the ecological nest. Participants in this study described in detail their personal contexts, detailing layers of interacting systems. Across the participants the macrosystem values of belief in God and value in helping others was evident. Within the exosystem, the participants described rejecting and distrusting experts. In the mesosystem, participants recount conflicts and difficulties in interpersonal relationships including spouse, children, and therapists/experts. Within the microsystem, participants express navigating shame, faith, grief, and hope. See Figure 3 for a visual representation of the participants' ecological nest.

Figure 3

Participants' Ecological Nest
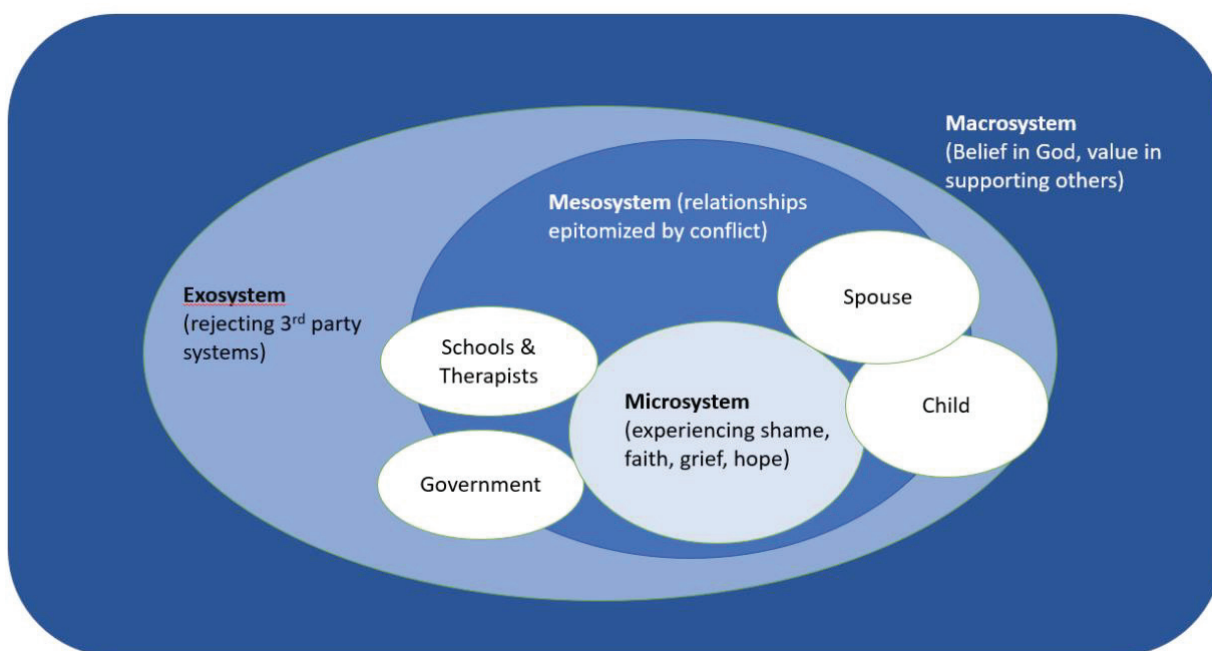
The context the participants delineate is complex, multifaceted, and filled with conflict and distrust. These patterns are reflected in current literature. Zhu et al. (2020) described a distrust of official entities, perceived stigma and judgement, and interpersonal conflict when describing the ecological nests shame in survivors of trauma. In this study the participants' context was embedded in Bronfenbrenner's PPCT model for further analysis.

The participants described their desired development as a process of "moving from victim to warrior." Their overarching context included aspects of parenting difficulties, interpersonal conflicts and rejecting experts. Personal characteristics included shame, faith, hope and grief. Throughout the study time, the participants participated in proximal processes that included grieving, rejecting shame, normalizing difficulties, and creating a community of experts. These proximal processes, simultaneously repeated day in and day out via posts and

comments in an online, faith-based community, seemed to create a synergy that allowed the

participants to become "warriors" and "experts" in their own worlds (see Figure 4).

Figure 4

Participants' Person, Process, Context, Time Model
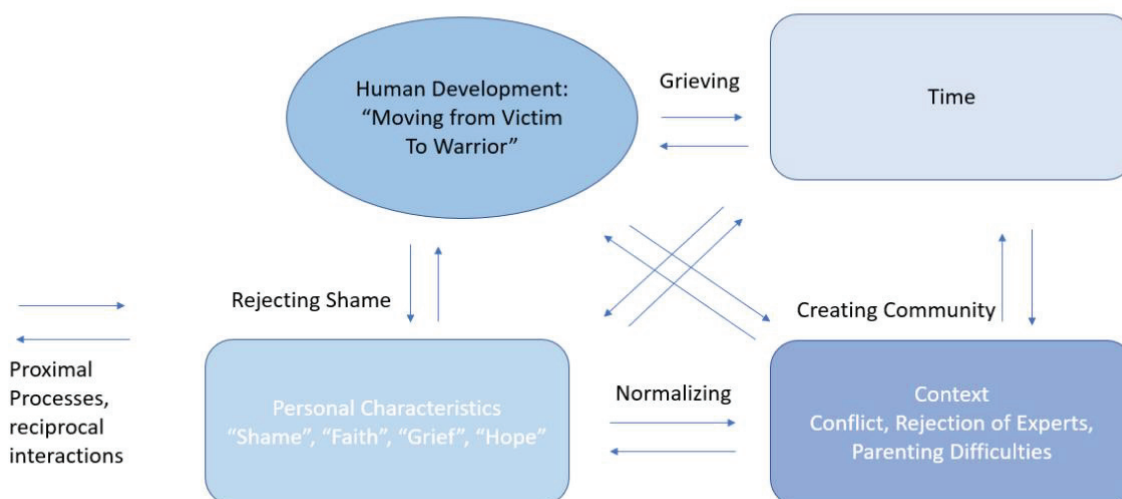
Faith and Adoption

One surprising discovery in this study was the distinction made between adopted and

biological children. Although demographic data were not taken for this study, several

participants mentioned adoption as part of the online narrative. One expert reviewer emphasized

the role "brick and mortar" faith congregations play in encouraging the adoption of children with

trauma. She explained,

Speaking to the church specifically--we have encouraged people to enter into foster care

and adoption without any understanding of the effects of trauma. While foster and

adoptive parents might get "a class," the church as a whole has no understanding and at

best cannot support these parents, at worst, they shame them--not intentionally I think,

but the pain/anger is apparent in the comments.

The expert perceived a mismatch between the efforts of churches to encourage adoption and their ability to provide support. This section of the discussion will examine the role of faith and church in adoption.

Adoption seems to have risen to the level of a social movement within the United States (DellaCava et al., 2004). Of the 249,669 children leaving the United States' foster care system in 2019, 26% (about 64,500) were adopted (Adoption Network, n.d.). Adoptions from foster care account for about half of the 135,000 adoptions that take place each year in the United States (Children's Bureau, 2019). A Lifeway survey from 2012 indicated 29% of nondenominational Protestants said their clergy have encouraged families to adopt or foster children (Smietana, 2018). A more recent analysis indicated that of the study participants, religious motivation for adoption was present in two-thirds of the participants (Helder et al., 2020). The Christian rationale encouraging adoption may be best summed up in this statement by Scott McConnell: "Foster care appears to come naturally for churchgoers. It's not surprising, since the Bible commands them to care for widows and orphans" (as cited in, Smietana, 2018, para.4). While some studies find that adoptive parents experience many joys as their children "assimilate" into family life and receive some support from their faith communities (Firmin et al., 2017), others identify problematic themes within the Christian adoption movement. Smolin (2011) argued that theology undergirding Christian adoption is flawed, can be exploitive, and creates power dynamics. Ryan (2014) explained that when parents are viewed as saintly rescuers, adopted children, in contrast, may be viewed as unworthy.

While the justifications of the Christian adoption movement are beyond the scope of this discussion, the reality of adoption within Christian communities remains. Participants in the current study recounted a lack of external support, a finding that corresponds with existing literature. Firmin et al. (2017) noted that parents received the most support early in the adoption process, but that supportive gestures diminished after a few months even though the difficulties surrounding adoption and assimilating children into the family had not subsided. Because no demographic data were taken, there is not a clear understanding of the duration of time that has passed since some families adopted. What was apparent by the conversations in the support group was that the participants in this study described difficult behaviors, negotiating complex psychological diagnoses, and navigating the juvenile justice system—obstacles that became part of their lived experience after adopting children. Parents described the reality of making difficult decisions for their child, striving to do the "next right thing" [FTOT014]. For example, parents talked about the wrestle to decide to send an 8 year-old to residential therapy because all the behavior and therapeutic interventions they had tried had not reduced violence; the decision to not to contact a child in a residential placement because their interactions consistently provoked behavior outbursts; and the conclusion to relinquish parental rights back to the state because they have exhausted all their medical and therapeutic benefits and could no longer access services for their child. One participant explained that she knew it would be difficult but was in no way prepared for the enormity of the task of raising a child with a complex trauma history. Well-meaning comments that inferred that parental love is enough were hurtful because, all the love, time and resources the parent gave was not enough.

Of particular note, this study revealed that participants lacked trust for external systems, findings that are similar to the experiences of individuals with trauma (Zhu et al., 2020) but

dissimilar from other adoption narratives (Firmin et al., 2017). The participants seemed to share the belief that unless you have actual field experience with trauma, you cannot comprehend the lived experiences of parents raising children with trauma. The participants in this group looked to the online parenting community as experts to help them navigate difficult decision and to provide insight, information and support. That hesitancy to trust extended to therapists, government agencies, and to some extent, to school and faith systems.

The disparity between this study's findings and those of Frimin et al. may reside within the data collection and participant selection process. Fremin's sample were self-selected and interviewed. The process of interviewing may inculcate expressions where participants want to be seen in the best light and may not reveal opinions, ideas or beliefs that would conflict with those of the interviewer, also known as social desirability bias (Fisher, 1993). On the other hand, the current study compiled pre-existing discussions from an online support group. As such, the data (online talk) was not influenced by an outsider's presence, although it was influenced by the online community.

Descriptions of parental stress peppered the participants' online talk. They described conflict within marriage, uncertainty in how to manage maladaptive behaviors, and worrying about how their child's choices would impact their future. While stress can feel like a normal part of parenting, studies have evaluated the extent to which the role of faith influences parental perceptions of stress post adoption. Some studies indicate that greater general religiosity reduced parenting stress for adoptive parents (Belanger et al., 2012; Belanger et al., 2008), while other studies did not find that religious motivation for adoption correlates with parental stress (Helder et al., 2020). Some researchers describe parental progression, development and evolution in

understanding as families grow and change/raise children (Ferguson, 2002; Marshall et al., 2003; Paterson, 1975).

Other studies report a sort of pastoral crisis more than a faith crisis (Ferguson & Heifetz, 1983). One participant's experience in a faith setting produced conflict. She shared, "Over the years many voices at church have insisted and still insist I'm doing it wrong. When I go to church sometimes I honestly I wonder what it is that I'm lacking" [FTOT007]. This participant described feeling shamed at church, an experience stands in sharp contrast to expressions of encouragement that often accompany pastoral invitations to demonstrate true Christian compassion by adopting and caring for the most vulnerable in the community.

Instead of clergy providing supports for the families, the participants in this study instead turned to inward expressions of devotion and provided pastoral like care for other community members with words of faith, hope and encouragement for each other. The combination of the online parent support group and personal belief structures provided hope despite parenting difficulties. The community expressed an ongoing belief that all things will be healed through Christ.

Limitations

Due to the qualitative nature of this study, interpretation of participants' online talk may be considered subjective in nature and is not generalizable across other participants in other online, faith-based parenting support groups. Quantitative analysis of distinct measures may be used to determine reliability, validity and generalizability of the findings.

This study's sample included 17 participants' conversations for four previous months of online talk. Future research may consider including more participants, over a longer duration of

time, or public discussion in lieu of a closed group. A follow-up series of interviews may shed light on changes that happen over time or tease out differences between participants.

Additionally, the research team noted that parents described their children's frequent, severe, maladaptive behavior. Follow up studies quantifying the types, magnitude and frequency of behaviors may add valuable insight as to the extent of problem behaviors presenting in families raising children with trauma. While researchers have explored Adverse Childhood Experiences and trauma in conjunction with children placed in foster care, further studies exploring the connection between Adverse Childhood Experiences and problem behaviors in children adopted from Foster Care may shed light on ways to support families.

Implications for Practice

Bronfenbrenner's bioecological theory may provide a useful model for practitioners who work with parents raising children with trauma. Understanding the shared context described by the participants may allow professionals interacting with parents of children with trauma to take a pluralistic, multileveled perspective, recognizing that interpersonal conflicts or personal experiences exist in a broader more nuanced system. For example, one participant explained that she acts not just as a parent for her child, but also as an advocate within her child's psychological and medical care team which consists of 10 different practitioners. That circle of advocacy expands as the parent includes the child's scholastic support team and community and faith leaders. Inviting a parent to share the complexity of their lived experience may open a conversation about a parent's reality. A deep understanding of the nuances and layers of a parent's life may allow practitioners to provide advice and information that matches a parent's particular situation.

Practitioners may wish to implement a Trauma Informed Care framework (Rich et al., 2020) which prioritizes individual experiences and intentionally works to cultivate collaboration between practitioners and conscientiously avoids traumatization and revictimization. Trauma Informed Care measures may provide extra measure of support may be needed to adequately meet the needs of parents. One expert reviewer shared her perspective, "I do know that caregivers of kids with complex trauma desperately need help and support and education and resources and advocacy and more. They are at such high risk for burnout and other re-traumatization. So any help from practitioners, any help at all would be critical" [FTOTER1].

Practitioners working closely with participants may want to remember that some parents actively distrust experts without field experience. While the distrust may or may not be warranted, the participants in this study described experiences of being judged and belittled as they reached out and "begged" for help. Past experiences of rejection and deeply painful hurt resulted in the participants turning to other parents with similar experiences for support and validation. Gorham (1975) described the parenting experience this way:

> We are parents who are either intimidated by professionals or angry with them, or both… parents who carry so much attitudinal and emotional baggage around with us that we are unable to engage in any real dialogue with professionals-- teachers, principals, physicians, or psychologists- about our children. (p. 521)

Practitioners supporting parents may wish to honor the difficulty of the parents' lived experience and the complexity of the parents' emotions, including the experiences of rejection by experts. Practitioners may consider positioning the parent as an expert and focus on developing levels of trust.

Additionally, governments, care providers and state agencies should consider investing in training and ongoing professional development so they can better support parents raising children with trauma. One expert reviewer lamented the dearth of resources allotted for supporting those who facilitate care for parents. She said, "CPS workers aren't adequately trained. Foster parents workers aren't trained so they don't prepare parents. Same with adoption workers and on and on. Training, training, training is needed" [FTOTER1].

Finally, churches may wish to reexamine how they provide support for families who adopt or parent children with trauma. An ongoing, person-centered, inclusive approach may be better suited for supporting families' complex needs. The efforts of faith communities to build inclusion can be summarized in their efforts to see parents and children as individuals— their stories are told their experiences are understood (Harding, 2007; Lasseter, 2007) and they are empowered to participate in meaningful ways in religious services (Carter, 2007, 2011; Gaventa, 2012).

Conclusion

Studies probing parental experience conclude that parents of children with particularly difficult behaviors experience high levels of stress and distress. And while faith-based groups remain important to the majority of Americans (Brenan, 2018; Newport, 2017), parents of children with disabilities report feelings of isolation and lack of support from church communities (Ault et al., 2013a; Carter, 2011; Goldstein & Ault, 2015). Parents seem to be turning to social media to find systems of support (Ammari et al., 2014).

This examination of the online talk of 17 parents demonstrated that the online community allowed participants to access resources, share expert advice, garner support, normalize parenting difficulties, sit with their grief, make difficult choices and reflect of their sources of faith and

hope. Participants described their lived experiences of wrestling with and grieving stretched marriages, fractured families, shattered hopes, splintered dreams, or ruptured lives. Understanding the shared context described by the participants may allow professionals, therapists and religious leaders interacting with parents of children with trauma to take a pluralistic, multileveled perspective, recognizing that interpersonal conflicts or personal experiences exist in a broader more nuanced system, thus fostering a nuanced and individualized approach to providing support for parents of children with trauma.

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APPENDIX

Institutional Review Board Approval Letter

Memorandum

To: Beth Cutrer
Department: BYU - EDUC - Counseling, Psychology, & Special Education
From: Sandee Aina, MPA, HRPP Manager
      Wayne Larsen, MAcc, IRB Administrator
      Bob Ridge, PhD, IRB Chair
Date: May 22, 2020
IRB#: IRB2020-090
Title: Creating Community for Parents: Faith, Trauma, and Online Talk

Brigham Young University's IRB has approved the research study referenced in the subject heading as expedited level, category 7.
The approval period is from 05/22/2020 to 05/21/2021 . Please reference your assigned IRB identification number in any correspondence with the IRB. Continued approval is conditional upon your compliance with the following requirements:

1. A copy of the approved informed consent statement and associated recruiting documents (if applicable) can be accessed in iRIS. No other consent statement should be used. Each research subject must be provided with a copy or a way to access the consent statement.

2. Any modifications to the approved protocol must be submitted, reviewed, and approved by the IRB before modifications are incorporated in the study.

3. All recruiting tools must be submitted and approved by the IRB prior to use.

4. In addition, serious adverse events must be reported to the IRB immediately, with a written report by the PI within 24 hours of the PI's becoming aware of the event. Serious adverse events are (1) death of a research participant; or (2) serious injury to a research participant.

5. All other non-serious unanticipated problems should be reported to the IRB within 2 weeks of the first awareness of the problem by the PI. Prompt reporting is important, as unanticipated problems often require some modification of study procedures, protocols, and/or informed consent processes. Such modifications require the review and approval of the IRB.

6. A few months before the expiration date, you will receive a prompt from iRIS to renew this protocol. There will be two reminders. Please complete the form in a timely manner to ensure that there is no lapse in the study approval. Please refer to the IRB website for more information.

Instructions to access approved documents, submit modifications, report complaints and adverse events can be found on the IRB website under iRIS guidance: http://orca.byu.edu/irb/iRIS/story_html5.html.

Faith, Trauma & Online Talk - Consent to be a Research Subject

My name is Erica Miller, I am a graduate student at Brigham Young University, and I am conducting this research under the supervision of Professor Elizabeth Cutrer-Párraga, from the Department of Counseling Psychology and Special Education.

You are invited to participate in this research study of Trauma, Parents and Online Talk. I am interested in finding out about how parents of children who have experienced trauma talk about their parenting experiences online.
You can participate in this study by providing your username/handle to the group moderator. For those who decide to participate in the study, we will observe retroactively how you used this online community in the previous 4 months: what you posted, liked, and commented on. If you do NOT want to be in the study, do NOT provide your username/handle to the group moderator.

Should you decide to participate, your participation will be confidential, and you will not be contacted again in the future. You will not be paid for being in this study. Giving your username/handle to the moderator implies your consent to participate in this research project. This study involves minimal risk to you. The benefits, however, may impact society by helping increase knowledge about the experience of parents who are raising children who have experienced trauma.

If you decide to participate, the following will happen:
1. You will provide your username/handle to the group moderator.
2. The group moderator will provide your username/handle to the research team.
3. A member of the research team will retroactively collect four months of posts, comments, and likes from group members who provide their username/handle.
4. We will fully deidentify the data, we will remove personal indicators including pseudonyms, or names (or pseudonyms) for children/family from the data set.
5. All paper documents will be stored in locked cabinets in locked offices on the BYU campus. All computer files will be stored on the Cloud (BOX).
6. The long-term plan for maintaining the data when the active research phase is complete is to store the data on the Cloud through the PI's BYU BOX account.

You do not have to be in this study if you do not want to be. We will be happy to answer any questions you have about this study. If you have further questions about this project or if you have a research-related problem you may contact me, Erica Miller, at ericaellsworthmiller@gmail.com or my advisor, Elizabeth Cutrer at elizabethcutrer@byu.edu. If you have any questions about your rights as a research participant you may contact the IRB Administrator at A-285 ASB, Brigham Young University, Provo, UT 84602; irb@byu.edu; (801) 422-1461. The IRB is a group of people who review research studies to protect the rights and welfare of research participants. If you would like to participate in the study, please contact the group moderator and give her your handle/username.

Thank you!