2023

Experiences of Elementary School Counselors Treating Anger Issues in Elementary School-Aged Foster Children

Dr. Clarissa Y. Alderman
Walden University

Walden University

College of Psychology and Community Services

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Clarissa Alderman

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Review Committee
Dr. Virginia Smith, Committee Chairperson,
Human and Social Services Faculty

Dr. Kecia Freeman, Committee Member,
Human and Social Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

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by

Clarissa Alderman

MA, Cambridge College, 2005

BS, Valdosta State University, 1996

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Family Studies and Intervention

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August 2023

Abstract

The purpose of this study was to examine in detail the experiences of school counselors with treating anger issues in school-age children from foster care homes. In particular, the study determined the counselors' experiences using cognitive behavioral therapy (CBT) to treat anger and whether the interventions were effective. The aim was to shape policy regarding handling children in foster care and overall child social services. Using two methods, the study employed a generic qualitative research design to cover the topic. One method was the narrative literature review, and the other was collecting data using interviews with five counselors adept at treating foster care children with anger issues. The participants selected for the interviews were school counselors, and the sample selection was purposive. The interviews were semistructured to allow a proper explanation of the details regarding CBT with regard to anger management. A central postulate of the study was that counselors can use CBT to address anger management, albeit slowly. Interviews with participants revealed that CBT was used to address anger challenges in foster children through emotional, social, and cognitive-based techniques. The counselors described the benefits and challenges associated with using CBT in a school-based setting. Recommendations based on evidence from the counselors are provided on how to use CBT in school settings to aid in the treatment of anger management among elementary school-aged foster care children. Findings may be used by counselors for positive social change through helping foster care children deal with their anger.

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Dedication

This labor of love/work is inspired by the boys and girls who have experienced trauma and have benefitted from the specialized trauma informed and play therapy services offered at my outpatient mental health practice servicing youth in rural South Georgia and Florida. I dedicate this work to my supportive family, friends, and individuals who believed in me. You are my everything in this lonely world. I pray that as you journey through life, you will cling to the positive moments of life. Through my grief and pain, I found and defined my purpose. I aspire to inspire others. In loving memory of my guardian angel, Annie.

Acknowledgments

Thank you to my spiritual father, God and my biological father, Willie for the abundance of guidance, tremendous support, and the sacrifices you made in all my endeavor. Thank you for keeping your promise to your wife and my mother, Annie, to see me to the finish line. I am grateful, appreciative, and honored to be called "Dr. Alderman" and blessed to continue our great family legacy. I am thankful for your sacrifices to make this dissertation journey financially possible.

To my late mother and best friend, your presence, your love, your character, and the morals that you instilled in me are evident from this labor of love. Oh, how I wish I could share this accomplishment and successful completion. Despite being emotionally broken after losing you to your courageous battle with cancer, I stayed the course and finished the race. May my dissertation work help foster children and at-risk youth in my community, region, state, and nation in years to come.

And now to my academic team, To Dr. Andrew Carpenter as my first chair and my intense methodologist, Dr. Sarah Matthey. To Dr. Virginia Smith and Dr. Kecia Freeman, you have been the dissertation guides and counselors to assist over hurdles.

To all the individuals who had confidence in me when it was difficult to have confidence in myself. I am eternally grateful for your love, encouragement, and support. To those individuals who encouraged the research, supported by efforts, and gave me a sense of comfort knowing I could complete the research project I had begun. I am strength as I persevered through the darkness of grief, challenges to quit and give up. I am honored and blessed to earn this professional title, Lastly, I express my gratitude to

those individuals who believe in me. I have gained confidence, insight, determination for the trauma work I’m doing and intend to do with the numerous children in the foster care system.

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Chapter 1: Introduction to the Study

Counselors use cognitive behavioral therapy (CBT) strategies to treat children in foster care who face challenges in many ways, not just physically but emotionally and academically. Children in foster care have experienced considerable trauma due primarily to separation from their biological family (John et al., 2019). Such separation vulnerabilities can manifest as anger (Look, 2023).

Childhood anger issues are prevalent in children placed in foster care homes. For example, 30-60% of children in foster care have anger issues (U.S. Department of Health and Human Services, 2018). Pawliczuk et al. (2018) found that the number of children displaying symptoms of mental health problems was high, especially in foster homes. Jacobsen et al. (2020) concluded that many children in foster care were at risk of developing social-emotional dysfunction characterized by outbursts of anger. These findings were corroborated by Farley and McWey (2020), who established that many children in foster care had increased rates of aggression and anger compared to their peers in the general population.

Given the prevalence of anger-related incidences among foster care children, there needs to be greater availability of counselors who can offer therapeutic interventions and have the requisite knowledge to assist with school-based anger issues. The influx in anger-related incidences among foster care children requires that school-based counselors utilize effective therapeutic inventions (Zettler, 2021). Elementary school-aged foster children who demonstrate anger-related issues can benefit from supportive services from school counselors (Knight & Gitterman, 2018). It is essential

that support personnel, such as elementary school counselors, have the essential training required to respond to the complex requirements of foster children with anger-related issues.

The literature offered little insight into the best therapeutic practices for counselors who treat anger-related incidences among foster care children. Little is known about the experiences of school counselors when treating anger issues in elementary-aged foster children. Understanding the perspectives and experiences of counselors with anger-related issues among foster children is essential in defining the nature of the counselor-student relationship.

The literature about counselors' experiences of using CBT as a strategy to treat anger in foster children through school-based intervention is scarce (Ottarsdottir, 2018; Robert et al., 2020). Information on how school counselors respond to children with anger issues in the academic setting is essential to aid with the students' academic performance and emotional well-being. The purpose of this qualitative study was to explore school counselors' experiences of using CBT strategies to manage anger symptoms among elementary school-aged children in foster care placements in the southeastern region of Georgia. Developing strategies to foster positive relationships can be achieved by understanding school counselors' experiences when treating elementary school-aged foster children.

Background of the Problem

Common trauma symptoms in children are academic, cognitive, social, physical, and emotional susceptibility. Joyce-Beaulieu and Sulkowski (2019) pointed out that

vulnerability is often manifested in the P-12 educational setting as difficulties with anger, behavior, emotions, and health issues. School counselors receive specialized training to respond to children who have suffered such traumatic events as separation from the biological family system (Martinez et al., 2020). School counselors generally work with children diagnosed with emotional or mental disorders (Knight & Gitterman, 2018). School counselors are professionals with rich experience designing and delivering comprehensive school counseling programs that effectively improve student outcomes (Bryan et al., 2019).

School counselors also lead, advocate, and collaborate with other stakeholders to promote equity and access for all students by connecting their school counseling programs to the school's academic mission and improvement plan (Ottarsdottir, 2018). According to Knight and Gitterman (2018), school counselors may also work with clients experiencing a range of emotional and psychological challenges to help them improve their well-being. Individuals or clients could have an array of issues, including depression, anxiety, stress, loss, and relationship challenges affecting their ability to lead a healthy life (Cohen-Yatziv & Regev, 2019). School counselors are trained and experienced in working with children diagnosed with anger and emotional disorders.

The role of school counselors is multifaceted with many responsibilities. According to their job descriptions, school-based counselors are responsible for providing counseling services to teachers, parents, and children in the school setting (Savitz-Romer et al., 2021). Johnson (2020) noted that elementary school counselors offer aid closely related to mental healthcare services. Besides mental health-related

benefits, Hanimoglu (2018) explained that school counselors play a role in students' career development and growth. Chandler et al. (2018) further elucidated that school counselors have a crucial role in the improvement of the students' social skills, helping them cope with trauma and school or community-related violence, and developing study habits and skills critical to maintaining academic integrity. Despite receiving skilled training, school counselors are charged with a myriad of therapeutic interventions to address a range of academic needs, but anger and appropriate emotional expression are still among counselors' concerns. A counselor's duty is to provide counseling to students experiencing a variety of emotional issues.

Most of the youth placed in foster care homes are elementary school-aged children. According to the U.S. Department of Health and Human Services (2018), at least 408,000 children in the United States have been placed in foster homes. Jacobsen et al. (2020) also estimated that the average age of a foster child ranged between 2 and 8 years. This indicates that over 80% of the children in such care were old enough to attend school (Srinivasan et al., 2021). Studying a sample of foster children aged 14 years, Farley and McWey (2020) agreed with Jacobsen et al. (2020) that many of the children in foster care were either attending school or had attained the age of attending school. Tordön et al. (2020) reiterated that most children being cared for were aged between 3 and 10 years old. Therefore, school-age youth comprise most foster care students in the United States.

Researchers on the experiences of school counselors in managing children with mental disorders have yielded varied findings. Among them, Clark (2020) investigated

school counselors' experiences of managing children with mental health disorders in learning institutions using different techniques such as CBT and anger reduction techniques. Notably, school counselors' experiences when working with children from foster care with mental health problems were affected by the students' self-efficacy. Ooi et al. (2018) claimed that the counselors' levels of self-efficacy influenced how they experienced and reported their successes in counseling school-going children. However, Kim and Lambie (2018) suggested that burnout influenced counselors' experience with offering counseling services. Burnout also led to negative counseling experiences.

Anger treatment strategies in children placed in foster care have been studied from different perspectives. For instance, Murphy-Gelderman (2020) called for additional research to investigate experiences using different anger management strategies, such as CBT strategies. Labella et al. (2020) proposed different interventions for children who have difficulty self-regulating. Since traumatized children are more likely to display anger, it can be challenging for school counselors to address their issues. Specifically, many children do not express their hurt or suffering in a way that is easily recognized (Dalei et al., 2020).

Counselors often use an anger management curriculum to teach children how to identify their emotions and how to express them healthily. In this qualitative study, I addressed a gap in the literature by exploring how elementary school counselors describe their experiences of using CBT to manage anger symptoms in elementary school-aged foster children in school settings in the southeastern region of Georgia. The study may provide findings that could be used to inform elementary school counselors and other

mental health professionals of experiences relating to the efficacy of CBT strategies in managing or treating anger symptoms in elementary school-aged children housed in foster care placements. Understanding these experiences could be vital in helping elementary school counselors understand methods that may be used to mitigate the negative experiences with elementary school-aged foster children with mental health problems. Identifying these experiences could help elementary counselors improve the effectiveness of critical interventions designed to promote long-term healing and management of anger in elementary school-aged children within foster care.

Problem Statement

Elementary school-aged children placed in foster care may struggle with anger-related issues. Anger-related issues are prevalent in 30% to 60% of children in foster care in the United States (U.S. Department of Health and Human Services, 2018). Over one-fourth of foster care children have trouble expressing their anger appropriately (John et al., 2019). Elementary school-aged foster children with anger-related issues require more support from school counselors. Kramer (2022) found that students' learning was hindered due to emotional outbursts in class settings or inappropriately displaced their anger. Because 80% of foster children are elementary school-aged (Pears et al., 2018), there is a need to investigate the experience of elementary school counselors who interact with students diagnosed with anger-related issues. It is essential to identify effective anger reduction treatment models to aid the children.

Researchers have attempted to explore effective anger management models to reduce anger-related issues in school settings. To address this gap, in this study, I

explored how elementary school counselors describe their experiences of using CBT strategies to manage anger symptoms among elementary school-aged children placed in foster care. Labella et al. (2020) suggested that anger-related issues in foster children may be due to the stress of sudden change or removal from family, a disconnect from their biological roots, and frustration due to a lack of ability to change their situation. School counselors often treat anger issues in school-aged children, but there is little information regarding counselors' experiences with addressing these issues with elementary school-aged children (Flood & Joseph, 2023). Ottarsdottir (2018) reported on the experiences of school counselors teaching students anger management but did not incorporate the impact of CBT. Other investigators indicated a need for additional research on school counselors' experiences with anger interventions (Murphy-Gelderman, 2020).

Purpose of the Study

The purpose of this qualitative study was to explore elementary school counselors' experiences of using CBT strategies to manage anger symptoms among elementary school-aged children in foster care in the southeastern region of Georgia. The target population consisted of elementary school counselors from three learning institutions in the southeastern region of Georgia who had experience treating anger in elementary school-aged children placed in foster care.

Research Question

The following general research question guided the study:

What are elementary school counselors' experiences of using CBT to manage anger symptoms among elementary school-aged children in foster care?

Conceptual Framework

The CBT model was selected to guide this study. Beck (1997) created this model in the 1960s, and it has been found to be effective in many studies on various psychiatric disorders and is widely used by counselors and therapists. According to Beck (2011), CBT is founded on the premise that ideas, emotions, and actions are interconnected and that altering one may influence others. The model is based on behaviorism and cognitive psychology theories, which highlight the importance of learning and how the environment affects behavior. Since this study sought to understand how the counselors' perceptions are influenced by their environment, I used the CBT framework to inform my data collection to understand counselors' experiences of using CBT strategies to manage anger symptoms among elementary school-aged children in foster care. For example, the CBT concepts informed the literature review and interview guide development.

The CBT model has been used by many scholars and practitioners to address problems with anger. Specifically, there is an empirical precedence for using this model for the treatment of anger among children (Evans et al., 2020; Grossman & Ehrenreich-May, 2020), adolescents (Liu & Loveless, 2019; Maalouf et al., 2022), and adults (Surley & Dagnan, 2019). This framework was appropriate for exploring the experiences, perceptions, and beliefs of elementary school counselors who worked with elementary foster children dealing with anger issues.

Nature of the Study

A generic qualitative approach was selected for the study. Investigators use the qualitative methodology to gain deeper insights and knowledge relating to a given

phenomenon for an enhanced understanding of its current situation, mainly when statistical analysis is less effective in obtaining such insights (Zhu et al., 2018). Historically, qualitative studies are used to provide the narrative behind an individual's life or events that depict meaning (Mohajan, 2018). In qualitative research, relationships between science and human beings can be examined, and relationships are revealed (Allan, 2020). The objective of a generic qualitative study is to study how people make sense of their lives and those experiences (Jahja et al., 2021). A qualitative researcher becomes the research instrument while exploring how individuals construct the world around them and interpret their experiences (Bradshaw et al., 2017). A generic qualitative research design was used in this study because this method provided narrative data to help me to understand and explore elementary school counselors' experiences of using CBT strategies to manage anger symptoms among elementary school-aged children in foster care placements.

The target population for this study included counselors in school settings in the southeastern region of Georgia, United States. Elementary school counselors were recruited to participate in the study. By participating in a narrative with individuals related to the topic through semistructured interviews, I gained a deeper understanding of counselors' experiences using CBT to treat anger problems in elementary-aged foster children. The voices of the elementary school counselors provided awareness and understanding regarding the ability to cope, adapt, or employ learned anger management skills to school administrators. Data collection proceeded through semistructured, one-on-one interviews. Otter.ai was contracted to transcribe interviews. The NVivo

qualitative analysis software was used to code the data and extract themes for thematic analysis.

Definitions

The following terms are utilized throughout this dissertation and are explained here for clarity:

Anger: Anger is an emotion that is characterized by a display of antagonism from one person or party towards another for deliberately wronging or hurting the other party (American Psychological Association, 2022).

Anger issues: Anger issues refer to factors or conditions that trigger emotions of anger, including financial issues, stress, and family problems (Ersan, 2020).

Cognitive-behavioral therapy (CBT): CBT is a psychological treatment for anxiety disorders, alcohol, drug abuse, severe mental illness, and depression. It is a psychosocial intervention that is aimed at reducing symptoms of different mental health conditions, especially anxiety and depression (Cherry, 2021).

Foster care: Refers to a temporary service provided by the State for children who cannot remain in their home with their families due to abuse or neglect. Children in foster care may reside with family members or foster parents who are unrelated. Placement settings, including group homes, residential care facilities, shelters for the homeless, and supervised independent living, are also included in the definition of foster care (Child Welfare Information Gateway, n.d.; Wamser-Nanney & Campbell, 2020).

School counselors: Individuals trained to support children as they deal with their emotional and psychological problems. They are trained to provide and equip children with strategies that can help lessen the impact of such challenges (Toyin et al., 2020).

Assumptions

Each study has different assumptions based on the content in which it is conducted. Assumptions are elements of a research project that the researcher considers accurate and acceptable and help to frame the research and provide increased understanding for those who might use the research findings (Akanle et al., 2020). Scholars reading a given research paper will contextualize the assumptions by assuming that crucial aspects in the study are provided with the population, statistical tests, and research design used (Aspers & Corte, 2019). One assumption of this study was that elementary school counselors were vested in the overall emotional wellness and well-being of all students and would benefit from this qualitative study. A further assumption was that the participants understood the interview questions as intended and were honest and truthful in describing their experiences treating anger-related issues in elementary school-aged foster children. The assumption was important because providing accurate answers to interview questions is vital in promoting the credibility of study findings (Akanle et al., 2020). It was also assumed that the selected participants were knowledgeable about the topic. The assumption was important for the study's interpretation because knowledgeable participants are less biased with their responses, thereby promoting the study's credibility and dependability (Akanle et al., 2020). It was also assumed that the participants would be readily available for data collection.

Participants' availability during the data collection period was essential, as it reduced the chances of high attrition rates (Akanle et al., 2020), which could have negatively influenced the richness of the descriptions that school counselors had when describing their experiences when assisting elementary school-aged foster children with anger management issues.

Scope and Delimitations

Researchers are required to identify the scope and delimitations of their studies. According to Theofanidis and Fountouki (2018), delimitations are the boundaries that restrict the scope of a given study. First, the study was delimited to the current topic of the study (Aspers & Corte, 2019), focusing on the experiences of elementary school counselors who treated anger issues in elementary school-aged foster children. The study was delimited by a small homogenous sample that was drawn from one geographical area. Specifically, participants in the study were elementary school counselors in the southeastern region of Georgia in the United States. The study was delimited to the experiences that elementary school counselors treating anger issues in elementary school-aged foster children. While important, other mental health issues experienced by school-aged foster children were not researched in this study. Third, the study was delimited to elementary school counselors with a minimum of five years of experience treating school-aged children with mental problems who live in foster care settings.

Limitations

This study had several limitations. A study's limitations are weaknesses or flaws a researcher cannot control because of funding limitations, research design and

methodological choices, and theoretical foundations chosen (Theofanidis & Fountouki, 2018). According to Akanle et al. (2020), limitations could help researchers to conceptualize possible problems in the study and the steps taken to address such issues. One limitation was an inability to cross-reference participants' responses regarding the experiences that elementary school counselors have interacting with and treating anger in elementary school-aged children placed in foster care (Aspers & Corte, 2019). This limitation was addressed by reminding participants to be truthful with their responses and highlighting their social or ethical responsibility when they signed the consent form to participate in the study, which included a statement about being honest.

The study was limited by a small homogenous sample selected from one geographic area, namely the southeastern region of Georgia. Study results from such a limited selection may not be transferable to other areas besides the current setting. Lastly, the study may not be generalized beyond the sample used to conduct the study. Legal mandates to receive counseling while in foster care and enrolled in public schools may affect students' motivation to participate in anger management programs or treatment techniques discussed in this study.

There was also the issue of researcher bias in this study. When an investigator has preconceived notions or prior experience about the phenomenon under study, researcher bias occurs (Prosek & Gibson, 2021). At the time of the study, I was a mental health provider. Consequently, I believed that the school counselors' relationship and delivery of the CBT anger management curriculum may sway the effectiveness and success of reducing anger. Based on my professional experience, the study was closely monitored to

reduce professional bias. My interest in this study was purely academic, and I did not know the participants personally. However, I used the bracketing technique to document personal opinions while studying the phenomenon for future reference during data analysis and presentation. The objective was to review the counselors' perceptions and avoid using them to skew the findings, which could have jeopardized the credibility of the study's findings.

Significance

There is a gap in the literature on how elementary school counselors describe their experiences of treating anger issues among elementary school-aged foster children. To address the current gap in the literature, this study provided data from the target population that revealed information on experiences addressing anger issues in elementary school-aged foster children, which in turn could help professionals formulate effective strategies for treating this group of children. Knight and Gitterman (2018) suggested that investigators need to research the experiences of school-based counselors in caring for school-aged foster children with mental health concerns such as anger, anxiety, and depression. By providing a narrative from school personnel experts, elementary school counselors described their experiences treating anger issues experienced by elementary school-aged foster children to address the current gap in the literature.

The study has several implications for practice. The findings of the study provide guidance for school counselors who have difficulties managing foster children with anger issues. The study's findings could provide support for elementary school counselors

working in the field, who are likely to have difficulties engaging with elementary school-aged foster children diagnosed with anger issues, which could influence a meaningful treatment for their disorders. In particular, the study findings highlighted different behaviors and actions foster children have with anger and how school counselors can use such information to offer support, including guiding and counseling or teaching them new positive behavior.

While responding to the multiple needs of students, school counselors should be able to fully meet students' needs, as well as develop training and anger management curricula to treat anger. After conducting data analysis, the findings were expected to contribute to social change, as the findings may provide school counselors with mechanisms to help school-aged foster children effectively. The social change goal was to enhance academic, personal, and social aspects for all stakeholders in the school setting. School counselors are encouraged to understand their experiences relating to school-aged foster children with anger-related issues (Cohen & Mannarino, 2019). The study results, conclusions, and recommendations provide key information that elementary school-based counselors could use to reduce negative experiences with elementary school-aged foster children that could limit the success of therapeutic interventions designed to offer long-term management for their problems, thereby improving the quality of life in elementary school-aged foster children who have anger-related issues.

The study's findings also have implications for social change regarding the sociocultural implications of addressing anger issues in foster care children. The problem of mental healthcare for foster children is not only a human services issue but also an

environmental one. Many children in foster care in the United States live in poverty, and decisions made regarding their standards of care are often state- and county-dependent (Maguire-Jack et al., 2020). Addressing their mental healthcare needs is important for physical health, as well as their psychological health, as there is a positive correlation between physical and psychological health in children (Rodriguez-Ayllon et al., 2019). Thus, this study has implications for addressing the overall health and well-being of elementary school-aged foster care children.

Summary

Chapter 1 introduced the need to treat anger-related issues through the eyes of school counselors working with elementary-aged foster children. The purpose of this qualitative study was to explore elementary school counselors' experiences of using CBT strategies to manage anger symptoms among elementary school-aged children in foster care in the southeastern region of Georgia. Other sections covered in Chapter 1 included a discussion of the research question and its link to CBT treatment models that serve as the main conceptual framework and the nature of the study. The definitions of key terms used in this study were listed. Finally, the significance of the study, assumptions, delimitations, and limitations of the study were discussed. Chapter 2 presents a synthesis of literature on foster care and anger related issues. Chapter 3 includes a description of the methodology used in the study. Chapter 4 presents the study's findings and Chapter 5 includes a discussion of those findings.

Chapter 2: Literature Review

Children in foster care face numerous difficulties in various areas, including academically, emotionally, and physically. Significant trauma has been experienced by foster children, primarily due to being separated from their biological families (Dettlaff & Boyd, 2020). Anger is one way these separation vulnerabilities might manifest, and youth in foster care homes frequently struggle with childhood anger issues (Percy-Smith & Dalrymple, 2018). The purpose of this qualitative study was to explore elementary school counselors' experiences of using CBT strategies to manage anger symptoms among elementary school-aged children in foster care in the southeastern region of Georgia. I included CBT in this study, which has gained empirical support as a standalone therapy offered in outpatient psychotherapy (Grossman & Ehrenreich-May, 2020; Malboeuf-Hurtubise et al., 2021). Elementary school counselors' experiences using CBT strategies to manage anger symptoms among elementary school-aged children in foster care in the southeastern region of Georgia were explored in this study.

It is essential to note the number of youths that are in foster care in the United States to understand the significance of the study. In 2020, The Children's Bureau of the Administration for Children and Families of the U.S. Department of Health and Human Services produced the Fiscal Year 2020 Adoption and Foster Care Analysis and Reporting System (AFCARS; U.S. Children's Bureau, 2020). According to the AFCARS 2020 report, 407,493 youth were in the foster care system as of September 30, 2020 (U.S. Children's Bureau, 2020). This number declined from 423,773 in 2010, according to the U.S. Children's Bureau (2020). Most children in foster care are between the ages of 1-8

and 13-16, averaging 21 months in the system (U.S. Children's Bureau, 2020). I focused on school counselors who provide therapy to school-aged foster children for this study, as the number of these children comprise a significant number of children in foster care.

First, I describe CBT as the theoretical foundation for this study. Then, I present recent literature on school counselors' perceptions of their experiences treating anger in a school setting and children in foster care's emotional achievements. As part of my research, I examine the consequences of foster care on children, the barriers for school counselors in serving foster children, and the effectiveness of school-based anger management interventions to improve school counseling services for foster students. Theories related to foster children, anger, and school counselor treatment are delineated. An overview of several practical approaches to dealing with rage follows, along with a discussion of their suitability for use by school counselors in schools. The literature review concludes with an overview of the application and extension of the school counselor's experiences in treating anger with those children who have experienced anger due to foster care placement.

Literature Search Strategy

I searched for and obtained literature relevant to the topic from several databases. The most frequently used databases for this study include Academic Premier, Cochrane Library, Database of Abstracts of Reviews of Effects, EBSCO, Elsevier, EMBASE, Emerald, Google Scholar, JSTOR, ProQuest, Psycharticles, PsycINFO, PsycINFO, PubMed Central, PubMed, ResearchGate, Sage, ScienceDirect, and UpToDate. To increase the usability of the sources used, I focused on articles published 2018-2023. This

ensured that the papers examined were from the most recent 5-year period. Research articles published prior to 2018 were included in this review if they were considered seminal in nature or were related to the study's conceptual framework. The keywords used to search the literature included the following: *anger in foster care children, anger management models, cognitive behavioral therapy, foster care children, foster youth, school counselor experiences, school counselor, elementary school-aged foster care children,* and *treating anger in elementary school-aged foster care children*. Over 217 titles were reviewed.

Conceptual Framework

Focusing on the relevance of the individual's information processing style and emotional experience, the cognitive-behavioral framework emphasizes the learning process and models' effect on society (Kendall, 2011). This concept incorporates several essential components, including (a) direct experience-based learning, (b) social learning, and (c) cognitive and emotional mediation. These concepts guided the research process, literature review, and interview guide development for this study (see Kendall, 2011). In this study, I used the foundations of the CBT model as a conceptual basis to guide this research. Initially developed by Beck (1997) in the 1960s, the CBT model is a psycho-social therapy method used to treat a wide range of psychiatric disorders and is predicated on the notion that out ideas and beliefs influence out emotions and actions.

Beck (1997) aimed to support psychoanalytic theories and challenge the fundamental assumptions of psychoanalytic thought. For instance, Beck (2011) sought to identify the underlying negative ideas associated with loss and failure rather than

supporting the psychoanalytic theory that depressed individuals felt an inner urge to suffer. Beck discovered that these underlying beliefs were consistent with the patient's automatic thoughts, which could be accessed and discussed in psychotherapy sessions. Beck improved patients' propensity for adaptive behavior by assisting them in removing harmful information processing biases, termed cognitive therapy. These fundamental concepts comprise the tenets of CBT, a commonly used and successful method for behavioral and cognitive psychological treatment as well as a conceptual frame of thought (Beck, 2019). Cognitive therapy has been instrumental in not only changing behaviors and thoughts but understanding them. I used CBT and its theoretical underpinnings to develop the interview guide for this study as well as analyze the perceptions of elementary school counselors who work with elementary school-aged foster children experiencing anger issues.

CBT was developed to be used by counselors and therapists to incorporate the client as an active participant, and it uses behavioral and cognitive strategies to achieve change (Beck, 1997, 2011). Beck (1997) explained that the CBT model emphasizes that dysfunctional thinking is a hallmark of dysfunctional disorders, mental disorders, and psychological or behavioral diseases, and the model explains affective and behavioral symptoms. Cognitive therapy was first applied to conditions like anxiety, personality disorders, substance abuse, and suicidality (Gautam et al., 2020). Beck's theory was used as the basis for judging the validity of the theories and the usefulness and effectiveness of the therapy. These developments pioneered by Beck have led to the common practice of CBT methods used today.

CBT has been used with patients with varying levels of anger management. Notably, CBT can be used with people with varying socioeconomic and demographic backgrounds (Beck, 2011). CBT can be used in a variety of settings, including primary care and other medical offices, schools, vocational training programs, and jails (Beck, 2011). Specifically, Beck (1997) discovered that children's emotional, social, and academic development improves when they can control their anger and other disruptive behaviors. CBT and the various problems it can treat have been studied across psychology fields.

Scholars have used CBT to provide a framework for understanding counselors' experiences managing school-aged foster children's anger symptoms with CBT. Asvaroğlu and Bekiroğulları (2020) conducted a study on CBT in children to show how CBT research on behavioral problems can lead to positive outcomes. The authors found that the mindfulness techniques of CBT enabled patients to reflect before reacting. Asvaroğlu and Bekiroğulları advised using CBT as an effective intervention strategy for addressing anger in children. However, the findings are based on a case study of one young child and their progress over weeks of treatment, which may have implications for the transferability of the study's findings.

Using neuroimaging studies and psychological functions, Matthys and Schutter (2021) improved the use of cognitive behavioral therapy for adolescents. Counselors and therapists can use CBT to help children and adolescents recognize and manage anger through coping mechanisms, diversion, and utilize deep breathing exercises (Matthys & Schutter, 2021). At a relatively young age, such as with school-age children,

psychologically based interventions may have favorable and long-lasting effects on brain development and neuronal organization (Matthys & Schutter, 2021). Matthys and Schutter (2021) and Asvaroğlu and Bekiroğulları (2020) provided recommendations to improve the treatment efficacy of CBT as a direct result of the clinical outcomes and the discovery that various psychological functions may be disrupted in conduct issues. CBT and mindfulness strategies can assist children in reflecting on and changing dysfunctional behaviors.

A foundational concept of CBT involves variables that improve anger management for children. Oud et al. (2019) conducted a meta-analysis to identify CBT elements and contextual and structural variables that may influence CBT treatment outcomes. The study supports previous findings that CBT can be used effectively to treat adolescents (Thielemann et al., 2022), including foster children (Kerns et al., 2022). Oud et al. (2019) found that when treating young people with CBT, caregiver engagement may improve depressive symptoms over time. Finally, the author offered replicable and concrete findings based on the comprehensive meta-analysis study.

Haugland et al. (2020) found that adolescent, parental, and caregiver reports of juvenile anxiety and sadness, and parental reports of anxiety-related impairment, all showed positive effects after CBT treatment. The amount of adolescent anxiety and impairment at baseline was somewhat different between parents and adolescents, indicative of an informant discrepancy frequently observed in research on youth mental health. Furthermore, at a 1-year follow-up appointment, results were still positive. Haugland et al. (2020) explained that caregivers or parents should address adolescent and

youth anxiety early. However, many foster children do not have this relationship or have several brief caregiver relationships, as they move from placement to placement. This notion underscores the importance of school-based counselors in providing therapy and support to elementary-aged foster children.

CBT has been shown to treat anger and manage future stressors successfully. McIntyre et al. (2019) explained that negative affect reactions to everyday stresses in chronically angry adults might increase health risks above and beyond stressor exposure. According to McIntyre et al., CBT reduces chronic anger and lowers negative affect reactivity to daily stressors. The treatment could mitigate the health impacts of stress. This study provides a concrete example of anger treatment using CBT; however, the researchers only examined adults, and the results can only be used as theoretical support for daily stressors and anger treatment of CBT in children and adolescents (McIntyre et al., 2019).

Stromeyer et al. (2020) also found that adolescents with anger issues can successfully manage and control their anger with the CBT anger management module. According to Stromeyer et al., if adolescents learn how to control their anger more effectively and constructively with the right interventions, they can end the cycle of rage. McIntyre et al. (2019) and Stromeyer et al. showed that the interventions in a CBT model adapted for adolescents can assist individuals experiencing significant anger in controlling their emotions and anger to lead healthy and fulfilling lives. The researchers substantiated CBT treatment for anger. In this study, I explored the perceptions of

elementary school counselors of CBT as an approach to anger management in the school setting for children in foster care.

Literature Review

The literature review section of the chapter gives important background knowledge necessary to understand the purpose of this study, namely, to explore school counselors' experiences addressing anger-related issues in elementary-aged children in foster care placement. The literature review will include a discussion of elementary school-aged children and foster care placements. The section contains a review of influence of placement instability on children. Next, I discuss mental health issues experienced by children in foster care. The literature review includes an examination of foster care and school placement. Finally, I examine the role of the school counselor in supporting students' social skills and behavior treatment and addressing student anger.

Elementary School-Aged Children and Foster Care Placements

Social services seek to establish a stable, long-term home for children removed from their biological parents as soon as possible, so these children can form healthy attachments to their foster or adoptive parents or other caregivers. Social workers attempt to place children in stable situations, which most likely includes relatives (Dubois-Comtois et al., 2021). However, nearly half of children in the U.S. foster care system live with nonrelative adults (45%), compared to one-third (32%) who live with relatives (U.S. Department of Health and Human Services, 2018). The remainder of the children in foster care reside in residential placements or institutions under the care of trained caregivers (Dubois-Comtois et al., 2021).

Different factors contribute to the increased number of foster care placements among school-aged children. Several researchers have identified numerous reasons why children enter foster care, such as severe behavioral problems, abuse, neglect, and parental concerns, including illness, abandonment, substance abuse, incarceration, and death (Leathers et al., 2019; Murray et al., 2020). When a child's parents cannot care for them anymore, they may be placed in a residential care facility or, more preferably, with a foster family. Most children are placed in foster care because of inadequate parenting, including abuse and neglect, often including cases of parental psychopathology, delinquency, and substance abuse (Konijn et al., 2019). A minority of the children are put into foster care following the death or incarceration of a parent (Murray et al., 2020). These factors contribute to why children are placed in foster care and for how long they remain in the foster care system.

There are many different goals for and durations of foster care placements. Blakeslee and Best (2019) emphasized that the primary goal of foster care is to maintain consistency in living circumstances and retain family ties. The three most common paths to permanence for foster children are adoption, reunification with the biological family, and long-term foster care (Konijn et al., 2019). However, more than 100,000 foster children await adoption at any given time, despite best practices intended for permanent family care (Konijn et al., 2019; Leathers et al., 2019). It is likely that the child's experiences will vary greatly and that not every situation will result in the foster care system's declared objectives being achieved (Thomas & Scharp, 2020). Above all, foster

care placement is based on what situation and outcome is best suited for the each individual child.

In the foster care field, multiple factors contribute to placement disruption. Placement disruption involves frequent movements among foster care placements due to a rejection and alienation pattern between foster children and their caregivers (Leathers et al., 2019). These disruption factors include aspects relating to the backgrounds of the children in foster care, as well as characteristics of foster placement (Vreeland et al., 2020). Schoemaker et al. (2020) conducted a meta analysis to identify reasons behind foster care disruptions. Placement disruption is more likely to occur when children are experiencing emotional or behavioral problems, and these issues are considered the most reliable predictor of placement breakdown (Schoemaker et al., 2020; Vreeland et al., 2020). It follows that foster care placements significantly impact a child's mental health and stability, consistent with empirical evidence (Mabille et al., 2022).

The Impact of Placement Instability on Children in Foster Care

It is crucial that school counselors understand that placement disruptions are prevalent in the foster care system, often resulting in negative scenarios and posing a significant health risk to long-term and short-term care children. Often, children removed from abusive or neglectful homes and placed in the state's custody face other disruptions, compounding the effects of continuous stress and instability (Vreeland et al., 2020). On a national level, in 2018, the percentage of children in foster care who have experienced three or more placement changes increased to 48% compared to children who have been in foster care for shorter periods (U.S. Department of Health and Human Services, 2018).

When a foster child moves to a new community, their social, educational, and familial experiences differ entirely from those in previous placements (Bederian-Gardner et al., 2018). Consequently, foster children who frequently move around may experience feelings of rejection and impermanence, as well as difficulties building relationships and developing trust (Bederian-Gardner et al., 2018). There is a possibility that instabilities or disruptions in the foster care system play a role in foster children's behavioral problems.

Instabilities in foster care are a frequent occurrence that can have adverse effects on children within the system. According to Murphy-Gelderman (2020), placement instability occurs when more than two placements happen within 1 year, or after four or more placements. A child's emotional well-being depends on finding a permanent placement after being removed from foster care or their biological home (Bederian-Gardner et al., 2018). According to Huang et al. (2022), children with placement instability were often exposed to substance abuse after they aged out of the foster-care system. Anthony et al. (2022) noted that many youths in placement had undergone an average of eight or more posts before the age of 18 and were most vulnerable to traumatic events. Thus far, researchers have shown emotional development and behavioral problems among foster children who experience multiple placements.

Placement instability among foster children has an adverse effect on children to include the development of mental disorders. Adkins et al. (2020) and Johnson (2020) identified a correlation between instability and multiple placements of children in foster care. Sattler et al. (2018) identified an association between various children in foster care and slower brain development. Rose et al. (2022) also established a link between ADHD,

substance abuse, negative behaviors, and other psychopathic dysregulations and increased psychiatric medication use by children in foster care. Scholars have linked psychotic disorders and increased usage of psychiatric medication among foster children, indicating a need to understand the perceptions of school counselors' use of CBT on these children.

Identifying factors that can negatively affect children in foster care is essential because the adverse effects can influence the nature of experiences witnessed by foster care providers. Placement instability negatively influences a child's social and emotional outcomes (McGuire et al., 2018). Multiple placements and abuse history have adverse effects on the relationship between the biological mother and their children (Chodura et al., 2021; Jacobsen et al., 2020). Engler et al. (2022) also established that children who have been through multiple placements and maltreatment are more likely to be abused. Therefore, the existing literature provides evidence regarding the adverse effects of placement instability on children's emotional well-being.

Child Behavioral Issues and Mental Illness in Foster Care

Among out-of-home placements for children and youth, foster care is the preferred placement when parents or relatives cannot care for them. Konijn et al. (2019) examined 42 foster care placement studies, finding that placement instability in foster care can harm children's behavioral well-being. Zeanah and Humphreys (2018) described foster children as having complex emotional needs that can lead to behavioral issues. In addition to the instability derived from being placed in foster care, foster children can also face difficulties adapting to changes and display insufficient behavioral adjustments,

such as aggression and anger (Zhang et al., 2020). Foster-care children may require a high level of support and supportive interventions to cope with the plethora of life changes they encounter (Zeanah & Humphreys, 2018). Regardless of dire circumstances, Benbenishty et al. (2018) posited that children will generally experience intense feelings of loss when removed from their original homes. Pears et al. (2018) further indicated that detaching a child from their family causes them to lose their feelings of stability, sense of belonging, security, daily routines, and communities. As such, foster children remain wondering how long they will stay in foster care and where they will eventually live for the rest of their lives (Allen et al., 2018). Children in foster care could suffer from further psychological problems that negatively affect their school performance (McGuire et al., 2021). Children raised in foster care may also experience behavioral disorders or health challenges that need medical intervention and specialized care from caregivers.

There are increased psychological problems among children following their foster care placements. Adkins et al. (2020) and Benbenishty et al. (2018) found that before their placement, foster children often experience trauma, including witnessing parental illness or death, maltreatment, abandonment, neglect, which can create intense feelings of anger. When children were removed from their original parents, they typically experienced a second wave of anger, characterized by a wide range of emotions, including loss, abandonment, loneliness, fear, conflict, dissonance, rejection, shame, helplessness, stress, and depression (Allen et al., 2018).

For maltreated children, Plate et al. (2019) described anger as being derived from separation, and maltreated children were likely to experience detrimental psychological

consequences such as developing low self-esteem and a damaged self-image and self-worth. The academic achievement and performance of a foster child who has suffered abuse in foster care are significantly lower than that of a foster child who is appropriately treated (Carrera et al., 2019). Maltreated children, especially those in foster care, require unique treatment interventions to address abuse, anger and school adjustment.

Foster care is intended to provide children who cannot remain at home with a safe place to live; however, this is not always the case. Forslund et al. (2022) found that foster parents often lack adequate training to care for children with behavioral health problems properly. Foster care providers are responsible for caring for children with mental syndromes, irrespective of whether they receive training to handle the unique challenges experienced by foster care children (Chodura et al., 2021). In a study carried out with foster care providers in Europe, participants expressed a lack of confidence and unhappiness when caring for children who exhibited demanding behaviors and mood disorders (Morton, 2018). One important function of school-based counselors working with foster care children is foster care parent education.

Konijn et al. (2019) suggested that the foster children who were hesitant to change, disruptive, attention-seeking, hyperactive, and exhibited demanding attributes overwhelmed foster care providers, taking time away from children who did not display these behaviors. Moreover, at times, foster care providers can also exhibit disruptive behavior that causes emotional strain on children, sometimes leading to the removal of children from foster care (Leathers et al., 2019). It is important to match children needing out-of-home placement with well-vetted and properly trained foster care providers. Many

of these children are school-aged and have experienced trauma or other adverse events, which could bring on negative behavioral issues.

Pataky et al. (2019) suggested that trauma may occur whenever a child or youth experiences a challenge that threatens or harms their emotional and physical well-being. Trauma is related to highly stressful events, such as abuse, neglect or witnessing domestic violence, as well as environmental conditions, such as war, terrorism, natural disasters, or other severe conditions (Stanton et al., 2020). Seeing such an event can trigger traumatic or angry reactions in a child who has not been directly impacted by it, as stated by Warren and Robinson (2018). A child unable to control their emotions may become angry due to such changes (Sánchez et al., 2019). Accordingly, maltreated youth in foster care who have had disruptions in their attachment connections are more likely to develop psychopathology than those living with their original parents (Dubois-Comtois et al., 2021). Such behaviors may derail the normal emotional and mental development of children who have experienced traumatic or adverse experiences.

Traumatic experiences in childhood, such as being mistreated, may lead to deficits in various developmental processes, including cognitive, behavioral, and emotional development. Furthermore, children in foster care also displayed anxiousness, withdrawnness, and over-compliant actions (Leathers et al., 2019). Children and their foster parents must face the difficulty of coping with these events' influence on their day-to-day life. However, there is a lack of information regarding how foster adolescents perceive the impact of their placement (Zeanah & Humphreys, 2018). The experience of child maltreatment has been linked in several studies to challenging, problematic, and

delinquent behaviors in young people (Leathers et al., 2019; Zeanah & Humphreys, 2018).

Being in foster care can negatively influence children emotionally, socially, behaviorally, and academically, demonstrating the fragile nature of foster care and the tribulations they might experience (Papovich, 2020). The transformation from house to out-of-home placement can be a traumatic experience for children. Displaced children tend to come from low-income families and have experienced higher rates of psychological, physical, and social problems (Leathers et al., 2019; Murray et al., 2020). Foster care placement decision-makers must consider the child's mental health and carefully select foster care providers that have been suitably trained to manage any specific mental health problems the child presents with.

Foster children are more likely to have problems with their social and emotional functioning. According to Lehmann and Kayed (2018), these functions include externalizing and internalizing problems and psychiatric problems during childhood and adolescence. Improper care in early childhood has been associated with poor developmental outcomes, such as increased prevalence of acting out (Jacobsen et al., 2020). Although foster care aims to reduce the risks of maltreatment, removing a child from home can present additional difficulties, such as shattered attachment relationships, uncertainty about how future care will be provided, and varying levels of emotional dedication on the part of foster parents (Labella et al., 2020). In addition, young children in foster care have more trouble regulating their emotions and conduct than peers from community samples that are demographically similar. These early childhood

developmental issues may lead to further placement issues and anger dysregulation (Labella et al., 2020).

Given the key developmental stages of infancy and toddlerhood, early entry into the child welfare system can negatively influence the child's emotional development. Some of these developmental stages include establishing a sense of security and safety, developing attachment ties, and coregulating emotions and behaviors with the help of attentive caregivers (Labella et al., 2020). Success in these early developmental stages provides the groundwork for successfully navigating problems in the future, according to an organizational view of development (Labella et al., 2020). When the caregiving environment includes abuse, developmental objectives result in early emotional, behavioral, and physiological dysregulation patterns that increase the likelihood of a lifetime of maladjustment (Jacobsen et al., 2020).

Labella et al. (2020) found that anger dysregulation was relatively low among foster children, which implies that placement outside the home may lessen emotional lability in young children sent into foster care. It is also possible that this reflects a pattern of subdued emotional expression linked to maltreated children, which is thought to be a conditional response to an unsettling environment (Jacobsen et al., 2020). Even when linked to beneficial behavioral results, emotional overcontrol is still likely to cause physiological systems to degrade (Horowitz, 2020; Labella et al., 2020). Due to anger and emotional dysregulation, adverse outcomes may occur with foster placements (Labella et al., 2020).

Health practitioners have used medications in foster children to decrease anxiety. However, research has not proven how children manage their medication adherence during the transformation process while in foster care, especially those diagnosed with anxiety issues (Konijn et al., 2019; Morton, 2018). The research on caregivers' experiences of adherence to medication among children with anxiety in foster care is limited. Konijn et al. (2019) suggested that children's nonadherence to medicine makes them prone to side effects, resulting in negative interactions with caregivers in such institutions. Researchers report that foster youth who fail to adhere to their anxiety or other emotional disorder-related medication are more likely to act aggressively toward caregivers (Hubbell et al., 2019). Youth in foster care require strict adherence to their prescribed medications.

Children placed in kinship homes had decreased prevalence of mental disorders than those under the care of nonrelatives. Kinship homes are foster family homes in which the foster child is related or known to one or more of the caregivers (Dorval et al., 2020). Grandparents are the most common kinship caregivers. Dubois-Comtois et al. (2021) studied the risk of mental health problems for children in foster care, finding that mental health problems varied based on the type of foster care placement. Placement in kinship care, longer stays in the same foster home, and fewer placement disruptions all contributed to limiting mental health problems among foster children (Dubois-Comtois et al., 2021). Kinship care is also linked to a reduced risk of foster youth requiring medication (Jedwab et al., 2020). It is important for school-based counselors to have an understanding of a foster care child’s placement history and current foster care situation.

Foster children under the supervision of kinship homes have lower usage of mental health services and were less likely to require psychotropic drugs for the treatment of mental health disorders (Johnson, 2020). As previously discussed, children in foster care are more likely to experience mental health and behavioral problems depending on their placement characteristics. Foster youth placed in non-kinship care tend to have a higher prevalence of behavioral problems, mental health diagnosis, and lower general well-being than their foster care counterparts placed in kindship care (Dubois-Comtois et al., 2021). Children in nonkinship foster care also showed higher internalizing problems than those in kinship foster care. Youth placed in kinship care experience levels of adaptation like children who are not ever placed in foster care (Dorval et al., 2020).

In kinship care, children and caregivers are more likely to experience poverty, food insecurity, and mental illness than in a nonkinship home (Dubois-Comtois et al., 2021). Despite the disadvantages of kinship care, Dubois-Comtois et al. (2021) concluded that youth in kinship care are more likely to achieve favorable outcomes. Children can adjust quickly to their environments despite potential risks associated with the environment. Foster children's adjustment to their foster families depends heavily on their caregiver's commitment. Children have an easier time adapting to familiar caregivers than strangers in an unfamiliar environment (Dubois-Comtois et al., 2021). These conditions may reduce attachment disruptions and increase predictability. While kinship care may expose foster youth to adverse negative factors, overall behavior and mental health are improved.

Elementary School-Aged Foster Care Children and Anger

Anger is a normal human emotion, marked by tension and hostility. Anger can derive from activities aimed at eliminating the source of anger and releasing emotion (Tonnaer et al., 2019). The primary sources of anger tend to be dissatisfaction, real or imagined hurt, and perceived injustices. Tonnaer et al. (2019) defined aggression as destructive or hurtful behavior that can seriously affect other people. People of all ages and demographics experience anger. However, elementary school-aged foster care children may be predisposed to an increased inability to regulate their anger (Vreeland et al., 2020). Ward et al. (2022), studied children adopted out of foster care. They noted that upon placement, 76% of the 93 adoptees studied required the help of a specialist to treat emotional and behavioral problems that were severe enough to after their academic progress.

Anger is associated with elementary school-aged students in foster care. Plate Rista et al. (2019) defined anger as an ineffective expression of emotions, postulating that anger is not necessarily harmful. Anger is a natural feeling of expression, is functional, and often is used as a defense when an individual feels threatened. According to Waisbord (2019), individuals who have interpersonal relations problems should embrace a realistic response. However, experiences of anger do not necessarily culminate in acts of aggression, nor is anger necessarily a precursor for aggression (Allen et al., 2018). However, Gao et al. (2021) established a strong relationship between anger and aggression. The anger problems displayed by foster care children within the school environment influence the entire school community (Labella et al., 2020). To properly

serve foster care children, school counselors should have a deep understanding of their complex needs.

Aggression and anger among youth in foster care are prevalent and can lead to physiological issues later in life. Children in the foster care system often show poorer emotion regulation than non-involved children, negatively influencing their adaptive abilities (Labella et al., 2020). Anger is an example of an emotion that is often difficult for foster children to regulate (Hajal & Paley, 2020). According to Leathers et al. (2019), who surveyed 109 foster parents, anger was the most frequently reported behavioral concern, with 38% of foster parents indicating that one or more of their foster children struggled with anger-related issues. The difficulty with anger regulation for youth in foster care often stems from a foster child's prior experiences with a parent who has struggled to regulate their own emotions (Hajal & Paley, 2020). A parent's ability to regulate emotions is crucial to interventions for childhood emotional and behavioral disorders, often focused on promoting self-regulation among children (Hajal & Paley, 2020).

Anger and blame often result in defensive reactions that lead to a power struggle entrenched in the defense. The purpose of anger and blame reactions is to protect vulnerability rather than expose pain, rejection, or loneliness (Brendtro, 2019). Sharing feelings, cultivating empathy, and avoiding defensive power struggles require the skill and trust of the youth and caregiver. Cognitive-behavioral therapy, which relies solely on skills rather than restoring core trust in nature, may not be able to resolve the underlying issues (Matthys et al., 2023). Problems that trigger behaviors will remain unaddressed if

skills cannot be translated into meaningful motivation except to reinforce the one skill CBT therapy attempted to reinforce.

Farley and McWey (2020) found that children and adolescents who have been mistreated tend to be hostile. Other research indicates that abused youth assume hostile intent when confronted with aggression (Tonnaer et al., 2019). Aggression and rage, in turn, are correlated with anger and are frequently regarded as the driving force behind feelings of anger (Tonnaer et al., 2019). Although there has been a correlation between anger and aggressive behavior, anger, as an emotion, does not always result in aggressive action. In some cases, anger can lead to depression and anxiety (de Bles et al., 2019).

Aggressive behavior does not always accompany rage. Aggression may result from stressful thoughts and emotional instability, particularly ruminating (Tonnaer et al., 2019). According to Farley and McWey (2020), older adolescents who act aggressively are significantly more likely to hurt their foster care placements than adolescents who do not act aggressively. In addition, anger and aggression issues are associated with long-term consequences, including psychopathology and jail (Farley & McWey, 2020). Based on the empirical evidence, anger can be a significant problem for foster care children and adolescents.

Impact of Foster Care on School Performance

Children in foster care have unique emotional needs that can impact school performance. As approximately 250,000 children enter foster care each year, schools must prepare to handle their emotional and mental health needs (Munson et al., 2020). Adolescents in foster care are more likely to fail academically, drop out from school,

display inappropriate emotions, and be enrolled in special education programs (Storey & Fletcher, 2020). Compared to their peers who are not in foster care, foster children are more likely to experience poor academic performance and disciplinary actions at school (Somers et al., 2020). On average, foster children miss twice as much school within one academic year as their non-foster peers (Blankenship, 2018; Krier et al., 2018). As a result of their specific situation, foster children may be at risk for behavioral and emotional issues that impede their academic performance.

The learning process is adversely affected by behavior problems in the classroom, such as anger and aggression. According to Visser (2020), behavioral problems are not difficult to recognize. Behavior problems in school may be minor, such as a child who cannot sit still, or may be more significant, such as aggressive behavior towards another student or teachers (Wienen et al., 2019). Behavioral problems such as anger could negatively affect classroom learning (Olivier et al., 2020).

Youth in foster care have lower academic scores and experience more disciplinary actions at school compared to their non-fostered peers (Somers et al., 2020). Being in foster care can negatively affect children emotionally, socially, behaviorally, and academically, demonstrating the fragile nature of foster care and the tribulations they might experience, which leads them to see school counselors (Olivier et al., 2020). The transformation from house to out-of-home placement can be a traumatic experience for children. Foster children may be at risk for behavioral and emotional needs that comprise school performance due to their specific situation.

It is the responsibility of all educators, especially school counselors, to meet the needs of students in a school setting. Children in school settings are expected to meet academic, behavioral, and developmental expectations under the No Child Left Behind Act (ASCA, 2017). Counselors can assist students with their developmental, emotional, and educational needs. Currently, school counselors provide classroom guidance while in the classroom to deal with behavioral problems. Runyan (2012) evaluated classroom strategies that impact students' behavior in classroom settings. School counselors are responsible for implementing classroom competency strategies to manage students' behavior (Runyan, 2012). Based on a Delphi study, Runyan, examined and developed practical classroom strategies for dealing with school behavioral problems. It is the role of all educators in the school setting to meet all the needs of students.

Previous researchers indicated an adverse association between maltreatment and negative development and school behaviors. For instance, Engler et al. (2020) found that maltreated children in school usually express their behaviors by being aggressive, immature, demanding, and attention-seeking. The symptoms mentioned above often create barriers for children, both socially and academically, since children cannot engage with their teachers, peers, and other school material effectively (Allen et al., 2018; Benbenishty et al., 2018). School counselors should attend to social, emotional, and academic problems experienced by school-aged foster care children.

The school attendance rate of foster children is lower than that of the general population of students. However, several groups of children have improved their attendance after they were placed in foster care. After entering foster care as a child

because of abuse or neglect, staying in foster care for the entire school semester, having stable placements, and living in a family-like environment, some children improved their attendance rates (Montserrat & Casas, 2018). Children in foster care can have a more stable school environment that encourages learning than their biological home environment. Short-term foster care children or children who returned home during the semester had lower attendance rates than other children placed in foster care (Montserrat & Casas, 2018).

Goemans et al. (2018) identified higher absenteeism rates and disciplinary referrals among foster children in the school setting. Moreover, 75% of these children performed below grade level, while over 50% were retained in school for at least a year due to poor performance (Benbenishty et al., 2018). The school performance of children in placement is likely to decline for children in foster care, but placement stability can improve these outcomes. Some professional report worsening psychological development, given the sense of withdrawal or parental neglect.

Poor grades are common among foster children. Cordero (2023) reported that foster children consistently earned lower grades than non-fostered youth in mathematics and reading and received lower scores on standardized tests. A disproportionate number of foster youths require an individualized educational plan for added in-school support (Allen et al., 2018). Specifically, foster children require special education services at a rate of 20%-25%, compared with 10% of the general population (Allen et al., 2018). Among the challenges, foster children and youth face is their high level of mobility and school transfers, as discussed by Sandh et al. (2020). In the process of being moved from

placement to placement, the educational records of foster children usually become incomplete because of missing assessments, transcripts, and attendance data (Goslin & Bordier, 2019). The delay in transferring school records for foster children often makes them miss school, creating gaps in their education (Goslin & Bordier, 2019). Most foster children are affected, especially those with special needs, because their special education services, like individualized education plans, become neglected or implemented until several months later, leading to poor performance.

Teachers' attitudes towards foster children are another factor that influence their school performance. Engler et al. (2020) found that due to the child's foster care status, the educators' response was more likely to be negative. Johnson (2020) also established that some teachers tended to be insensitive or unaware of the problems faced by foster children, and thus they did not offer proper encouragement. As a result, foster children had low self-esteem and felt isolated (Benbenishty et al., 2018). Youth in foster care find it challenging to absorb information effectively and have healthy interactions with their peers.

Researchers found that bias impacts educational practices and relationships. The school environment should be shaped by educational practices that minimize unintentional and intentional biases regarding socioeconomic status, race, home environment, gender, and peer group relations (Engler et al., 2020). Such biases can marginalize foster youths, indicating that when people are aware of their living situation and legal status, it can lead to both subtle and overt bias (Allen et al., 2018). Due to minority overrepresentation in the child welfare system, foster children are further

disempowered by institutional forces like racism and oppression (Benbenishty et al., 2018). Not all foster children have emotional problems or display dysfunctional behavior and not all teachers interact negatively with them, but these experiences are prevalent.

A significant problem facing all school counselors, regardless of the school setting or age, is managing disruptive student behaviors, such as inappropriate displays of anger. The issues relating to the inability to manage deviant behavior, according to Warren and Robinson (2018), influenced both seasoned and inexperienced teachers. Teachers and administrators can find managing student behavior in the classroom challenging and complicated because they may lack the competencies to deal with the behaviors. However, when student behavior was managed successfully, Visser (2020) reported that teachers and administrators might find behavior management professionally rewarding. According to the studies reviewed, managing student behavior is a point of concern for educators.

Behavior management and anger reduction are becoming increasingly important in schools. For schools to be productive, counselors and other education professionals agree that anger management and emotional management programs are necessary (Warren & Robinson, 2018). School administrators and teachers turn to school counselors to help eliminate or manage behavioral problems. Teachers frequently call upon school counselors to help students reduce disruptive behavior in the classroom or in other school settings, such as the school bus (Visser, 2020). School counselors collaborate with teachers and administrators to create the kind of school environment

conducive to learning. School counselors address students' emotional needs to reduce disruptive behavior in school.

Educators search for best practices to address emotional problems in the classroom as they occur, so that situations do not escalate and cause more significant harm. The number of students experiencing emotional problems has increased, becoming a societal concern (Samji et al., 2022). Behavioral problems were initially a concern in the school setting because they kept students from being productive in class (Parolini et al., 2018). The students exhibiting problematic behavior and those around the misbehaving student could suffer reduced educational success (Samji et al., 2022). Situations that interrupt the learning environment must be addressed to maintain a conducive classroom setting for all students.

Mental health educators and psychoanalyst researchers have pointed out two possible causes of disruptive behavior in children. Gardenhire et al. (2019) identified that the one cause originated from a child's low attachment to their familial environment and the primary caregiver. Second, disruptive behaviors are biological in nature and have a significant impact on a person's functioning (De Brito et al., 2021). Children who act out often receive negative attention regardless of their underpinning behavior, and society ends up believing that they are "bad" or "stupid." Since their behavior elicited negative responses from the adults they interacted with, such as their teachers, the above belief was unfortunately reinforced (de Brito et al., 2021). Based on the analysis, it is evident that children and youth who exhibited disruptive behavior often acted out a self-fulfilling prophecy.

Teachers in classrooms manage disruptive student behaviors in various ways. Common mechanisms include yelling, giving children a time-out, sending children out of the room, suspending or expelling them from school, and placing them in special education classrooms (Engler et al., 2020). When these reactions occur, Forsman et al. (2016) noted that a cycle of adverse reactions with teachers was established, and students became caught in a battle of wills. Forsman et al. further stated that this pattern deprived children of a keen sense of self-esteem and drained a teacher's feeling of competence. Zee et al. (2017) reported that children's behaviors usually affected their relationships with their teachers, subsequently affecting their behavioral adjustments. Existing evidence demonstrates that teachers' response to a child's interpersonal behavior may damage the cyclical relationship pattern, negatively impacting the other children who exhibit dependent or conflictual behavior.

Dependency indicates an over-reliance on teachers as a support source for children in foster care. Building on previous research, Engler et al. (2020) reported that teachers established closer relationships with students perceived to be independent and possess a positive attitude towards learning and school. On the contrary, Forsman et al. (2016) noted that children whom teachers perceived as being oppositional and over-reliant on the teacher for both academic and emotional support were classified by teachers as those who disliked school. The above view negatively impacted teachers' feelings about such children's motivation, readiness, and ability. Houchens et al. (2017) explored the quality of teacher-child relationships in schools and found that most researchers supported the observation. In contrast, a positive association existed between

close teacher-child relationships and the child's outcomes, such as having a positive attitude towards school, participating actively in class, and having academic competence, while adverse child outcomes such as unfavorable attitudes towards school, absenteeism, class disengagement, and low academic performance were associated with conflictual teacher-child relationships. Strong relations between teachers and foster care children improve their physiological well-being.

Teacher-child relationships could positively be used for ameliorative functions, and they could be a cushion against poor school performance and home environments that were unsupportive and unsuitable for learning. The survey by Houchens et al. (2017) found that teacher-child relationships were among the most common resources that might enable children to overcome challenges they faced during adolescence. The findings indicate that positive teacher relations could improve students' well-being through support.

Role of the School Counselor

Anger management models provide specific and systematic approaches to school counselors for managing students' emotions and behaviors in the classroom. Several school-based intervention models have proven effective in reducing anger and stabilizing emotions (Waters et al., 2019). School counselors identify the student's individual needs before attempting to implement an intervention (Fan et al., 2019). School counselors identify the student's requirements before implementing an intervention.

There is a difference in perceptions and expectations about the role and function of school counselors among administrators. School counselors often must focus on

students' discipline, scheduling, and clerical duties. A school counselor might be perceived differently due to these non-counseling duties (Knight & Gitterman, 2018). When students approach school counselors, they may feel tension and anxiety because they perceive counselors as administrators (Johnson, 2020). Considering that counseling is rooted in trust and open communication, Knight and Gitterman (2018) posited that discipline and counseling are mutually exclusive. The counselor's role should include something other than lecturing and punishing the students, which can undermine the counselor's relationship with the students. If administrators are unaware of the conflict, students are sent to counselors for discipline. Taking on all these roles can make it difficult for the school counselor to provide essential counseling services (Johnson, 2020). School counselors must understand administrators' perceptions of school counselors' roles and responsibilities.

Counselors may work with students who have experienced anger in a school or mental health setting. School counselors' responsibility is to assist children and youth in achieving academic, social, behavioral, and emotional success, including dealing with anger issues. A school counselor also works with educators, parents, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and community for all students (Fan et al., 2019). School counselors need knowledge, understanding, and effective best practices to help these students succeed and avoid additional anger or harm (Visser, 2020). Students exposed to traumatic events have direct contact with school counselors. Due to this, school counselors are often the first counseling professional students encounter after

experiencing trauma (Fan et al., 2019). In times of crisis, school counselors are the first line of intervention for students, making their role essential to their mental and emotional well-being (Fan et al., 2019; Pataky et al., 2019). School counselors who address anger or work with students who have experienced traumatic events can positively influence students' emotional development.

The school-based counselor student- counselor ratio may vary based on school size. In Georgia in 2018, the school counselor-to-student ratio was 1:472 (Georgia School Counselor Association, 2018). Schools in rural communities often share school counselors, making it challenging to meet students' needs, especially at-risk students such as foster care students. Residents in rural communities often face shortages of behavioral health providers and services due to a lack of transportation, insurance, and education about the services offered (Pataky et al., 2019). School-based counselors have emerged as appropriate mediators for rural communities' behavioral health provider shortage, but it is important to ensure that there are enough school-based counselors to provide access for all students in need of support.

While school counselors are uniquely positioned to help meet foster care children’s needs, the experiences of school counselors working with children have been minimally documented. There might be a lack of understanding among school leaders about the scope of the problem and the importance of providing appropriate interventions to treat students' emotional needs by school counselors (Georgia School Counselor Association [GSCA], 2018). Providing support to school counselors who deal with anger-affected children is paramount. Understanding Georgia school counselors' experiences

and perceptions are essential for informing a clinical understanding of how to treat school-aged foster care children in Georgia.

School-based and school counselor-specific strategies are needed to better address anger in the classroom and school. School counselors' duties consist primarily of classroom guidance (Knight & Gitterman, 2018). Practical anger management skills are essential for school staff to manage students' behaviors better. Clemens et al. (2017) examined school counselors' advice for managing students' anger. School counselors are excellent resources for developing anger management strategies that can be implemented in the classroom (Clemens et al., 2017). Despite their differences, teachers and school counselors spend much time in the classroom and deal with behavior problems.

School counselors provide much-needed services in school settings. McGuire et al. (2018) posited that school counselors assist students with behavioral, social, and emotional problems by providing counseling, instruction, and mentoring. Furthermore, Plate Rista et al. (2019) found that counselors may increase the academic achievement of students who struggle by assessing barriers to learning and determining methods to improve their understanding. A school counselor can promote wellness and resilience by reinforcing communication and social skills, problem-solving, anger management, self-regulation, self-determination, and optimism (Mersky et al., 2020; Poulou, 2017). School counselors support learning and academic performance by assessing and identifying barriers to learning and providing recommendations to address them.

School counselors play a vital role in advocating for foster children and protecting their rights. School counselors could also explain to other stakeholders why foster care

students feel insecure, according to Hines et al. (2020). According to Martinez et al. (2020), foster care children are different thinkers and respond to conditions differently; sometimes, they are aggressive, which limits their social interaction. In a similar study, Elmaci (2017) found that school counselors could assist other stakeholders in understanding the factors that influence foster care children's relationships, as well as teach them strategies for intervening in different settings where foster children may lose social acceptance (Moore et al., 2016) when they become less socially acceptable. School counselors play an essential role in advocating for the needs and rights of children in foster care.

Several studies have explored teachers' perceptions of school counselors' perceptions of working with foster care children. School counselors have often discussed their perspectives on the life experiences of children who face anger, their understanding of students' emotional needs, and their efforts to address anger (Knight & Gitterman, 2018). Consequently, they have expounded on the concept that school counselors aid in children's healthy emotional development while children are in the school setting (Knight & Gitterman, 2018). School counselors can bridge the gap between the school, family, and community partnerships necessary to support fostered youth fully. Knight and Gitterman (2018) found that school counselor interventions are effective on the micro level (working directly with children) and at the macro level, gaining community support. Due to the complexity of events that lead to foster care placement, it is essential to hear school counselors' perspectives who work with and support foster care children through the difficult transitions in and out of foster care.

Helping students in foster care develop anger management strategies is one way school counselors can support foster children in a school setting. Murphy-Gelderman (2020) also reported that school counselors should encourage other stakeholders to find strategic ways and approaches to treat various conditions displayed by children in foster care. These strategies are essential because children in foster care have different backgrounds characterized by unique challenges, which might obstruct their willingness to seek help (Sattler et al., 2018). These school counselor strategies for managing anger in fostered youth are vital because it helps these other stakeholders develop a strong relationship with the affected children, providing a conducive environment for implementing various interventions.

School counselor support is an integral part of fostered students' assimilation. School-aged children in foster care could experience difficulties managing their behaviors, emotions, and social skills because they usually have limited control over their lives (Bryan et al., 2019). Foster children experience complex reactions due to these challenges, which may negatively impact their ability to appropriately manage their behaviors, emotions, and social lives (Miller et al., 2020). A loss of interest in social life, social connections, and education are common adverse effects of the inability to control emotions or posttraumatic stress disorder (PTSD) (Konijn et al., 2019). To identify behavioral problems in school-aged children in foster care, school counselors must collaborate strategically with other stakeholders through effective communication (Wamser-Nanney & Campbell, 2020). Existing evidence indicates that school counselors may provide behavioral support to promote positive behaviors among the affected

students, helping them participate in positive behaviors, and improving their social skills, emotion management, and behavior control.

School counselors are responsible for training teachers on methods for effectively meeting the needs of students in foster care. Toyin et al. (2020) also noted that school counselors might be required to train and educate other stakeholders on how to control behavior dysfunction in school-aged children in foster care, to provide information about coping skills for different conditions, and interventions that could be used to manage behavior challenges among the affected children. Providing groups such assistance, as well as offering interventions on various topics such as social skills, emotion management, as well as problem-solving skills, might play a significant role in promoting positive behaviors among students, which in turn could promote solid interpersonal skills that they could use to improve their interactions with other children, teachers, and counselors (Tordön et al., 2020). School counselors also are responsible for promoting an inclusive learning environment to encourage children's academic success in foster care. To ensure that students in foster care get access to equal learning opportunities like their peers, school counselors must screen, monitor, conduct planning for their needs, and collaborate with other stakeholders in the school, such as teachers, to advocate for equal access to learning resources.

Children in foster care with mental health difficulties rarely receive evidence-based treatment despite the availability of validated interventions. Counseling services should address children's emotional support needs after experiencing anger in foster care. Children who experience out-of-home placement can benefit from the partnership

between school and community counselors (Zee et al., 2017). Frequent anger is subject to societal stigma and is viewed as a social problem. Mullen et al. (2019) proposed that more research is warranted to examine and explore evidence-based practices among counseling professionals who work with foster children. Efforts should focus on all-inclusive treatment approaches. The first step to enhancing foster care children's educational opportunities is to improve their emotional well-being (Fan et al., 2019). Children in foster care may benefit from the support of trained professionals such as school counselors.

Supporting Social Skills

School counselors teach social skills in their classroom guidance lessons. According to Pears et al. (2018), teaching social skills effectively addresses students' misbehavior. Plate Rista et al. (2019) highlighted the value in having teachers and school counselors provide lessons on social skills using existing programs designed to support character and social skill-building activities. Mersky et al. (2020) expressed similar views, noting that social skills should be taught, learned, and mastered by students from programs that begin in early childhood and continue through high school. To achieve this objective, school counselors need support to ensure they can make a positive impact on students' lives and work toward improving the overall emotional health of students to maintain student academic achievement (Pataky et al., 2019). There is a dearth of literature on school counselors' level of comfort in addressing foster care children's anger or the efficacy of interventions and strategies designed to meet foster care children's

needs (Plate Rista et al., 2019). There is additionally limited research on school counselors' attitudes and perceptions towards counseling students with anger.

There are different goals for school-based mental health programs. Carlson and Kees (2013) outlined a framework built on four school-based mental health service goals for school mental health programs; (a) to support students' developmental competence and psychological well-being, (b) to foster nurturing environments where students can overcome minor risks and challenges to succeed, (c) to safeguard students at risk of developmental failures, and (d) to promote competence in students by addressing social, emotional, or behavioral disturbances. Following these concepts requires a shift from interventions focused on individual students to a population-based approach. Students with identified mental health concerns should not be detracted from their access to resources by the framework (Carlson & Kees, 2013). Instead, it contextualized goal settings within the school environment. As a result of resource limitations, as well because of home and school collaboration, the achievement of these goals requires the support and partnership of families and community agencies (Garner et al., 2021). Both macro and micro levels of mental health services implementation follow the same strategy as academic interventions, which involves assessing, identifying resources, planning, intervening, and evaluating.

School-Based Behavioral Treatment

Schools are most likely to identify and address students' emotional needs, despite the added burden that school-based mental health services present. Children's social and emotional development is a priority for most districts, but policies and procedures for

supporting them can be challenging to implement and measure (McLeod, 2022). Due to high accountability mandates and societal stressors, including economic hardships, military deployments, unemployment, and budget cuts, school administrators and counselors cannot perform their duties adequately (Plate Rista et al., 2019). Assume that a student's behavior has improved, attendance has decreased, discipline referrals have decreased, and the student's behavior is improved. According to the studies reviewed, measuring these outcomes, and implementing interventions requires time and resources.

Whether the school counselor feels like an expert in the mental health field is another issue when discussing mental health in schools. School counselors may not be capable of delivering direct therapeutic counseling interventions or working on clinically based activities (Plate Rista et al., 2019). School environments and counselor skill levels play a significant role in establishing mental health interventions (Pears et al., 2018). As professional counselors some school counselors are mental health experts (Parolini et al., 2018). Numerous studies focus exclusively on academic skills, progress monitoring, and assessments of learning (Pears et al., 2018). Each school and school counselor must realistically anticipate students' needs.

Techniques such as cognitive-behavioral therapy can be used to deal with anger. Carlson and Kees (2013) suggest cognitive-behavioral interventions (CBI) could be helpful for teachers in remediating behavioral deficits and excesses by empowering students to control their behavior. CBIs aim at altering underlying cognitions that affect overt behavior by teaching inner speech, or "self-talk" (p. 10). Self-statement internalization is considered essential to self-control by some theorists (Gallagher &

Miller, 2018). Negative self-statements contribute significantly to childhood behavior problems, including aggression, because they contribute to negative beliefs about oneself.

The treatment of behavioral problems can be achieved with CBI, which combines behavior therapy and cognitive mediation. According to Farley and McWey (2020), cognitive-behavioral strategies may use rewards, modeling, role-plays, and self-evaluations to remedy social deceits. Verbal self-regulation allows students to examine and modify their cognitions of social situations encountered during the school day (Sukhodolsky et al., 2000). According to Pears et al. (2018), cognitive events mediate overt behavior and are influenced by individuals. Cognitive strategies incorporate a "how-think" framework for students to use when modifying behavior rather than a teacher's explicit "what–to–think" instruction.

Many researchers have explored school counselors' use of school-based anger management and responsibility models and CBT. There has been a strong suggestion that anger management programs rely heavily on adult monitoring of student behavior in the past. According to Glasser (1999), the founder of the responsibility model for managing emotions in school settings, this approach did not empower students. The reality therapy and control theory of Glasser (1999) emphasizes students' responsibility for their actions.

Teachers and counselors should develop personal relationships with students, listen to them, and instill a sense of self-worth and dignity in them (Plate Rista et al., 2019). Students must identify disruptive behaviors and judge their appropriateness when they occur (Parolini et al., 2018). A responsibility model focuses on students accepting personal responsibility for their behavior (Pears et al., 2018). In addition, Ahmad et al.

(2020) found that CBT anger management modules were successful in helping adolescents with anger management issues control and manage their anger. According to Ahmad et al. (2020), if adolescents learn how to control their anger more effectively and constructively with the right interventions, they can end the cycle of rage. School counselors have several proven tools that can help, such as responsibility models and CBT which can assist foster children with counselors and students in identifying their experiences and controlling their anger expressions.

Addressing Student Anger

School counselors served students with anger problems in multiple ways. Plate Rista et al. (2019) noted that school counselors usually provide direct counseling services, teach social skills in integrated classrooms, conduct staff development, and training sessions, serve as community liaisons, and educate parents, among other things. A counselor can also assist teachers in supporting the children entrusted to their care for the school year (Fan et al., 2019). Providing teachers with support and assistance to meet pupils' complex needs is a salient question (Parolini et al., 2018). Many effective counseling strategies are available to counselors, including conducting individual and small group counseling sessions, educating students about social skills, conflict resolution, and anger management in the classroom, providing classroom management tips, and coordinating with community agencies (Pears et al., 2018). Although school counselors take a comprehensive approach, they cannot meet all children's needs.

School counselors receive training in preventive programming. A program like this can be an invaluable resource for teachers and administrators who wish to learn how

to improve classroom and school environments so that students can thrive. The school counselor's role in this approach involves educating staff about anger management and all aspects of anger management programs (McGuire et al., 2018). School counselors have a critical role in helping students develop more effective discipline approaches (American School Counselor Association, 2017). Counselors play an essential role in schools.

There was also a different perspective in the literature on the methods to address student anger. A final solution documented by research suggests that "literature has long been accepted as a way to help children confront problems and cope in this complex world" (Ford & Greene, 2017, p. 37). According to Poulou (2017), students should be exposed to literature that explores or implies good character traits. The literature discusses care, sharing, cooperation, feelings, self-esteem, anger management, and conflict management (Parolini et al., 2018). Students can study literature using role-playing, creative dramatics, class discussions, journals, and illustrations. Using literature strategies could help school counselors deal with behavior, anger, and discipline issues.

Summary and Conclusions

The core purpose of this study was to explore elementary school counselors' experiences of using CBT strategies to manage anger symptoms among elementary school-aged children in foster care placements in the southeastern region of Georgia. This literature review supports the purpose by examining how elementary school counselors use CBT to treat anger symptoms in elementary school-aged foster children. First, the literature review explained CBT and why it was chosen as the underpinning theoretical

framework for this study. Then the chapter focused on the most recent research on foster children's emotional development and school counselors' impressions of their experiences addressing anger in a school context. Next, the review provided an overview of many doable strategies for managing fury, along with a review of how well-suited they are for usage by school counselors. Finally, the application and extension of the school counselor's experiences in treating anger with children who have experienced anger due to placement in foster care were also discussed. Importantly, this literature review showed a significant gap in the literature regarding elementary school-aged foster children's experiences with addressing anger issues, among other behavioral problems. Chapter 3 outline the study's methodology, detailing how it filled a gap in the literature.

Chapter 3: Research Method

The number of children displaying symptoms of mental health problems is increasing, especially children in foster care. This is perhaps not surprising because children who experience trauma often present with anger and academic, cognitive, social, physical, and emotional vulnerabilities. With increases in childhood trauma and mental health problems is a need for school-based counselors trained in the appropriate interventions to help these vulnerable children. The purpose of this study was to explore elementary school counselors' experiences of using CBT strategies to manage anger symptoms among elementary school-aged children in foster care in the southeastern region of Georgia.

In Chapter 3, I describe the specific methodologies employed in the research process. Chapter 3 includes a description of the qualitative approach undertaken in the study, as well as a rationale for choosing a qualitative methodology. The chapter also includes a description of the study research design and the rationale for its selection. The participant selection criteria, sampling procedures, and data collection and analysis techniques are also provided. Finally, the ethical considerations and a discussion of methods to ensure the study's trustworthiness are included.

Research Design and Rationale

The following general research question guided the study:

What are school counselors' experiences of using CBT to manage anger symptoms among elementary school-aged children in foster care?

A generic qualitative research design was chosen for the study. This approach is one of the six most-used qualitative research approaches used to explore people's knowledge in making meaning of experiences and phenomena (Kosere & Kosere, 2021). The overarching goal of generic qualitative research is to reveal and decipher the meaning and implications of experiences that people construct, which can be approached using sense-making for inductive reasoning and explanation (Cypress, 2018). This type of qualitative research allows a researcher to look at an existing phenomenon and interrogate the underlying meanings and context (Morse, 2020). Using the generic qualitative inquiry allows researchers to ask questions such as why and how and provides the context and deeper understanding of why a phenomenon exists (Cypress, 2018; Peterson, 2019).

The qualitative research design has been applied in several fields of study including education (Kelly et al., 2021), social work (Amadasun, 2020), and counseling (Murphy et al., 2018). Importantly, qualitative inquiries have been utilized extensively in the evaluation of children with emotional disorders (Radez et al., 2021). Furthermore, the qualitative research design involves an in-depth description and a detailed picture of the phenomena under investigation (Morse, 2020; Peterson, 2019). As a researcher who used this approach, I was interested in how the participants in my study portray their personal experiences, describe their environments, and portray their experiences' meaning and value. As such, the qualitative inquiry was a suitable and appropriate method for the present study.

In this study, I employed a qualitative methodology to gain first-hand information from the perspectives and lived experiences of the participants about the research problem. As Patton (2002) described, qualitative research methodologies are ideal for investigating or exploring how individuals experience a given phenomenon in their natural environment. As naturalistic and inductive research studies, qualitative studies aim to learn about people's lives, experiences, emotions, behavior, perceptions, and feelings (Creswell & Poth, 2018).

Researchers select qualitative studies when they need to gain knowledge about the phenomenon under investigation or when they have partial or incomplete knowledge (Levitt et al., 2018). Cypress (2019) and Kostere and Kostere (2021) supported this assertion with findings that indicated that qualitative research techniques are most effective when a researcher wishes to comprehend the "why" and "how" a person behaves in social interactions with others in a group environment and are narrative and provide detailed information. It was most appropriate for the study to use a qualitative methodology since there was little information regarding the experiences and perceptions of elementary school-based counselors in addressing anger issues with elementary school-aged children in foster care.

To understand and explain the phenomenon behind the experiences of elementary school-based counselors using CBT strategies to manage anger symptoms, descriptions, and depictions from participants were sources of data to be collected using thorough interviews to help better understand the situation being studied. I considered the value of applying other qualitative designs to this research. I reviewed and rejected case studies,

grounded theory, and narrative inquiry methods. The primary focus of a narrative method is on data obtained from people who provide personal information about their own lives (Mihas, 2019). Glasser and Strauss (2017) proposed that grounded theory is inappropriate for a generic qualitative analysis of the phenomena. Other designs, such as case studies, explore limited concerns and problems and would not allow for the perspectives of many school-based counselors to be examined; as such, a case study or multiple case study was not chosen for the research (Yin, 2018). Taken together, I chose a generic inquiry because it was the most suitable research design for the study.

I did not utilize quantitative or mixed methods. Methodologies based on quantitative principles generate and refine knowledge systematically, objectively, and formally using deductive rather than inductive ones (Mohajan, 2018). Whereas qualitative researchers aim to answer the question of how many or how much a phenomenon occurs in a population or subpopulation, quantitative researchers aim to answer the question of how widespread an issue is (Mohajan, 2018). Because the research questions involved descriptions of experiences from school-based counselors, rather than statistics surrounding the prevalence of utilization of CBT in this population, a quantitative methodology was not selected for the study. In addition, a mixed methods approach, which combines the qualitative and quantitative research traditions, was rejected for the study due to the need for a quantitative component in the research question.

Role of the Researcher

The integrity of qualitative research depends on the skills, competence, and thoroughness of the individual conducting the research. In this qualitative research study, I was a research instrument, collecting data as an objective viewer (see Wa-Mbaleka, 2018). I conducted semistructured interviews with open-ended questions with participants. When working with human subjects, researchers must follow ethical norms by guaranteeing pseudonymity, voluntary participation, and a thorough knowledge of the requirements of the study (Moustaka, 1994). As the sole research instrument, I selected participants that met the inclusion criteria, conducted semistructured interviews, ensured participants' data were protected, ensured that the participant did not influence data collection, limited researcher bias, interpreted the responses of participants while minimizing any bias or predetermined viewpoints, analyzed the interview data using the qualitative data analysis software NVivo version 12, and made suppositions grounded on the emerging themes from the data combined with the components derived from the conceptual framework chosen for the study.

I used purposive sampling to select school-based counselors for this study to achieve saturation. I expected saturation to occur after interviewing 8-12 counselors. However, after interviewing five counselors, I observed data saturation, defined the point in data collection where researchers do not identify new trends or additional data codes, and when the study themes begin to repeat (Guest et al., 2020). I disclosed my positionality, namely that I was a counselor who utilized CBT in my treatment of patients, particularly children. As such, I had professional familiarity with the

phenomenon under study in the current research. To reduce the possibility of researcher bias, counselors who worked directly with me were not selected for the study. Consequently, I did not encounter a situation where a participant was my subordinate or a superior. In addition, I had professional, but not personal, acquaintances with counselors from other local schools and clinics who may have met the inclusion criteria for the study. I considered these individuals for participation in the study, provided they met the inclusion criteria set forth below.

To mitigate potential researcher bias, I engaged in reflexivity practices throughout the study. Reflexivity involves thinking critically about the importance of values, opinions, viewpoints, beliefs, and worldviews in all aspects of the research process, including decision-making, data collection, data analysis, and data interpretation (Olaghere, 2022). I used journaling and memo techniques to remain aware of my thoughts, opinions, and beliefs throughout the research process (see McGrath, 2021). Before and after engaging in any research-based activity, including participant selection, developing interview protocols, collecting data via semi-structured interviews, and analyzing data, I kept a journal. Memos also guided my data collection and analysis. Additionally, I took detailed notes regarding the participants' interviews during the interview process (Deggs & Hernandez, 2018). In summary, I used journaling, notes, and memos as reflexivity protocols to mitigate researcher bias.

Methodology

The methodology section explains how the details of how data was collected from these participants in the study. The participant section criteria, instrumentation,

procedures for recruitment, as well as data collection and analysis procedures comprise the methodology section.

Participant Selection Logic

The general population for this research included elementary school counselors in South Georgia who had direct contact with foster children with anger management problems. This study's target population included full-time and part-time elementary school counselors in South Georgia. According to Panday and Panday (2021), a research sample is a collection of individuals selected from a population in a bid to determine the traits of the overall population. In this investigation, purposeful sampling was used to select the research sample. In purposeful sampling, researchers choose participants based on a predefined set of inclusion criteria (Campbell et al., 2020). Guest et al. (2020) explained that qualitative research must approach a point of data saturation, when continued data collection yields little new information. I recruited five participants, which allowed for data saturation. The participants all met the following inclusion criteria:

1. Were a part or full-time elementary school counselor in South Georgia.
2. Were an elementary school counselor with experience working with children with anger management issues.
3. Had at least 5 years of experience in managing anger in foster children.
4. Resided in southeastern Georgia at the time of the study.
5. Utilized CBT as part of their treatment for managing anger.

The inclusion criteria did not include a provision for gender or age, as school-based counselors from all genders and ages were eligible to participate in the study if

they met the inclusion criteria. According to Hennink and Kaiser (2022), data saturation is the term used to describe the data collection stage when no new issues or insights are discovered, and data begin to repeat, resulting in repetitive data collection and sufficient sample size. To ensure content validity, saturation is a crucial sign that a sample is adequate for the issue under investigation and that the data acquired has accurately reflected the range, importance, and complexity of the issues under investigation (Hennink & Kaiser, 2022). I aimed for a sample of eight participants, but I observed data saturation after interviewing six participants (see Guest et al., 2020; Vasileiou et al., 2018). Specifically, Guest et al. (2020) demonstrated that a sample of eight participants leads to data saturation in 98% of interview-based qualitative studies. However, if I had observed that data saturation had not been achieved after conducting eight interviews, I would have conducted additional interviews until the study achieved data saturation.

I used purposeful sampling as the primary method to select participants that met the study's inclusion criteria. As proposed by Campbell et al. (2020), in qualitative research, purposeful sampling is frequently used to find and choose information-rich samples relevant to the study's topic. Purposeful sampling is a strategy that deliberately selects specific individuals, events, and settings due to the crucial and important information that can help understand the research problem (Yin, 2018). Campbell et al. explained that purposeful sampling entails identifying and choosing people or groups of people who have extensive expertise or experience in a particular field. In this study, purposeful sampling was used to select participants who understood the phenomenon under study, namely the use of CBT to successfully treat elementary school-aged

children in foster care exhibiting issues with anger. In the case that purposeful sampling did not yield enough participants to reach data saturation, I would have employed snowball sampling, where current participants are asked to forward my study information to other participants who might meet the inclusion criteria (see Parker et al., 2019). Importantly, a combination of purposeful and snowball sampling has been shown to reduce sampling bias in qualitative studies (Johnson, 2020).

Instrumentation

There were two qualitative instruments used in the data collection process. Frist, I developed a purposeful sampling questionnaire to determine participant eligibility by collecting demographic data (Appendix C). This step was performed to ensure participants met the inclusion criteria and to collect other demographic data essential for interpreting the study results (see Allan, 2020). Through this instrument, I confirmed that the school-based counselors met the study's requirements and learned more about the participants.

Second, I used a semistructured interview protocol consisting of critical questions about the participants' experiences using CBT to treat school-aged children in foster care with anger issues. Semistructured interviews were the primary source for data collection. I developed and used open-ended interview questions to guide the discussion toward data that will help answer the research questions. The interview protocol was developed based on the study's purpose and problem statements, as well as the conceptual framework.

Some demographic questions were included in the interview guide to encourage participants to discuss their experiences related to CBT treatment of elementary-aged

foster children experiencing anger issues. Researchers use this technique to interview knowledgeable or experienced individuals about a particular topic. Two reasons led to the inclusion of demographic questions in the interview. First, the demographic questions could be triangulated with survey responses to enhance the trustworthiness of the study's findings. Second, asking demographic questions allowed me to establish a rapport with the participants and explore and respond to the study objectives within the context of the participant's views, thoughts, and emerging themes. My goal was to ensure that the open-ended questions in the interview protocol were designed so that participants could answer the questions in a way that provided rich, deep information about CBT's effectiveness in treating school-aged children with anger issues.

Procedures for Recruitment, Participation, and Data Collection

I had several planned phases for participant recruitment. In Phase A, I used my professional contacts in the field of counseling to recruit potential participants and asked them to distribute the recruitment flyer (Appendix A) to school-based counselors who may have met the inclusion criteria. Importantly, I did not consider counselors with whom I worked directly for inclusion in the study. In Phase B, I recruited using my professional learning network. For example, I posted the recruitment flyer to the Georgia School Counselor Association's social media pages and identified other online spaces used for support groups for school-based counselors. To this end, I asked permission from each Facebook group's moderators to post the recruitment flyer on their Facebook page. In Phase C, with the appropriate permissions, I recruited participants from the Play Therapist Association, EMDRIA Associations, and Georgia School Counselors

Association by distributing my recruitment flier. Together, these three recruitment strategies allowed me to recruit the six elementary school-based counselors required for data saturation.

The recruitment flyer provided an overview of the study (Appendix A). Elementary school-based counselors who saw the flyer and were interested in more information were asked to contact me via email. I emailed each candidate the informed consent form, which provided an overview of the study, including a summary of the researcher's expectations for participation. In this email, I included the consent form for minimal risk (Appendix B) in the body of the email and a link to the demographic questionnaire (Appendix C). After potential participants read the informed consent, they decided whether they wanted to participate and were asked to consent at the start of the interview verbally.

Based on the response to the demographics questionnaire, if the individual met the inclusion criteria, I shared a link to my Calendly, an online scheduling application, for the participants to schedule an interview at a date and time that was mutually convenient for each individual participant and myself. One-on-one interviews were conducted via Zoom to ensure the safety of both participants and me amid the ongoing COVID-19 pandemic. This data collection method was the most appropriate as it allowed for direct engagement with the elementary school-based counselors in southeastern Georgia, who had experience working with elementary children in foster care with anger management issues (see Billups, 2019). I conducted the interview sessions, and I was responsible for asking open-ended questions, moderating the sessions, and seeking clarification for any

parts of the interview that may have been misunderstood. Using open-ended questions ensured that I could consider the views, attitudes, barriers, and experiences related to the experiences, beliefs, and perceptions of school-based counselors who work with children displaying difficulties with anger (see McGrath, 2021).

I audio-recorded the interviews automatically using the Zoom recording function. I used my iPhone audio recording function as a backup method of recording, in case the Zoom recording failed. The audio recordings, in turn, were used to make transcriptions for data analysis. Each interview lasted for 45-60 minutes to allow time for each participant to expand on their ideas. I used journaling to ensure reflexivity and took notes to capture essential impressions or changes in tone throughout the interviews. After the completion of each interview, the audio recording was stored on a password-protected cloud. I used Otter.ai to transcribe the interviews; however, I compared the interviews line-by-line with the audio recordings and edited them as needed to ensure the transcriptions' validity and accuracy. To help ensure accuracy, all the interviews were transcribed within a 72-hours period to ensure my own familiarity with the responses. During the transcription process, I removed any identifying information, such as participants' names and mentions of where they were located or their places and agencies of employment. Redaction was necessary in some cases where participants mentioned the agencies that contracted with their schools. I also used pseudonyms: Counselor 1, Counselor 2, and Counselor 5 for confidentiality and to ensure that participants' personal information was safeguarded (see Hamilton & Finley, 2019). The interview transcriptions were sent to participants for interviewee transcript review to ensure the accuracy of the

transcriptions, and any requested changes were made to ensure that the participants' intentions were accurately captured, as recommended by Candela (2019).

Data Analysis Plan

Content analysis was used to analyze the transcripts from the semistructured interviews because this method is a common form of analysis for large amounts of verbal data (see Lindgren et al., 2020). According to Creswell and Poth (2018), a researcher must examine the data, identify themes, categorize themes, and perform the final data analysis to form a cohesive data-based argument. Data analysis is a methodical approach to working with obtained data, structuring it, and placing it in manageable pieces that can be analyzed for the identification of themes (Raskind et al., 2019). The basic goal of the data analysis process is to organize data, look for patterns, and uncover themes to determine important information related to the research problem and questions, while combining the results in a way that allows the researcher to draw conclusions (Raskind et al., 2019).

According to Braun and Clarke (2019), semistructured interviews are best analyzed using thematic analysis. Therefore, Braun and Clarke (2019) proposed a six-phase guide that was followed in this study:

Phase One: The researcher becomes familiar with the interview data collected.

Phase Two: This stage involves categorizing data and developing pertinent codes.

Phase Three: This step involves reviewing and extracting themes.

Phase Four: Creation of a thematic map for analysis.

Phase Five: Continuously defining and refining names and themes.

Phase Six: Analysis and the written part of themes and sub-themes as well as results gleaned from interviews. Codes were generated through the NVivo software.

In phase One, I familiarized myself with the interview data by reading the transcripts several times. On the first reading, I read each interview from start to finish. In the second reading, I read each participant's interview questions (IQ). That is, I read each participant's response to IQ1, then IQ2, and so on, until all IQs had been exhausted. In Phase Two, I categorized the data by CBT anger management theory construct. Coding captures significant ideas surrounding the data without losing meaning (Saldaña, 2021). For example, one top-level code was emotional outbursts, a symptom of anger issues manifested by children, and a subcode was cognitive restructuring, a type of CBT treatment. During the coding process, I used the qualitative analysis software NVivo Version 12. During phase Three, this process was completed for all cognitive-behavioral treatments and experiences noted by participants, as well as their overall impressions' treatment of school-aged children manifesting anger issues.

In Phase Four, I took the codes developed in phases One and Two and created a comprehensive map showing the relationships between the codes. This helped me organize the analysis to convey the results in themes logically. In Phase Five, I examined my thematic map and the relationships between codes and evaluated whether new themes emerged in the analysis. I renamed and redefined the codes and themes as necessary during this process. Finally, I examined the data holistically in Phase Six to ensure that the proper meaning had been extracted to answer the central research question.

Trustworthiness

To ensure trustworthiness in qualitative research, the tools, techniques, and methods of data collection should be described. Aside from evaluating the design, I examined the appropriateness of the population selection, data collection, data analysis procedures, and research questions (Stahl & King, 2020). Connelly (2016) defines *trustworthiness* as the researcher's confidence in the data, transcription, and methods used to ensure the quality of the research. Four elements must intersect to ensure trust in qualitative research: credibility, transferability, dependability, and confirmability. The four aspects of trustworthiness are addressed in this section.

Credibility

A study is said to be credible when it accurately captures the perspectives of its participants. According to Morse (2015), promoting credibility requires confirming that the findings of a qualitative study are believable from the perspective of the participants in the research. Participants can trust the findings of published research because they believe them to be their own. This study can be regarded as credible because the study participants answered honestly, and the recordings were not altered in any manner to ensure that they truly reflected the participant's experiences (see Patterson et al., 2022). One major factor that mitigated threats to credibility in this study is design. Credibility can also be confirmed using verbatim quotations from the participants in reporting themes and sub-themes (Daniel, 2019). I addressed credibility by memoing and journaling, to ensure and understand my reflexivity and I used verbatim quotations from the participants.

Interviewee transcript review was another method I used to address the study's creditability (see Johnson, 2020). This procedure involved sending interview transcripts to the participants to review and confirm that the transcripts accurately represent the research subjects' attitudes, perceptions, and views (see Candela, 2019; Johnson, 2020). A study's credibility is primarily verified by member checking since participants will judge their own experience most accurately in qualitative research.

Transferability

The ability of the findings from a study to be applied to different people or places is meant by the term transferability in qualitative research (Johnson et al., 2020). Transferability further refers to the extent to which the study's conclusions can be generalized or applied to other contexts, groups, or settings (Lindgren et al., 2020). Transferability in qualitative studies ensures that the theoretical knowledge obtained from the research might be applied to other settings, as well as to the general population under review. Creswell and Poth (2018) noted that the transferability of a research study can be ensured by providing enough details on the procedures used to carry out the study. Hence, I delivered a concise and detailed account of the processes used to derive conclusions from the research data. The study also utilized sampling sufficiency and thick description to enhance transferability (Kyngäs et al., 2019). Sampling sufficiency is how a generic qualitative study contains the appropriate sample size representing the phenomenon and population. A thick description lets the consumer of the information comprehend the study's phenomenon and compare it to other circumstances (see Kyngäs et al., 2019).

Dependability

For research to be trustworthy and valid, dependability is essential. Dependability focuses on the consistency or the congruency of the results (Lincoln & Guba, 1985). The role of dependability is to give a framework where the researcher checks the analysis process to ensure it is aligned with the standards for the designated design (Korstjens & Moser, 2017). Although dependability in a qualitative study is challenging, the researcher should make every effort to present information that will guide future investigators to repeat the study (Shenton, 2004). Forrero et al. (2018) explained that studies with well-documented and reliable research methods are considered dependable. Dependability can be ensured by creating an audit trail that documents the process and decisions taken in the research where future researchers may replicate the same study and derive conclusions (Nowell et al., 2017). Therefore, to ensure that the study findings have dependability, I created an audit trail in my research notes to ensure that details were recorded and could be repeated by others. The audit trail also helped me to understand better how the timing of various procedures influenced the research or results.

Confirmability

Confirmability is the capacity of others to confirm or verify findings in a research project (Elo et al., 2014). I used reflexivity, a continuous reflection by a researcher, while conducting a study (Ravitch & Carl, 2016). In using reflexivity, I acknowledged prior experiences to manage biases and looked for ways to be transparent so that the reader can evaluate the accuracy of the reported findings (Lincoln & Guba, 1985; Yin, 2018). When conducting interviews, I used a reflective

journal to record personal reflections while conducting interviews to mitigate biases in the data collection. According to Singh et al. (2021), this prevents the researcher's biases from influencing the research findings. The research can be enhanced by developing confirmability by:

1. Supplying substantial evidence to support claims. I promoted this by using verbatim quotations from participants and by reporting my codebook in an appendix of the dissertation.
2. I promoted the accuracy of the results by providing a detailed description of the methodology. I accomplished this by keeping a detailed log in my research journal documenting my research-related activities.
3. My preconceptions were acknowledged and declared. I was aware of my preconceptions by engaging in the reflexivity protocols previously mentioned.
4. I gave appropriate weight to participants' experiences and perceptions rather than my own. This was ensured by providing my codebook, as well as by using verbatim quotes from the participants and recording my own bias in my reflexive journal.

Ethical Procedures

When I conducted my research, I followed strict ethical procedures. The study I conducted was restricted to work-related interviews and posed only minimal risk, as I only asked about professionals' work experiences. No sensitive or emotional topics were approached in this research study. I submitted for approval using Walden University's

IRB Pre-Approval Manual for Minimal Risk application process to ensure that I had the necessary authorization to conduct the research.

However, it is essential to note that all types of research can present risks to participants. It is, therefore, the researcher's responsibility to ensure the well-being of participants throughout the study (Connelly, 2016). Ethical standards must be adhered to throughout the research process to ensure the subjects' well-being. A clear explanation of these standards appears in the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Justice, beneficence, and respect for persons are some of these virtues. I closely followed these three ethical standards while conducting this study. I provided all participants with information about the research study to enhance their informed consent. I provided participants with a consent form explaining the study and a statement ensuring that they are participating voluntarily. The beneficence principle pertains to the risks and benefits of research, and the Belmont report states that those who bear the most prominent risks should benefit directly from it (Arifin, 2018). A full explanation of the risks and benefits of the study was provided to all participants to ensure the study's beneficence.

Moreover, since counselors are the population affected by the research problem, the participants benefit from the research. Justice refers to ensuring the study procedures are fair and that all participants have an equal chance of participating (Beauchamp, 2007). I provided an equal chance for all participants to participate in the study and an equal chance to provide their views, perceptions, and attitudes in semistructured, open-ended interviews.

Since I recruited participants from my professional network, public sources, and social media, I did not seek any partner organization or site agreements. Participants were recruited through the above public methods therefore, I worked to protect the identity of potential participants by asking them to communicate with me through secure methods, including password-protected email. As part of the study, all participants signed informed consent forms before participating. During the informed consent process, I provided participants with an overview of the study and my plans for maintaining their confidentiality. I informed every participant that they could withdraw from the study without penalty or fear of repercussions. I also explained any perceived risks to the participants during the informed consent process. To maintain confidentiality, I used a pseudonym to refer to each participant in all files derived from the study.

Another way I ensured confidentiality is by removing any personally identifiable information from transcripts. All personally identifiable information, including names of employers, supervisors, or other identifiers associated with the participant and their place of employment, were redacted. To this end, I ensured that transcripts were redacted for information relating to a participant's identity, their place of employment and the names of any co-workers or supervisors. All the participants' data gathered during the collection process remained confidential using pseudonyms. I responsibly stored all the raw data, recordings, transcripts, demographic questionnaires, and analyzed data, which will be kept safely for five years as Walden University requires. I secured this data on a password-protected, encrypted cloud drive. Informed consent forms were also stored for

future reference, in case a conflict arises from the study. These forms were stored separately on a different password-protected cloud.

Summary

The purpose of this qualitative study was to explore elementary school counselors' experiences of using CBT strategies to manage anger symptoms among elementary school-aged children in foster care in the southeastern region of Georgia. In Chapter Three, I described an overview of the data collection procedures for the study. Chapter Three began with an introduction to the need for the present study by recapping the problem addressed by the study, as well as the purpose of the study. Next, I reviewed the study's research questions and discussed the qualitative research methodology chosen for the study. I explained why a qualitative methodology was deemed appropriate for the study, namely because the study aims to understand the participants' perceptions, thoughts, beliefs, and experiences regarding their professional work using CBT with elementary school-aged children manifesting anger issues. I also explained why quantitative and mixed methods methodologies were not chosen for the study. Next, I discussed the choice of a general qualitative inquiry as the most suitable research design for the study. I also described the role of myself, the researcher, in the study, my positionality, and reflexivity protocols that will be utilized to mitigate researcher bias.

Next, the chapter includes an overview of the researcher's methodologies to select participants and collect and analyze data. During this discussion, I reviewed the inclusion criteria that will be utilized to select participants and ensure their eligibility for the study. After a detailed discussion of the research methodology, I reviewed issues of

trustworthiness by discussing procedures to ensure credibility, transferability, dependability, and confirmability of the study. Finally, I discussed ethical considerations of the study and reviewed the steps that will be taken to protect the participants' confidentiality. In Chapter 4, I examine the study results generated from the semi-structured open-ended interviews with the participants. Lastly, Chapter 5 includes interpretations of the results.

Chapter 4: Results

The purpose of this qualitative study was to explore elementary school counselors' experiences of using CBT strategies to manage anger symptoms among elementary school-aged children in foster care in the southeastern region of Georgia. I used a generic qualitative approach to understand the experiences of elementary school-based counselors who address anger issues in foster children. To explore the participants' experiences in-depth, I conducted six interviews with separate participants using a semi-structured methodological design. To address the purpose of the present study, the following research question was devised:

> What are elementary school counselors' experiences of using CBT to manage anger symptoms among elementary school-aged children in foster care?

Chapter 4 presents the data collected from the participants who met the inclusion criteria of the study, the research setting, and a description of the methods used for data analysis. Evidence of data trustworthiness is also presented. I then provide context for the study's results by describing the employment-related demographics of the participants. Next, I present the study's findings, detailing how the data collected addressed the central research. Finally, the chapter concludes with a summary and transition to Chapter 5, which will present the implications of the findings, recommendations, and potential future research directions and conclusions.

Research Setting

Following IRB approval (#04-28-23-0870718, awarded on April 28, 2023), I contacted Facebook group administrators. I asked permission to post the recruitment flier

(see Appendix C) on their pages and methodology, as described in Chapter 3. Once permission was granted, the recruitment flier was posted to the following Facebook Groups, using my personal Facebook page to distribute the flier:

1. South Georgia Play Therapy Association
2. Georgia School Counselors Association
3. Association of Play Therapists
4. Georgia Elementary School Counselors Association

I received responses from potential participants within two weeks of my initial post. When potential participants indicated their interest in the study, I emailed them a link containing the informed consent form and the demographic questionnaire. See Appendices B and C for the informed consent form and demographics questionnaire, respectively. The participants returned the demographic information to me within approximately 36 hours. I verified that each participant met the inclusion criteria through examination of the demographic questionnaire answers. Each participant acknowledged they received and reviewed the informed consent forms. Interviews were immediately scheduled using my Walden University official email and Zoom account.

Demographics

To participate in the study, all participants were required to acknowledge the parameters of the study by signing an informed consent form sent to them by email (see Appendix B). In addition to signing the informed consent form, participants were required to meet the following inclusion criteria: (a) part-time or full-time elementary school counselor, (b) had at least 5 years of experience working with foster children for

the management of anger, (c) must have been employed in southeastern Georgia at the time of the study, and (d) must have utilized CBT as part of their treatment program for managing anger. Participant demographic profiles are shown in Table 1 To protect participant confidentiality, all participants were identified by a pseudonym.

Table 1

Personal Demographic Profiles of Participants

Participant	Gender	Years of experience	Training programs completed	County in Georgia
Counselor 1	Female	11	CBT Training	Charlton
Counselor 2	Female	18	CBT Training	Lanier
Counselor 3	Female	30	Trauma-informed CBT,	Glynn
Counselor 4	Female	10	CBT Training	Glynn
Counselor 5	Female	9	CBT, Anger Management, Inner Child Training	Coffee

All participants were employed in a southern or southeastern Georgia school district as an elementary school-based counselor at the time of the interview. Since an inclusion criterion specified that participants resided in southeastern Georgia, the participants were all located in four Georgia counties: Charlton, Lanier, Glynn, and Coffee. All participants were female. The participants had on average 14 years of experience working as elementary school-based counselors working with foster care children regarding anger management. All participants had previously received training in either anger management, trauma-informed care, or cognitive behavioral training. Thus, the participants had vast knowledge regarding the use of CBT as a treatment modality for anger management in children, concomitant with at least 5 years of experience as an elementary school-based counselor. According to Honsinger and Brown

(2019), counselors are considered experts in CBT if they have completed CBT training, trauma-focused CBT training or CBT training provided by the American School Counselors Association. During the interviews, I asked each participant what training they had received regarding CBT. All participants reported that they had participated in at least one of the above training programs. This suggests that the participants could be considered experts regarding the use of CBT for the treatment of anger in elementary-aged foster care children.

Meet the Participants

In this section, I present a description of the participants. Understanding the participants' backgrounds is essential to qualitative research studies, as the participants are the experts upon which conclusions are drawn (Daniel, 2019). Moreover, in some branches of qualitative research, understanding the participants' worlds provides necessary context for understanding their experiences and perceptions (Moustakas, 1994). Therefore, in this section, I describe the participants who have been given pseudonyms to protect their confidentiality. Pseudonyms were assigned in the order in which participants who met the inclusion criteria completed their semistructured interview. In some descriptions, the participants' specific job roles have been generalized so they cannot be reasonably identified.

Counselor 1

Counselor 1 was a 35-year-old, African American, elementary school, social worker who worked in her particular school district for 7 years. During her 11 total years working with elementary school-aged children, she had extensive experience addressing

anger-related issues with foster children in a school setting. To prepare for her work with foster children, she attended multiple training programs, courses and workshop with Georgia State University focusing on children in foster care, working with children who experienced homelessness, in addition to training in CBT treatment modalities, anger management training and mediation skill training. She believes that collaboration with the Department of Child Protective Services (DCPS) is key to promoting actionable change for foster children. She said,

> The main thing is for me to get the list of children first so that we can identify those foster children and then collaborate with the agency. We identify DCPS's needs and compare those needs to the needs here in the school setting. And it gives us a little more leeway to advocate a little bit more for the children.

Counselor 1 emphasizes a collaborative approach between teachers, administrators, counselors, and foster parents.

Counselor 2

Counselor 2 is a 40-year-old, African American, elementary school-based counselor who has worked with elementary school children for 18 years. She began her career as a preschool school educator in a rural area of western Georgia before training and transitioning to becoming a school counselor in southeastern Georgia. She recollected wishing she had the knowledge she did now 20 years ago when she worked with foster children as a preschool teacher. She has training in CBT, trauma, anger counseling, mediation skills and cognitive training. She said, "I'm such a proactive person. I felt like if I had known some things prior, I could have put things in place into

my classroom so that it would be more conducive, conducive, and effective for those students." Counselor 2 believes that CBT is an effective strategy for working with elementary school-aged foster children.

Counselor 3

Counselor 3 is an elementary school-based counselor who has worked with elementary school children, particularly foster children for 30 years. She is a 54-year-old, African American counselor trained in CBT, trauma, anger counseling and social learning. She describes the population as choosing her, rather than vice versa. She said,

> [Elementary school] actually picked me. I came into counseling desiring to be a high school counselor. When I finished my degree 30 years ago, they were just implementing elementary school counselors and positions were available. So, it kind of picked me and I've been here ever since.

Counselor 3 finds working with elementary school-aged foster children rewarding, when she sees progress in their social skills and functioning.

Counselor 4

Counselor 4 is a 40-year-old, African American, school-based counselor who has been working with elementary school children. She describes herself as working with foster children since she began counseling. She was trained in CBT, trauma, anger counseling and social learning. She stresses the importance of involving the community as a team. She said, "I started my mental health journey working with foster children in the school system, as well as in the community. When I think about it, I probably do have a lot of experience working with them, more so out in the community." Counselor 4

believes in an integrative approach to counseling elementary school-aged children and believes that focusing on the whole child aids them in making gain inside and outside of the classroom.

Counselor 5

Counselor 5 is a 48-year-old, African American, elementary school-based counselor with 10 years of experience. She began her career working at a community foster care agency as a child therapist. After four years in that position, she transitioned to working in a school-based setting. In addition to CBT, she uses play therapy as a therapeutic modality. She said,

> I use games, coloring books, sit on the floor and play with them. Legos, anything that can stir up a conversation about any mental health topic that they're willing to talk about as they play. When they're not focused on the fact that you're doing counseling, they're more apt to talk and share.

Counselor 5 believes in connecting with each foster child to promote a safe relationship in which the child feels comfortable taking and expressing their feelings.

Data Collection

Data collection began upon receipt of IRB approval from Walden University on April 28, 2023. Social media invitations were posted to Facebook Groups on April 28, 2023. Seven 1-hour interviews were scheduled using my Walden University email address. Seven participants completed the interviews, with no attrition. All interviews were conducted virtually using the Zoom telecommunication software. Participants were instructed not to reveal any personal information beyond what was asked in the approved

interview protocol. Any personal information shared in the interviews was redacted. Specifically, some participants did reveal information about their school districts or contracting agencies; this information was redacted from interview transcripts to ensure participant confidentiality. Participants were assigned a participant ID number for data identification purposes, as well as to protect their confidentiality throughout the study. Participant identification numbers were assigned based on the order in which eligible participants completed the semistructured interviews. Two participants, potential Counselors 6 and 7, were excluded from analysis due to not meeting the study's inclusion criteria, as described below.

Prior to the start of each interview, I reviewed the informed consent (Appendix B) form with each participant. The participants acknowledged verbally that they consented to have their data utilized in the study. Data were collected using the recording function of the Zoom telecommunication software. During the interviews, all participants were asked the same questions following the interview guide. Some prompting questions or follow-up questions were asked when I needed further clarification on a participant's answer. The interviews proceeded as a dialogue between me and the participants. Interviews lasted between 27 minutes (Counselor 5) and 40 minutes (Counselor 1). Notes were taken during the interviews to ensure researcher reflexivity. Some participants did make facial expressions and exhibit non-verbal behaviors. For example, Counselor 1, Counselor 2, and Counselor 5 expressed and showed empathy for foster care children needing anger management.

Two additional interviews were conducted but were discarded from analysis. Potential Counselor 6 was interviewed, but data were excluded from analysis due the counselor residing in South Carolina at time of interview, despite being a Georgia certified counselor. Potential Counselor 7 was a retired counselor but was excluded because she did not mediate anger interventions with foster care children. Her school counselor role was to address truancy, attendance, trauma and make referrals to district social worker if more intensive counseling services were needed. For these reasons, potential Counselors 6 and 7 were excluded from the data analysis step.

To transcribe the data, I used the transcription capabilities of Otter.ai. I reviewed the transcriptions line-by-line while comparing them to the original audio recordings to ensure the accuracy of the transcriptions. After the transcriptions were completed, I sent each participant their interview transcript for interviewee transcript review (Rowlands, 2021). Participants were asked to acknowledge receipt of the transcript within 24 hours and evaluate transcripts and return feedback within one week. Four participants (Counselors 1, 2, 3, and 5) responded to the interviewee transcript review email indicating that no changes to the transcript were needed. The remaining participant did not respond to the transcript review email.

Data Analysis

Clarke and Braun's (2019) approach to data analysis was used in this study. Briefly, the data analytic process consisted of six phases: (a) familiarization with the interview data collected, (b) categorizing the data and developing pertinent codes, (c) reviewing and extracting themes, (d) creating a thematic map for analysis, (e)

continuously defining and refining codes and themes and connecting the data to previous literature and to the theoretical framework chosen for the study, and (f) analysis and the written part of themes and subthemes as well as results gleaned from interviews.

To begin data analysis, the verbatim transcriptions were uploaded to the NVivo software for analysis and coded to form themes to determine the similarity and differences in the participants' responses. I conducted the research protocol and methodology for data analysis as described in Chapter 3, with the following additional details. I did four critical readings of each interview transcript. First, I read each transcript for overall impressions and a holistic impression of the entire data set, comparing my present thoughts to my reflexivity notes taken during the interviews. Second, I reviewed each transcript line-by-line to refamiliarize myself with the data. This step was performed completely for Counselor 1, then Counselor 2, and so on, until all participants' transcripts had been thoroughly reviewed. Third, I read the interview transcripts by reviewing each response to interview question one, then interview question two, until all interview questions had been exhausted. This allowed the identification of important ideas, and trends that emerged from each interview question. This reading also allowed me to identify which interview questions could be grouped into categories, which I derived from the CBT conceptual framework. Lastly, on a fourth reading, I reread the interview transcripts to regain a holistic understanding of the entire data set.

Next, I reviewed the interview transcripts to determine if the data addressed the research question. All interview questions were answered by each participant and there was no need to eliminate any data or collect further data due to saturation and data

richness. I began coding with *a priori* codes derived from the study's theoretical framework, CBT. *A priori* coding is the process of developing codes based on the study's literature review and theoretical framework prior to the analysis of the data (Saldaña, 2021). Table 2 contains a list of the *a priori* codes used in this study.

Table 2

A Priori Codes Used in This Study

Code ID	Code Description
Experience-Based Learning	Integrating an individual's previous and current experiences into their treatment modality (Andresen et al., 2020).
Social Learning	Learning from others through observation, imitation, and modeling (Bandura et al., 1977).
Cognitive Meditation	Paying attention to one's thoughts without placing any judgment upon them (González-Valero et al., 2019).
Emotional Meditation	Paying attention to one's emotions and feelings without placing any judgment upon them (González-Valero et al., 2019).
Role Playing	A CBT modality in which the patient and counselor act out a scenario (Stallard, 2019).
Guided Discovery	A CBT modality in which the counselor acquaints themselves with the patient's viewpoint, questioning the patient to challenge their beliefs and to broaden their thinking (Stallard, 2019).
Cognitive Restructuring	A CBT modality in which the counselor helps patients evaluate negative thought patterns (Simon et al., 2020).

After application of the *a priori* codes, transcripts were coded based on emerging ideas from the participants. Codes were combined into categories, which were then combined to extract themes. A codebook is provided in Table 3.

Table 3

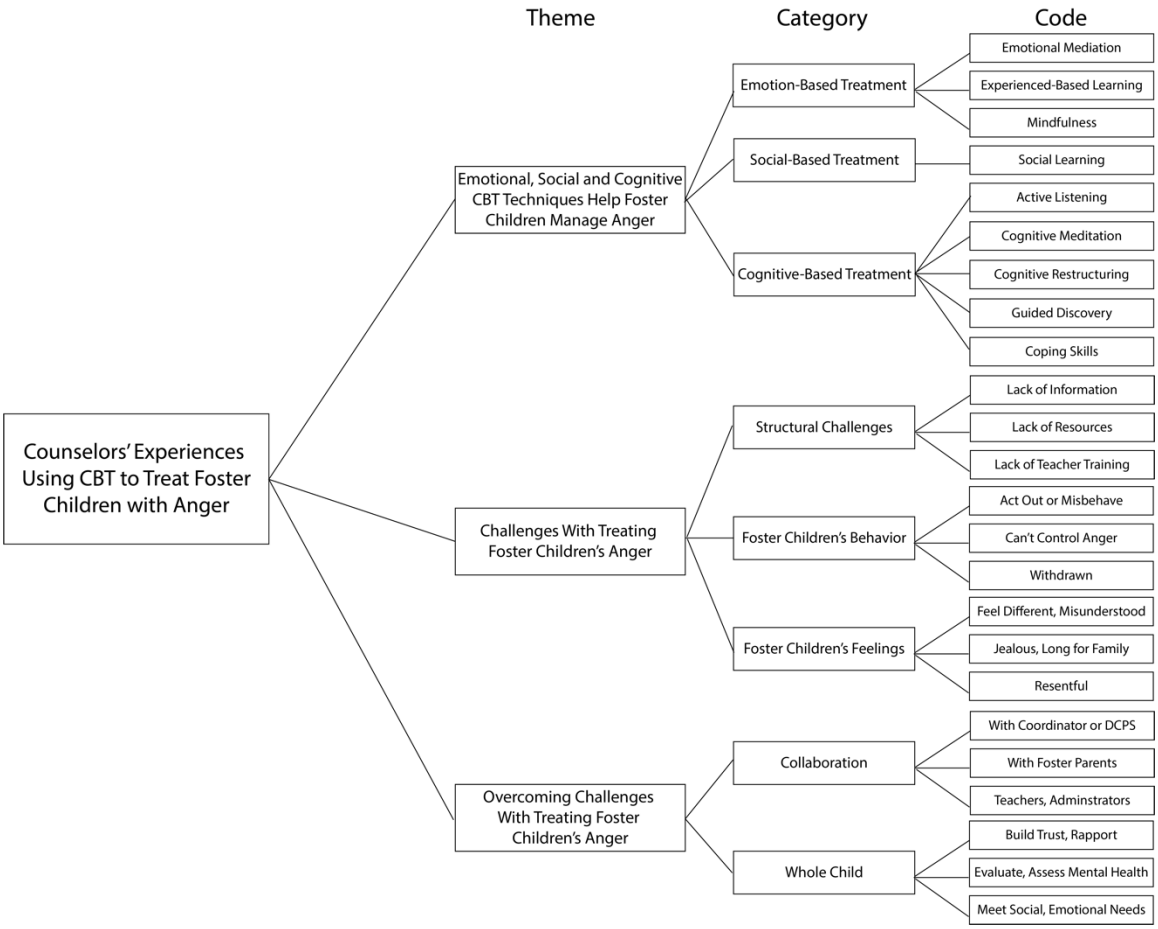
Codebook Used in This Study

Theme, Category and Code	Number of participants	Number of references
Theme 1: Emotional, Social and Cognitive CBT Modalities Help Foster Children Manage Anger		
Category: Emotion-Based Treatment		
Emotional Meditation	3	4
Experience-Based Learning	2	4
Mindfulness Techniques	3	3
Category: Social-Based Treatment		
Social Learning	4	10
Category: Cognitive-Based Treatment		
Cognitive Meditation	1	1
Cognitive Restructuring	1	1
Guided Discovery	1	1
Active Listening	1	1
Teach Coping Skills	2	3
Theme 2: Challenges Encountered When Working with Foster Children		
Category: Structural Challenges		
Lack of Information	2	4
Lack of Resources	3	6
Lack of Teacher Training	2	2
Category: Foster Children's Behaviors		
Act Out or Misbehave	1	4
Can't Control Anger	4	12
Withdrawn	3	4
Category: Foster Children's Feelings		
Feel Different, Misunderstood	2	3
Jealous; Long for a Family	3	3
Resentful	1	2
Theme 3: Counselors Collaborate with Others to Treat the Whole Child		
Category: Collaboration		
With Coordinator	2	3
With DPCS	2	6
With Foster Parent	3	3
With outside Providers	3	5
With Administrators	3	3
With Teachers	3	5
Category: Whole Child		
Build Trust, Rapport	1	1
Evaluate, Assess Mental Health	4	6
Meet Social, Emotional Needs	4	5

These codes were combined in meaningful manners into themes that emerged from data analysis. Codes were grouped into categories, which were then used to define themes. A theme three was constructed to show the relationship between codes categories and themes. See Figure 1. Three major themes were extracted from analysis of the codes and categories derived from the participants' interviews.

Figure 1

Theme Tree Used in this Study



Evidence of Trustworthiness

Trustworthiness in qualitative research involves ensuring that the research findings are dependable, reliable, and valid. Lincoln and Guba (1985) describe the importance of four factors in ensuring the trustworthiness of qualitative research findings: credibility, transferability, dependability, and confirmability.

Credibility

The truth that can be placed in the research findings is termed credibility in qualitative research (Lincoln & Guba, 1985). I implemented several strategies in addition to those discussed in Chapter 3 to establish the credibility of the study. First, I used interviewee transcript review, which increases the authenticity of the final transcript (see Rowlands, 2021). After I completed my review of the transcript and redacted any personally identifiable information, I emailed each participant their interview transcripts to provide them the opportunity to correct any errors, clarify erroneous information and provide additional information not reflected in the transcript. Four participants responded to the interviewee transcript review email and indicated that no corrections or clarifications were necessary. Second, I included verbatim quotations from the participants in the final analysis of the data. This allows the experiences of the participants to be directly reflected in the study's findings (see Daniel, 2019). Third, I used reflexivity protocols during the research process to account for my own biases and perceptions. Specifically, I took notes and memos during the research interviews and while I was reading and analyzing the data. This process allowed me to be aware of my own preconceptions and thoughts throughout the research process.

Transferability

Transferability is the degree to which the findings of a qualitative research study can be transferred or applied to other settings or populations (Lincoln & Guba, 1985). One limitation of this study is that of transferability, because of the methodological choice to delimit the study to one type of counselor, namely elementary school-based counselors, working with one population of children, namely foster children, experiencing one type of mental health problem (anger issues) using one treatment modality (CBT). However, I promoted transferability in this study by using robust, rich descriptions of the data. I also collected detailed demographic information about the participants regarding their professional characteristics (Table 1). The inclusion criteria of the study ensured that the participants were knowledgeable about the phenomenon under investigation, namely how CBT can be used to treat anger issues in elementary school-aged foster children. The sample achieved sufficiency, which was evidenced by reaching data saturation after five interviews. Data saturation was evidenced by a small number of unique codes being derived in two of the five interviews. Notably, Counselor 3's interview only generated one unique code that was not present in the other participants' interviews. The number of unique codes generated by each interview are shown in Table 4.

Table 4

Number of Unique Codes Generated by Each Participant

Participant	Number of unique codes generated
Counselor 1	18
Counselor 2	11
Counselor 3	1
Counselor 4	5
Counselor 5	7

These facts notwithstanding, the transferability of this study may be limited to elementary school-based counselors working with foster children using CBT to address anger issues. The study may also have limited transferability to other elementary school-based counselors in the United States due to the regional delimitation to the southeastern region of Georgia.

Dependability

Qualitative research is said to be dependable if multiple research studies examining the same topic on the same population generate similar results (Lincoln & Guba, 1985). Dependability was promoted in this study using three methods. First, I created an audit trail, documenting every aspect of the research process in a comprehensive research journal. Second, I used an interview protocol (Appendix D) to ensure that all participants were asked the same questions in the same order. Third, dependability was promoted by clearly documenting the data collection and analysis procedures, noting any changes to the procedures outlined in Chapter 3. Documentation of the data collection and analysis procedures was accomplished in the previous sections of Chapter 4.

Confirmability

Confirmability in qualitative research involves ensuring that the findings of the study are derived from the participants' experiences and viewpoints, not those of the researcher (Johnson et al., 2020). To promote confirmability, I used extensive reflexivity protocols during the research process. Specifically, I used bracketing procedures prior to conduct interviews and data analysis to set assign preconceived notions. For qualitative researchers, bracketing is the setting aside of one's own beliefs and assumptions to avoid misrepresenting a participant's intended meaning, perception, or experiences (Moustakas, 1994). In addition, I also took notes during the interviews to preserve my perceptions and thoughts about the participants' responses. I compared these reflexivity notes to additional notes taken during the data analysis process. Confirmability is also promoted in this study using verbatim quotations from the participants to accurately capture their thoughts, perceptions and lived experiences. Verbatim participant quotations are provided throughout the chapter.

Results and Findings

The results section is separated into three subsections according to themes. In the first subsection, I analyzed the experiences of participants in using CBT to treat anger among elementary school-aged foster children. In the second subsection, I analyzed the challenges associated with using CBT to treat elementary school-aged foster children experiencing anger. Finally, I examined the ways the participants overcome challenges to effectively treat foster children experiencing anger. Together, these themes addressed the overarching research problem, which concerns the experiences of elementary school-

based counselors treating foster children with anger issues using CBT as a treatment modality.

Theme 1: Emotional, Social and Cognitive CBT Techniques Help Foster Children Manage Anger

Throughout the interviews, participants relayed their experiences with CBT as a treatment modality for elementary-aged foster care children experiencing issues with anger and aggression. CBT is primarily comprised of three general treatment categories: emotion-based treatment, social-based treatment, and cognitive-based treatment (Beck, 1997, 2011). The counselors collectively described using each of these three treatment modalities with elementary school-aged foster children experiencing anger.

Emotion-Based Techniques

With emotion-based treatment techniques, the counselors highlighted the use of emotional mediation, experienced-based learning and mindfulness. Counselor 1 described the use of emotional mediation, saying:

> The first thing they say is, I want to kill myself. So, when you pull them in and say, 'Hey, let's talk about this, I understand that you said, you wanted to kill yourself. Okay, what were you doing before you said that?' It's, of course, to assess why they they're feeling a certain type of way. 'Tell us about your feelings? Why do you think you feel this way? What were you doing before you felt that way? What happens when you become angry? What happens when you're happy? tell us some things that makes you this angry? And then it's why do you want to? Do you want to kill yourself?' And then some of them say, yes. 'Well,

> tell me more about that. Why is it that you want to?' They'll say, 'Because this person makes me angry.' And so it's really trying to get them to process to understand their feelings.

Counselor 1 described the use of emotional mediation to try to help elementary school-aged foster case children process why they're feeling angry. According to Wen et al. (2020), emotional mediation is the process of examining emotions and understand how they influence thoughts and behavior. Asking children to describe some things that make them angry forces them to reflect on the underlying causes of their anger, which, in turn, allows the counselor to suggest interventions to promote healing and understanding. Therefore, by asking the children questions, Counselor 1 aid the children in processing and understanding their feelings, which the essence of emotional mediation.

Direct, experience-based learning another technique integral to CBT (Beck, 1997, 2011). Counselor 2 describes the use of role playing, a type of experience-based learning, to help students learn the necessary skills to manage their anger. Counselor 2 said,

> Sometimes I'll have foster children do role playing with me. I'll play the part of a teacher or a parent that does something that makes them angry. Then, I'll have the child act out their normal response, and then I'll teach them to act out a healthier response. We'll practice techniques like taking a deep breath, taking a drink of water, and asking to talk about whatever their feelings are that are making them angry.

Role play is a type of experience-based learning that gives children a method of experiencing healthy responses to anger (Landreth & Homeyer, 2021). Counselor 2 uses

role playing to teach children new ways to respond to their anger, rather than engaging in violent or emotional outbursts. Counselor 2 further explained, “We also do role playing in classrooms so that the students can learn to understand each other, amongst each other.” Counselor 2 therefore, integrates different aspects of CBT treatment, including experience-based learning, with social learning amongst foster children and their peers. This allows the foster children to make emotional and social gains in a non-threatening, inclusive environment.

Counselors 2, 3 and 5 described trying to teach mindfulness techniques to elementary school-aged foster children. Mindfulness can help an individual recognize their emotions, which may lead to enhanced processing and understanding of emotions (Drigas et al., 2021). Counselor 2 uses deep breathing techniques, describing, “The kids tend to like it, they're able to identify with it, like the calming and the deep breathing exercises.” Counselor 2 described using deep breathing exercises with her elementary school-aged foster children, highlighting that the techniques are useful and enjoyable for the children. Counselor 3 concurred with Counselor 2, saying, “We do a lot of deep breathing. We teach belly breathing. We teach meditation. I love to use cosmic key and different things like that for them. And that seems to help out a lot.” Not only does Counselor 2 teach the children deep breathing exercises, but she also teaches them meditation, one of her favorite techniques for teaching mindfulness to children. Thus, one emotional-based CBT technique used by the counselors is mindfulness, often in the form of deep breathing and meditation.

Social-Based Techniques

The participants also use social-based CBT techniques to aid elementary school-aged foster children struggling with anger. In fact, most participants valued the social learning aspect of the CBT treatment modality. Counselor 1 believed that social aspects of learning must be addressed before educational needs can be addressed. Counselor 1 said,

> We have so many foster children, and even children in general, that go through so much to where you can't just meet just an educational need. There are so many areas that we have to look at, assess and help them with before you can even look at education. Sometimes there's a social need that's affecting education. We have to find that need, address it, make sure that, we're able to help them work through whatever they're going through. So, social learning is a critical aspect of working with foster children. So many of them feel isolated and alone and express that need in the form of anger. Once we address the social need for companionship, we're able to move on to the next thing in education.

Counselor 1 indicated that placement in foster care results in feelings of abandonment and isolation, which is a prelude to some of the feelings of anger expressed by elementary school-aged foster children. Integrating social learning into therapy is a mechanism that Counselor 1 uses to address foster children's anger by addressing the child's underlying feelings of loneliness and abandonment through social connections with other children.

Counselor 2 reiterated many of the same thoughts as P1, emphasizing the need for social-emotional learning. Counselor 2 described:

> This school year, it's really being pushed for us to do more social-emotional learning. With that, we started implementing morning meetings, where the teachers designate 15 minutes to circle time. However, they want to do what we normally use: Google Slides, there's normally a joke of the day, and there's normally an activity for the kids to get to know each other and get learn a little bit about their thoughts and perceptions.

Counselor 2's school district works to engage foster children with their peers using social-emotional learning and activities that promote interaction between the children. When asked if social-emotional learning influences the number of office referrals, Counselor 2 said, "Definitely, I've seen a decrease since I started in this school 7 years ago. Now, there was a significant increase post-COVID. But, of course, a lot of that was due to the students not being in a certain, school environment. So, it was like they were having to learn to be social again." Thus, both Counselors 1 and 2 observe that social learning, and social-emotional learning positively influences the anger-related behaviors of elementary school-aged foster children.

Counselor 3 also emphasized the need for social-emotional learning, but from a different perspective than Counselors 1 and 2. Counselor 3 said,

> I have some foster children who are still neglected even in foster care. They feel so alone, and different from the other children. They're embarrassed to have friends because they don't want the other children to see them family-less. This is often a source of their anger. Addressing social issues can help address anger.

> Sometimes, it's as simple as introducing the child to another one and letting them be friends for the day.

In Counselor 3's experience, anger in foster children is often related to abandonment and embarrassment. Counselor 3 described some foster children as embarrassed about their familial situations, which inhibits their social learning. Counselor, like the other participants, attempts to promote inclusivity through social learning.

Counselor 5 noted that some of the social troubles experienced by foster children directly result from their home environment. Counselor 5 said,

> Young foster children sometime haven't been taught how to properly address their anger. They may be repeating what they've observed in the home setting, because if Dad is yelling, or Dad is hitting, then that's what they've learned to do based upon his observations. They haven't been told 'No, you don't hit. You can express that you're upset or angry in another way.' Then, they don't know that there are other ways to handle anger versus hitting or biting. This impacts their social learning. Other children view them as 'bad' when really, they're just misinformed. I find that children are very smart. If you tell them what they're doing wrong and why other children don't like their behavior, they change it. They want to have friend and they want to be social. They just have the tools to do so. Part of my job as a counselor is to teach them those social skills. If you teach social skills, they feel included and less angry.

Counselor 5 highlighted that social difficulties likely stem from unstable home environments in which parents have not properly taught social skills to children. Lack of

social skills, in turn, lead to isolation, as described by other participants. Isolation leads to anger. Therefore, by addressing social skills through social learning, school-based counselors can help address anger in elementary school-aged foster children.

Cognitive-Based Techniques

In addition to emotional- and social-based techniques, the counselors also described using various cognitive-based treatments, including cognitive mediation, cognitive restructuring, guided discovery and teaching coping skills. Some participants stressed the importance of cognitive meditation, an important facet of CBT. For example, Counselor 1 described herself as needing to meet the children in their mental space on any given day. Counselor 1 said,

> I try to meet with [foster children] every week. I try to assess their needs because they do have a lot of anger and resentment. A lot of them will come, and tell you, 'I'm just not having a good day.' One thing they've taught us in training is to say, 'You're not having a good day. Tell me more about that.' That's one of the main questions that we're taught to try to ask. We just try to go into detail and understand the child where they are.

Counselor 1 described one of her roles in working with foster children experiencing issues with anger as being one of cognitive and emotional meditation. In asking children to tell her about their bad day, she influences the child to reflect on their thoughts and emotions, a type of cognitive and emotional meditation.

Other participants described using cognitive and emotional meditation. For example, Counselor 2 developed a reflection mechanism that teachers and counselors can

use to enhance self-reflection among children experiencing emotional outbursts. Counselor 2 described:

> So, learning to identify outbursts is important for foster children. I also have a reflection sheet that I do with some of them, reflecting on why and what precipitated having an anger outburst, or something else happened. I have to pull them out of the classroom, and we do what we call a separate self-reflection sheet where they reflect on what happened before they had an outburst.

Counselor 2 uses a self-reflection sheet to help children account for their thoughts and emotions before, during and after an emotional or angry outburst. The self-reflection sheet serves two purposes. First, it allows the children to immediately reflect on the source of their anger. Second, it allows the children to have a record that they can refer back to at future times, allowing for the development and evolution of their thoughts and feelings. In this way, Counselor 2 promotes emotional and cognitive meditation in elementary school-aged children experiencing anger-related issues.

Counselor 3 used cognitive restructuring to help elementary school-aged children with anger issues. Counselor 3 described:

> Cognitive restructuring is another area. I try to help them understand healthier ways to view things because sometimes some of the kids have only seen and heard negative things, even in foster care. Doing cognitive restructuring with them can actually teach them positive ways of viewing things. Active listening is another big area, because a lot of them like for you to listen to them, understand

> them and not react negatively. That's very important. And I talk to teachers about that as well.

Counselor 3 used cognitive restructuring to help foster children view their feelings, emotions, and thoughts in a positive manner. Counselor 3 described using cognitive restructuring to teach foster children healthy mechanisms of coping they haven't experienced in their biological homes. Counselor 5 also uses cognitive restructuring, further emphasizing that the foster children helped by Counselor 6 often haven't been exposed to adults who teach them healthy coping mechanisms or patterns of thought and behavior. Counselor 5 said,

> Some foster children haven't been taught how to think or act. Like all children, they observe and mimic their parents. Sometimes, their parents are overtly negative and abusive. Foster children have to be taught how to respond positively. I find that cognitive restructuring is an essential tool for anger management. If they don't know how to think, they won't know how to act. So, we have to teach them how to think.

These participants suggested that cognitive restructuring can aid foster children in learning healthy thought patterns. Both Counselors 3 and 5 noted that foster children sometimes don't have positive behavioral or emotional role models, which makes it difficult for them to learn healthy behavioral patterns. Thus, cognitive restructuring can help foster children learn how to take their negative thought patterns and convert them to positive ones. However, this process can take time. Counselor 5 described the process of

teaching cognitive and emotional meditation as an on-going one that likely requires more resources than are currently available. Counselor 5 said,

> Resources is something that limits the use of CBT for foster children. These children often need intense therapy and on-going support. There are only so many counselors and teachers aren't properly trained. I sometimes feel like I need 10 of me to make an actionable change in how children think emotionally and cognitively.

Other participants, including Counselors 1, 2 and 3, concur with Counselor 5 in that resources often limit their capacity to aid foster children in the most meaningful ways. Thus, based on the participants' experiences, resources and counselor availability are important factors that limit the use of CBT in school-based settings for addressing anger issues among elementary aged-foster children.

Counselor 5 uses guided discovery as a treatment modality for elementary school-aged foster care children with angry outbursts. Counselor 5 described,

> I like to use a guided discovery technique with some of my fourth and fifth grade students. I really challenge them to try to explain why they're angry. Sometimes, we have to talk around it until we can get at the root cause, but I've found that some of the students really don't know why they're angry until we go through that exercise. When we do figure out the cause, we then talk about how to restructure their thinking, except in child terms. I like to do color associations. For example, when they start to feel angry, I ask them to think about a cool color, like blue or green, rather than red, yellow or orange. Forcing them to think about color often

> is enough to help dissipate some of their anger so that they can come down to a reasonable level.

Counselor 5 uses a mixture of guided discovery, an experience-based learning technique, and color association, which can be considered a type of cognitive and emotional meditation. Combining these techniques allows for both the development of positive behavioral mechanisms and emotional regulation through emotional recognition. Counselor 5, like other participants, noted that foster children sometimes don't really understand why they're angry. Without an understanding of anger, influencing anger-related behaviors is improbable, at best. Therefore, Counselor 5 uses guided discovery to aid in the discovery of thoughts, feelings and emotions related to the underlying cause of foster children's anger.

Notably, Counselor 3 also uses drawing-based therapy as a coping skill to influence foster children's behavior. Counselor 3 noted that it's important to allow foster children the opportunity to express their anger. Counselor said,

> I try to teach them coping skills. That's most of what I do. At this age, it's very hard for them to verbalize, and that's why the acting out can be so intense at this age. They might be hurting, they might have anger pent up, and the only way they can express it is through behaviors. A lot of times, I let them draw, or I let them color. That seems to help a lot because it allows them to draw out their frustrations. They can put it on paper and it's no longer in their head. They can experience anger and emotion through drawing and coloring. That seems to help

> calm them down enough to talk to me, because sometimes it's pretty intense, where it might take me an hour just to get them calm enough to speak.

Counselor 3 allowed the foster children they counsel to experience their anger in a healthy form through art-based therapy. Counselor 3 found that allowing them to draw or color as an outlet facilitates dissipation of their anger in a non-threatening and supportive environment.

Summary of Theme 1

Some participants described the use of direct, experience-based learning as a CBT treatment modality for addressing anger issues among elementary school-aged foster children. The specific treatment interventions used varied by participant. For example, Counselor 2 used role playing to facilitate the development of healthy behaviors and responses, noting that many foster children haven't experienced positive behavioral patterns from parents or foster parents. Counselor 4uses guided discovery to aid foster children in recognizing why they angry, an essential step required for a counselors' treatment of anger in any individual. Finally, Counselor 3 described the use of art therapy to allow children to express their anger in a manner that doesn't involve emotional outbursts. Taken together, direct experience-based learning is a powerful tool used by the school-based counselors interviewed in this study to address anger issues among elementary school-aged foster children.

Cognitive and emotional meditation is a cornerstone of CBT treatment, allowing individuals to learn about their thoughts, feelings and emotions. Through this treatment modality, a counselor can aid students in learning about the root causes of their anger.

This knowledge can, in turn, allow students to recognize patterns in their thoughts and emotions that may contribute to their anger, which is a first step in mitigating anger-related issues and influencing behavior. The counselors described different techniques for mediating cognitive and emotional meditation. Counselor 1 describes asking foster children to describe the feelings and thoughts that precipitated emotional and angry outbursts. Counselor 2 developed a self-reflection sheet that asks children to reflect on their thoughts and emotions, documenting them for themselves, teachers and foster parents. Counselors 3 and 5 use a cognitive restructuring technique to aid foster children in changing their mindsets from negative to positive. Notably, almost all participants recognize that resources, teacher training and counselor availability are limiting resources for the efficacy of cognitive and emotional meditation, noting that these techniques take time, consistent effort and resources that are often lacking in school-based settings.

Theme 2: Challenges with Treating Foster Children's Anger

The second theme that emerged from analysis of the participants' interviews were associated with challenges the counselors encountered when treating foster children's anger. The counselors generally encountered three main challenges: structural challenges, challenges with foster children's behavior, and challenges with foster children's feelings. A discussion of each of these challenges is provided.

Structural Challenges

The participants found that challenges related to their school systems and resources limited their ability to use CBT to treat elementary school-aged foster children experiencing issues with anger. Structural challenges encountered by the participants

included lack of information about the children, lack of resources to work with the children and lack of teacher training. Counselors 2, 3 and 5 reported challenges regarding lack of information about elementary school-aged foster children. For example, Counselor 2 said:

> A lot of the information wasn't communicated to me. We do have what we call coordinators at the preschool that I worked at. So that information was normally provided to the coordinator, and the coordinator would reveal some of that information. But the problem was that often times the information was not just willingly provided.

Counselor 2 found that treating foster children with CBT was challenging due to lack of information regarding the children's needs and backgrounds. Without that information, the counselor must have extensive interactions with the children in order to discern the challenges they're experiencing. Time was also limiting for many of the counselors, as will be further described. Counselor 3 also noted the lack of information regarding foster children. Counselor 3 said:

> Well, a lot of times, we don't receive much information. But a lot of times we don't connect that this for is communicating what type of strategies and interventions are put in place, what type of therapy they're receiving. So sometimes knowing that, I think, will help us, combat some behaviors that they are displaying at school.

Counselor 3 believed they would be more effectively able to help elementary school-aged foster children if they received information about what types of therapy, strategies and interventions the children are already receiving.

Counselors 1, 3, 4 and 5 noted that a lack of available resources hindered their ability to help foster children. When they spoke about resources, they referred to human resources, as well as financial ones. Counselor 4 described:

> So you're stretched pretty fast because you have a huge caseload and you can't always give that student the time that is necessarily needed. And a lot of times, yeah, we're supposed to meet check in once a week, and do like a little 30-minute intervention with them every other week, but sometimes that's not even happening.

Counselor 4 described having such a heavy caseload that she was unable to develop the mandated time to each child, and she believed that the mandated allotment of time wasn't sufficient to truly address the children's needs. Counselor 3 also described heavy caseload and not enough counselors to effectively help the children. Counselor 3 said:

> If they had more time in therapy, and if I had more time to implement some strategies and interventions, and, if there was just enough time during the day, because you have a lot of students that are in need, but then you can't really have them missing a whole lot of instruction, because then that's going to put them behind academically. So when I say time is always like a sticky wicket, trying to figure it out when we can when we can provide the services. I think that's my

> soapbox, just not having enough mental health professionals to deal with the mental health problems that are present.

Counselor 3 not only described not having adequate time to work with the children, but also describes not having enough counselors to properly attend to the children's needs. Therefore, the counselors described being limited by time, available counselors, and adequate resources.

Challenges with Foster Children's Behavior

The counselors reported experiencing challenges with the foster children's behavior. The anger-related behavioral issues encountered by the counselors fell into three general categories. The children tended to act out of misbehaved, couldn't control their anger or were withdrawn. Counselor 2 found that the foster children often misbehaved, likely in an attempt to gain attention. Counselor 2 said:

> The student just started throwing things to get adult attention. But when I was able to intervene, we learned it was about the pencil. So he has went from I kid who had three referrals to no referrals. He has not had any referrals in the last two months.

Counselor 2 found that using CBT treatment modalities to treat the student's anger, which stemmed from a desire to gain attention, was effective in reducing behavior that resulted in office referrals. Counselors 1, 3 and 5 found that some anger-related issues observed in elementary school-aged foster care children were only observed in the school setting, not at home. For example, Counselor 5 said:

> They cannot display these emotions in the home environment. They typically follow them to the school environment where they're getting in school, or getting in trouble for the behaviors that they exhibit in the school setting.

Counselor 5 acknowledged that elementary school-aged foster care children may act differently in school than they do at home, which can provide challenges to counselors trying to interpret and address the children's experiences with anger.

All of the counselors found that the elementary school-aged foster children experienced behavioral challenges related to anger. Counselor 1 found that "The children don't know how to control their anger. The thing is, they become so angry, and they let their anger rise to, a point where it starts affecting their thoughts." Counselor 1 found that elementary school-aged foster care children struggled with controlling their anger, which permeates their behavior. Counselor 2 also found that foster children experienced challenges related to their expression of their anger. Counselor 2 recounted:

> When I meet with the kid is normally because they wanted to be mad, but they didn't know how to communicate it in a healthy manner. We have one who has been in 6 foster care homes. This was this his sixth placement when he came here. Of course, he was angry. Every day he was in the office flipping chairs and flipping tables. I think one time in the office, he tried to pick up a printer and throw it through the window.

Counselor 2 described working with foster care children who manifested anger that resulted in destructive, which resulted in daily office referrals. Counselor 5 describes such behavior as being dangerous. Counselor 5 described, "When it's happening daily

and then the intensity, like I said, of temper tantrums to the point where, it's dangerous for the teacher and it can be dangerous for the students in that class." The foster children's outward expression of their anger can rise to dangerous levels that threaten the safety of teachers and the other students. This can pose a significant challenge to treating anger issues among elementary school-aged foster care children.

The counselors also reported challenges with foster children being withdrawn. Children who are withdrawn are reluctant to discuss their problems and feelings, which can make it difficult to help them. Counselor 1 said, "So they just get withdrawn, and it's hard to get them to come back from that thought or those thoughts." Counselor 1 described difficulties reaching foster children when they are withdrawn, because they become entrapped in their own thought processes. Notably, Counselor 1 found that using the CBT modalities described in Theme 1 helped her reach some of those children. Counselor 5 described similar challenges treating the foster children who were withdrawn, except she describes the children as being withdrawn until they exhibited explosions of anger. Counselor 5 said:

> I have seen just where they're kind of withdrawn, they're not interacting, and they're just quiet all the time. Like I said, withdrawal, animosity, resentment towards everybody, the teacher. I had a younger child who just have angry outbursts, and temper tantrum and would literally tear up the classroom to the point where the students had to be moved out of the classroom, just because they were so angry that they just wanted to be with their mom.

Counselor 5 found that some of the foster children they treated withdrew from the other children and didn't interact. Counselor 5 noted the importance of social-emotional learning in treating children exhibiting these symptoms. This is one instance where the use of CBT can aid counselors in treating anger-related behavioral issues among elementary school-aged foster children.

Summary of Theme 2

The counselors encountered numerous challenges when using CBT to treat anger among elementary school-aged foster children. The counselors encountered prevalent and pervasive structural challenges, including a lack of available time to work with the children, lack of information regarding the children's backgrounds and therapies, and lack of human and financial resources. Many of the counselors expressed having heavy caseloads and not having enough time to work effectively with each child. The counselors also expressed encountering challenges with the children's behavior. Specifically, they reported the children acting out, not being able to control their anger, and acting withdrawn. Children with uncontrollable anger exhibited destructive behaviors, sometimes threatening the safety of teachers, staff and other children. The counselors also reported elementary school-aged foster children as being withdrawn at times, which made it challenges for the counselors to appropriately access and address their feelings. In these cases, the counselors found that using different CBT treatment modalities helped the children express their feelings, become cognizant of their emotions, and make gains in emotional intelligence. CBT treatment of the children led to reduced anger and a decrease in office referrals.

Theme 3: Overcoming Challenges with Treating Foster Children's Anger

The final theme that emerged from analysis of the participants' interviews was methods the counselors used to overcome challenges associated with treating foster children's anger. The counselors relied on two main methods to overcome challenges: collaboration and treating the whole child, which are two interrelated concepts.

Collaboration

The counselors generally agreed that treating elementary school-aged foster children with anger-related behavioral issues required collaboration between multiple stakeholders and agencies. The counselors describe collaborative efforts between DCPS coordinators, foster parents, teachers and administrators, and outside practitioners. Counselor 1 explained that part of the process of treating foster children involves collaboration with social work and outside agencies. She expanded,

> Even if they're not receiving any services, there's a collaboration with [redacted social worker agency] this child could benefit from, including some different techniques such as anger management and social and emotional learning. This is what we can provide here at the school, but then we can also refer out so that we can get someone to come into the school possibly. As a social worker and as a professional, I try to get those agencies who come in to provide services in the school because many times, foster children act differently when they get into when they're away from their foster parents.

Counselor acknowledges that a challenging aspect of addressing anger issues in elementary school-aged foster children is that their behavior can change depending on

what adults are in their direct environment. That is, they may act differently at their foster home than they do in school, and their behavior at school may be different than in counseling sessions. Thus, one aspect of treating foster children's anger issues may involve multiple professionals in the school-based setting.

Counselor 4 described a collaborative setting between a variety of different stakeholders. Counselor 4 said:

> Usually, from my experience, the case manager and sometimes the foster parent would come in with child and then meet with the principal or, whoever, and sometimes the principal will just have counselor meet with him, something like that. We will automatically know off the bat that they got enrolled and it was always, upfront and then we will know where they're coming from. We will know what happened and why they're in foster care.

Counselor 4 described collaborative meetings with the child's case manager, foster care parents and school administrators. Unlike some of the other participants who experienced a lack of information regarding foster care children, Counselor 4 finds themselves generally well-informed about why the children are in foster care. This type of knowledge aids counselors in rendering care and interventions to elementary school-aged foster care children. Counselor 1 also describes having regular meetings with DCPS case managers. Counselor 1 said, "We do speak with their case managers, we collaborate, we talk about their needs, reasoning as to why they're in foster care and how long they've been in foster care." Counselors 1 and 4 found it easier to design individualized interventions for the children when they know the reasons they've been placed in foster

care. This type of information and collaboration is essential for the effective use of CBT treatment of elementary school-aged foster care children experiencing challenges with anger.

Teachers and administrators are critical stakeholders that aid in the treatment and intervention plans of elementary school-aged foster care children experiencing anger. The counselors, whenever possible, try to engage the teachers to participate in targeted interventions that aid the children. For example, Counselor 3 designs classroom-wide interventions that involve the teachers and other students, which aids in the development of social-emotional learning. Counselor 3 said, “Okay, so what we do is use bouncy lessons. We used to have second step, but the teachers actually teach bouncy lessons to the students. So, the teachers actually participate in that, and we all had to be trained on that.” The teachers at Counselor 3’s school had to engage in training to be able to aid in interventions, which Counselor 3 found to be successful at helping elementary school-aged foster care children. Counselor 2 also reported positive experiences engaging with teachers. Counselor 2 said:

> Teachers believe it or not are open with me with it. Because I always approach it as we want to create a positive school and a positive school climate for everyone. In providing that sometimes it's going to have to take a shift in your mindset as well. And I try to help the teachers understand that with the students.

Counselor 2 findings that engaging teachers and promoting a healthy school climate promotes positive interactions between teachers and students, which in turn enhances the

learning environment for the children. Therefore, teachers and administrators are an integral component of elementary school-aged foster care children's environments.

Treating the Whole Child

All of the participants believed that treating the whole child was an important aspect of addressing anger-related issues among elementary school-aged foster care children. Counselor 1 acknowledged that addressing education-related issues often required addressing other types of issues first. Counselor 1 said, "When it comes to trying to make sure that they don't experience educational barriers, it's also about looking at their mental health. So, it's kind of looking at the whole child." Counselor 1 believes that mental health issues must be addressed before educational ones, requiring a holistic approach to treating elementary school-aged foster care children. Counselor 1 further explained, "But we have to find that need, address it, and make sure that we're able to help them work through whatever they're going through. And then we're able to move on to the next thing in education." Thus, according to Counselor 1's experiences, counselors should approach the treatment of foster children holistically, attempting to find the root cause of their anger and address that issue.

Treating the whole child involves building a solid rapport with the child. Counselor 2 describes the necessity of building a strong rapport, saying,

> A couple of them, I think when being able to already identify with the student, like I said during the check in check, checkout systems with students, being able to identify with them, being able to establish that rapport. Then I can get through to them.

Counselor 2 described building a rapport with the children as necessary for effective treatment. Building a rapport is positively associated while a holistic approach to interventions and treatment (Rawana & Brownlee, 2009). Thus, addressing the whole child is one way that school-based counselors can overcome challenges associated with treating anger-related behavioral issues in elementary school-aged foster care children.

Summary

Chapter 4 began with a presentation and detailed account of the data collection and analysis procedures used in this study. These procedures included the use of semi-structured interviews with open-ended questions with five elementary school-based counselors working with foster care children using CBT as a treatment modality for anger issues. The interviews explored the challenges and benefits of CBT for the treatment of anger in foster care children. Data analysis was conducted using thematic analysis based on the study's theoretical framework, CBT. Next, the chapter evaluated evidence of the study's trustworthiness by assessing credibility, transferability, dependability, and confirmability.

Chapter 4 then included a presentation of the findings related to the central research question, I examined the participants' experiences with using CBT as a treatment modality for treating anger and aggression among elementary school-aged foster children. Three themes based on the CBT conceptual framework were elucidated based on the participants' responses. These themes were explored using evidence from the participants in the form of verbatim quotations. Notably, the central tenets of the CBT model, as described in the conceptual framework in Chapter 2, provided the basis for the

development of the themes elucidated by the participants. Specifically, I examined the participants' perceptions with (a) CBT treatment techniques, (b) challenges with using CBT in school-based environments, and (c) mechanisms to overcome the aforementioned challenges. I found that the counselors interviewed in this study use a combination of these CBT treatment modalities to address anger experienced by elementary school-aged foster children. This discussion paves the way for Chapter 5, where I will place the study's results in the larger context of the literature, examine the implications of this study for future research and make recommendations to improve the ability of elementary school-based counselors to effectively treat foster children experiencing anger issues using CBT as a treatment modality.

Chapter 5: Discussion, Conclusions, and Recommendations

Anger issues among elementary school-aged foster children are prevalent (Boel-Studt & Schelbe, 2020), and often manifest in anger, aggression, and rage in school-based settings (Zinn, 2020). I explored the experiences of elementary school-based counselors in utilizing CBT to address anger symptoms among elementary school-aged children in foster care. Due to potentially traumatic events, children in foster care may have trouble controlling their anger. Counselors help foster children who struggle physically, emotionally, and academically using cognitive behavioral therapy techniques, among other interventions and therapies (Leathers et al., 2019; Levine Brown et al., 2023). Significant trauma has been experienced by foster children, primarily as a result of being separated from their birth families (Berardi & Morton, 2017). Anger is one way that these separation vulnerabilities could show out. As a result, children put in foster care homes frequently struggle with childhood rage issues.

This study sheds light on the viewpoints and perceptions of primary school counselors, offering insightful information about the use of CBT as a successful intervention. Three major themes emerge from the study: direct experience-based learning, cognitive and emotional meditation, and social learning. These themes highlight the crucial intervention and techniques that counselors can consider when using CBT to treat the symptoms of rage in this particular population of children. Counselors can improve their capacity to offer all-encompassing support, encourage emotional well-being, address issues of Instability, and aid in efficient conflict resolution for elementary school-aged foster children by being aware of and addressing these topics.

Interpretation of the Findings

The findings of this study have yielded three themes: (a) counselors' use of emotional-, social- and cognitive-based CBT treatment techniques, (b) challenges associated with using CBT to treat anger-related issues in foster children, and (c) ways to overcome these challenges. One of the ways that counselors can approach treating foster care children is by focusing on caring for the whole child. This notion prompted educational institutions to prioritize social-emotional learning as a fundamental development aspect. By integrating social-emotional learning into the curriculum and implementing targeted interventions, schools aim to equip students with the necessary skills to navigate their emotions, develop healthy relationships, and resolve conflicts effectively. Furthermore, this holistic approach recognizes the significance of addressing instability in students' lives, whether supporting their social-emotional well-being or providing resources to alleviate external stressors.

The literature and findings of this study support that children in foster care who struggle with aggression in elementary school may benefit significantly from CBT. Anger problems are frequently a symptom of underlying emotional and psychological problems that foster children experience due to trauma, broken bonds, and unpredictable living circumstances (Oud et al., 2019). CBT offers a well-organized, empirically supported framework to address these problems and equip kids with more effective coping skills. CBT gives children the tools to successfully navigate social settings by offering a structured framework for understanding and controlling their thoughts and emotions (Zeanah & Humphreys, 2018). CBT aids in developing empathy, perspective-taking, and

communication skills in children through various methods and exercises, including role-playing and social skills training. As a result, children may interact with their peers more confidently and create deep connections thanks to these newly acquired skills, which eventually promote connection and belonging in the school setting (Zeanah & Humphreys, 2018).

The ability of CBT to reduce rage in elementary school students is another critical advantage. Children frequently have trouble controlling their emotions, and anger can manifest as obnoxious actions, outbursts, and disputes. CBT provides various tools and coping processes to assist kids in recognizing triggers, challenging destructive thought patterns, and using relaxation methods (Oud et al., 2019). As a result, CBT helps kids gain self-control, problem-solving abilities, and emotional resilience by enabling them to identify and deal with their anger healthily. Regular CBT sessions teach kids how to handle conflict productively and express their anger appropriately, enhancing their emotional well-being and fostering better relationships with their peers.

While CBT has much potential to benefit elementary school students, one problem is that it performs better with parental assistance. The concepts and strategies taught during CBT sessions must be reinforced, and parental engagement and support are essential to this process (Oud et al., 2019). The likelihood that a kid will internalize and put new abilities to use increases when parents participate actively in their child's therapy and consistently reinforce learning at home. However, with parental assistance, the child could find it easier to use the CBT techniques in everyday life and properly incorporate them into their routines (Adkins et al., 2020). Therefore, cooperation between parents,

school personnel, and therapists is essential to ensuring the CBT therapies are as effective as possible and support the child's general well-being. The counselors generally reported cooperation between different stakeholders, including DCPS, case workers, teachers, administrators, foster care parents and outside practitioners. This collaboration is essential for the treatment of the whole child, as it allows different stakeholders to share their experiences related to the child's outward behaviors and emotions.

Direct Experience-Based Learning as a CBT Treatment Modality

Direct experience-based learning is one of the several strategies that CBT combines. This method actively involves people in situations that contradict their preexisting ideas, attitudes, and beliefs. As a result, clients learn new things and acquire more adaptable ways of thinking and acting due to participating in these experiences (Kendall, 1993). Direct experience-based learning in the framework of CBT entails developing hypothetical situations or using role-playing exercises to assist people in exploring their ideas, feelings, and behaviors in a secure and controlled environment (Kendall, 1993). This practical method lets clients see the results of their activities and connect their thoughts, feelings, and behaviors. Experience-based learning entails incorporating a patient's past and present experiences into their therapeutic approach. This strategy acknowledges that a person's life experiences can influence their perceptions, feelings, and behaviors (Beck, 2019). Counselors can assist clients in gaining understanding, creating coping mechanisms, and making significant changes by incorporating these experiences into treatment. For example, to control and express anger

healthily, a counselor may work with clients to develop adaptive reactions based on how prior traumatizing events have affected their anger issues.

The ability to recognize, confront, and positively settle problems is a requirement for the theme of conflict resolution. Students can participate in experiential activities that mimic or reflect real-life issues through direct experience-based learning. Through these interactions, students can hone their active listening, perspective-taking, problem-solving, and negotiation abilities. They can learn to control their emotions and comprehend the feelings and viewpoints of other people engaged in the argument. Students can gain the knowledge and skills needed to resolve disputes amicably, discover win-win solutions, and promote healthy relationships through participating in direct experiences. On the other hand, addressing instability focuses more on addressing outside influences and disturbances that may impact a child's stability, like modifications to the family or educational environment. Direct experience-based learning is directly connected to developing conflict resolution abilities, even though it may indirectly address instability by fostering social-emotional skills and resilience.

Social Learning

Social learning principles are included in CBT to assist people in comprehending and changing their beliefs, behaviors, and emotions. According to the social learning hypothesis, people pick up knowledge by watching and copying others and experiencing the results of their decisions. Therefore, social learning strategies can be included in CBT to help clients make suitable changes in their life. Social learning in the context of CBT entails observing and imitating the actions, ideas, and coping mechanisms of others.

Therapists frequently employ role-playing, movies, or actual instances from clients' lives to model desired behaviors and skills. With this method, customers may see firsthand how others handle similar problems, which motivates them to embrace and use new techniques. Based on the research of Bandura et al. (1977), the concept of social learning highlights the importance of learning through imitation, modeling, and observation. Through observation and role-playing of other people's behavior, this treatment strategy assists clients in developing new behaviors and skills. To help a client develop more flexible coping strategies and social skills, a counselor, for instance, can use role models or show appropriate anger management practices.

Since it gives children a chance to see and learn from the social interactions, emotions, and behaviors of others, social learning is a crucial part of the theme of Social - Emotional Learning. Students can acquire a variety of crucial socio-emotional skills through social learning. By witnessing how others successfully manage their emotions, they can learn how to control them. They can also learn social skills by emulating admirable actions displayed by their peers and role models. By witnessing and participating in social interactions, social learning also enables students to gain perspective, comprehend various points of view, and cultivate empathy.

Cognitive and Emotional Meditation

In order to promote mindfulness and improve self-awareness, cognitive and emotional meditation techniques are frequently used in CBT. These techniques help clients observe their ideas and feelings without passing judgment, which promotes a more profound comprehension of their thought processes and emotional experiences. Focusing

on one's thoughts and cognitive processes is a critical component of cognitive meditation. Counselors may lead patients through CBT techniques like focused breathing or body scan meditations. These methods assist people in being conscious of their thoughts, recognizing cognitive distortions, and challenging harmful or unhelpful thought habits. Social learning emphasizes the value of learning through imitation, modeling, and observation and is based on research by Bandura et al. (1977). This treatment method helps patients learn new habits and abilities by having them observe and act out other people's actions. An example of how a counselor might employ role models or demonstrate appropriate anger management techniques is to assist a client in developing more adaptive coping mechanisms and social skills. Moving meditation, which was also advocated by González-Valero et al. (2019), is paying attention to one's emotions and feelings without passing judgment. It is similar to cognitive meditation. This method fosters emotional control and self-compassion by encouraging people to notice and accept their emotional sensations. For example, clients can learn to deal with their anger better by adopting a nonjudgmental attitude toward their emotions, such as assertively expressing it or through self-soothing methods.

The development of cognitive abilities, including attention, focus, and flexibility, is supported by cognitive and emotional meditation, closely aligned with the theme of caring for the whole child. Additionally, it aids kids in better emotional control, stress reduction, and resilience building. Schools can give students the skills to manage their emotions, improve their focus and attention, and foster a sense of well-being by implementing these meditation practices into the educational environment. By addressing

a kid's cognitive and emotional requirements jointly, cognitive and Emotional Meditation ultimately helps to care for and support the whole child.

Role Playing and Guided Discovery

Effective strategies such as role-playing and guided discovery can be used to address the theme of instability of CBT. CBT is a treatment strategy focusing on recognizing and changing negative or unhelpful thought and behavior patterns to enhance mental health. Role-playing and guided exploration can be incorporated into CBT to help people understand their Instability and create coping mechanisms to overcome it. In CBT, role-playing involves the client and the therapist enacting various roles or personalities pertinent to the person's difficulties. Through this technique, clients can investigate and act out particular circumstances that lead to Instability, such as social interactions, decision-making processes, or conflict situations. As a result, clients can develop a more unbiased viewpoint, test unfavorable presumptions, and explore diverse thoughts, emotions, and behaviors by taking on different roles. This procedure encourages self-awareness, empathy, and the growth of more adaptable reactions to circumstances that fuel instability.

Limitations of the Study

One limitation of this study is that of transferability because of the methodological choice to delimit the study to one type of counselor, namely elementary school-based counselors, working with one population of children, namely foster children, experiencing one type of mental health problem (anger issues) using one treatment modality (CBT). The study's limitation on transferability is the difficulty of

generalizing the findings and applying them to various situations, groups, and treatment modalities. The study's concentration on a narrow range of variables, such as elementary school counselors, foster kids, anger management problems, and CBT, limits its application and may reduce the external validity of its findings. First, the study's capacity to be generalized to other counseling settings, including high schools, community centers, or private practices, is constrained by the decision to focus only on counselors who work in elementary schools.

The success of the intervention may differ depending on the counselor's skill, experience, and training. The results of this study could not thus apply to counselors working in various circumstances or coming from various backgrounds. The study's emphasis is narrowed to a specific demographic with unique characteristics, such as traumatic experiences, damaged attachments, and multiple placements, because it only looks at foster children. Foster children may have unique mental health requirements. However, it is essential to understand that they may also have different experiences than other children, such as children not in foster care or those from other cultural backgrounds. The findings of this study might not apply to these other populations as a result.

The findings' applicability is further constrained by the study's exclusive focus on anger problems as the targeted mental health condition. Due to the complexity and diversity of mental health disorders, various situations may call for different strategies or modes of treatment. The study ignores other mental health concerns like anxiety, depression, or PTSD that may be common among foster youth by focusing only on anger

difficulties. CBT's success in this study may not be a reliable indicator of how well it treats other mental health issues in foster children or other populations.

The study may also have limited transferability to other elementary school-based counselors in the United States due to the regional delimitation to the southeastern region of Georgia. Another aspect that limits the transferability of the findings to other primary school-based counselors in the United States is the regional delimitation of the study to the southeastern part of Georgia. The generalizability of the findings to counselors in other regions with different characteristics, demographics, and educational systems may need to be improved by studying a particular geographic region, even though it can offer an insightful understanding of local contexts and specific challenges counselors face in that region. Counselors working in elementary schools nationwide deal with situations influenced by regional legislation, socioeconomic differences, and cultural diversity. Georgia's southern region may have distinctive qualities that set it apart from other areas in terms of its population makeup, educational opportunities, socioeconomic status, and social support networks. These circumstances can profoundly impact the experiences and requirements of foster children and the tools and assistance available to counselors working with them.

Recommendations

This section contains two sets of recommendations. First, recommendations for counselors working with foster children in elementary school-based settings are discussed. Second, I make recommendations for future research studies based on the conclusions, interpretations and findings of this study.

Recommendations for Counselors Working With Foster Children

Counselors should consider several suggestions while working with foster children to support them and advance their well-being effectively. First and first, counselors need to build a relationship of trust and support with the child. It is crucial to provide a safe environment where foster children feel heard, acknowledged, and understood because they may have gone through trauma, Instability, and loss. Developing a therapeutic relationship that promotes healing and growth can be facilitated by establishing rapport and exhibiting empathy. Second, counselors should approach their work with foster children from a trauma-informed perspective.

Understanding how trauma may affect a person's emotional and behavioral functioning is crucial. Counselors can use trauma-focused therapies to support resilience in foster children and assist them in processing their experiences. For example, it can help to be sensitive to triggers and use grounding strategies or relaxation techniques to control anxiety or emotional dysregulation. Finally, counselors should offer psychoeducation and skill development to improve foster children's social and emotional well-being. Teaching techniques for controlling emotions, analytical techniques, and constructive coping processes can all fall under this category. Foster kids with access to these resources can better handle difficult circumstances, control their emotions, and develop resilience in future challenges.

Recommendations for Future Research

Future research should examine counselors' experiences from various contexts and geographical areas to solve the transferability issue and provide a more thorough

understanding of using CBT to manage rage symptoms in elementary school-aged foster children. This would include involving counselors from diverse school districts across several states or nations to capture a wider diversity of opinions and practices. Researchers can study the similarities and differences in the experiences of a varied sample of counselors, spot potential contextual variables influencing treatment outcomes, and create more broadly applicable suggestions for successful intervention tactics.

Future research may broaden the definition of mental health disorders to encompass a broader range of difficulties that foster children face, such as anxiety, sadness, or symptoms associated with trauma and anger. This would give a more thorough picture of how primary school counselors use CBT to address diverse mental health issues in the foster care population. In addition, researchers can provide more nuanced insights into the usage of this treatment modality and its potential adaptations for particular symptom presentations or diagnostic profiles among foster children by evaluating the applicability and efficacy of CBT in addressing various mental health conditions.

Implications

The study examining elementary school counselors' experiences using CBT to manage anger symptoms among elementary school-aged children in foster care has significant implications for both the counseling field and the well-being of children in foster care. The three themes that emerged from the findings, namely different CBT treatment modalities used by the counselors, challenges associated with using CBT treatment in school-based settings, and ways to overcome these challenges, shed light on

the crucial aspects that counselors should consider when working with these children. The focus on providing care for the whole child emphasizes the need for an all-encompassing strategy that considers the child's emotional, social, and psychological well-being. The social-emotional learning movement emphasizes teaching kids how to control their emotions and deal with anger healthily. The results also highlight the necessity of addressing the instability children in foster care experience, such as frequent placement changes, by offering stability and support. Finally, the emphasis on conflict resolution also emphasizes how important it is to provide kids with the tools they need to resolve disputes and deal with difficult circumstances. Counselors can better meet the unique needs of foster children by detecting these patterns and then adapting their interventions, ultimately improving their mental health and overall well-being.

Conclusion

This study provides valuable insights into the experiences of elementary school counselors utilizing CBT to manage anger symptoms among elementary school-aged children in foster care. The three prominent themes that emerged from the study - care for the whole child, social-emotional learning, addressing Instability, and conflict resolution - serve as important guidelines for counselors working with this population. The results of this study shed light on the viewpoints and perceptions of primary school counselors, providing important information about the efficacy of CBT as an intervention while also recognizing the possible effects of traumatic events on children in foster care. Counselors can improve their capacity to offer comprehensive support, encourage emotional well-being, address concerns of instability, and assist in efficient conflict resolution for foster

children in elementary school by being aware of and addressing these themes. The study emphasizes the significance of customized therapies considering foster children's unique requirements and experiences, eventually enhancing their general well-being and mental health.

Counseling is subject to societal stigma and is often viewed as a social problem. The interactions between schools and professional services are instrumental in both academic and social achievement Individuals with emotional needs are more prevalent in rural communities where limited services and support are available to support them. My vision is to start a grassroots collaborative effort across professional disciplines (LMFT, LPC, and LCSW) to aide school counselors to counsel foster care children and offer therapy to more individuals and target lower social-economic populations in unrepresented counties throughout South Georgia. It is my hopes to develop training curriculum to employ in schools to meet the social emotional needs of children in foster care, Additionally, training and resources for school counselor to aid in early identification to aide in curriculum implementation.

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Appendix A: Recruitment Flyer

Dissertation Study Opportunity

You are invited to participate in a dissertation study if you meet the following criteria:

*You are a professional counselor, social worker, psychologist, or school counselor with at least a master's degree in South Georgia.

*You have supervised or conducted anger management interventions in the United States.

*You are a school counselor who has experience in managing children who have anger management issues.

This study is confidential and last up to one hour via teleconferencing. (Zoom/Skype). While there is no payment for participation, those who complete the interview process will receive a $25 Amazon gift certificate as a "Thank You" for their time. All interviews will be scheduled at a time that is convenient to the counselor/participant.

Please contact me:

Clarissa Alderman, EdS, LPC, NCC
Doctoral Candidate
Walden University

Appendix B: Consent Form

You are invited to participate in a research study about the lived experiences of elementary school counselors with address anger in the school setting. The study's title is: Experiences of Elementary School Counselors Treating Anger Issues in Elementary School-Aged Foster Children. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study seeks 6-8 volunteers who are:

- A professional elementary school counselor with at least a master's degree in South Georgia.
- Have conducted, supervised, or conducted anger management interventions in the United States.
- Are an elementary school counselor with experience managing children with anger management issues.

This study is being conducted by a researcher named Clarissa Alderman, a doctoral student at Walden University.

Study Purpose:
The purpose of this generic qualitative study is to explore how counselors describe their experiences of using cognitive-behavioral training and art therapy strategies to manage anger symptoms among elementary school-aged children in foster care placements in the Southeastern Region of Georgia, United States.

Procedures:
This study involves the following steps:

- Participate in confidential, recorded, interviews via zoom/skype (1 hour)
- Review a typed transcript of your interview to make corrections if needed (email option available) (10 minutes)
- Review a 1–2-page summary of the researcher's results and provide your feedback (20 minutes)

Research Question: How do elementary school counselors describe their experiences of using cognitive-behavioral training to manage anger symptoms among elementary school-aged children in foster care placements?

Here are some sample questions:

1. How do you view the school counselor's role regarding assisting foster children in school, or do you think this role belongs with the community?
2. Does your school implement a school-wide anger management program?

Participants who begin the interview process will receive a $25 Amazon gift certificate as a “Thank You” for their time. All interviews will be scheduled at a time that is convenient to the counselor/participant.

Voluntary Nature of the Study:
Research should only be done with those who freely volunteer. So, everyone involved will respect your decision to join or not. You will be treated the same regardless of whether or not you join the study. If you decide to join the study now, you can still change your mind later. You may stop at any time. The researcher will seek 10 volunteers for this study. Please note that not all volunteers will be contacted to take part. There is no compensation for participants.

Risks and Benefits of Being in the Study:
Being in this study should not involve more risk than the minor discomforts that can be encountered in daily life. With the protections in place, this study would pose minimal risk to your wellbeing.

This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by informing professionals of school counselors’ experiences.

Resources for personal support and more information on Georgia counselors:

1. Georgia Association of School Counselors
2. Licensed Professional Counselors Association of Georgia https://www.lpcaga.org/
3. **Georgia Crisis & Access Line** (GCAL) at **1-800-715-4225**, available 24/7.

As a mandated reporter, in the state of Georgia, I am obligated to contact the Georgia Crisis and & Access Line regarding any disclosures of child or elder abuse.

Privacy:
The researcher is required to protect your privacy. Your identity will be kept confidential within the limits of the law. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. If the researcher were to share this dataset with another researcher in the future, the researcher must remove all names and identifying details before sharing; this would not involve another round of obtaining informed consent. Codes will be used in place of names. Your first and last initials will be used with a number. Data will be stored on a hard drive belonging to the researcher. The hard drive will be placed in secure/locked storage. The hard drive will be password protected. Data will also be stored on a computer belonging to the researcher with a secure password. Data will be kept for at least five years, as the university requires.

Contacts and Questions:

You can ask questions of the researcher by email. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at IRB@mail.waldenu.edu or 612-312-1283. Walden University's approval number for this study is **IRB will enter approval number here** and it expires on **IRB will enter expiration date.**

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

Obtaining Your Consent

If you understand the study well enough to participate, please reply to this email with the words, "I consent."

Sincerely

Clarissa Alderman, EdS, LPC, NCC
Doctoral Candidate
Walden University

Dr. Virginia Smith, PhD
Dissertation Chair
Walden University

Appendix C: Interview Questions and Protocol

Interview Questions

Interview Questions Protocol:

1. Tell me how long you have been involved with elementary school-aged foster children?

2. What kind of training have you had regarding working with children in foster care?

3. Have you had any experience in identification of need for these children?

4. How would you describe the schools' approach to addressing elementary school-aged foster children's emotional needs in this school?

5. What kind of challenges do you feel foster children face in school settings or at school?

6. What information will help you meet the mental health needs and services of elementary school-aged foster care children?

7. Give me an example of when knowing a child's identification with foster care made a difference in mental health services coordination.

8. What are the anger management needs among elementary school-aged children in foster care an issue at your school?

9. How would you describe the nature and intensity of the anger management skills incidents among students to provide CBT counseling interventions?

10. Which CBT interventions, strategies, and methods such as direct experience-based learning, social learning, and cognitive and emotional meditation, do you feel are more effective in reducing students' anger?

11. Provide examples of students who have benefited from these CBT training techniques.

12. What is the effect of participation in school-based CBT on academic performance for elementary school-aged children in foster care?

13. Overall, when you're working with your students, what would you say are the outcomes associated with participation in CBT in a school setting for elementary school-aged children in foster care?

14. Is there additional information about your experiences of using CBT training to manage anger among school-aged children in foster care?