

Northwest University

Integrative Project

Afterschool Programming for Youth in Rural Appalachian Communities

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Introduction

Think of your life growing up and the experiences you had with your family. Did you have a loving and supportive caregiver? Were you motivated to succeed in school? Did you aspire to be a doctor, a teacher, or a social entrepreneur? Now, think about what you were exposed to, whether it be family members dancing at a wedding or your brother playing catch with you in the backyard. We all have lived experiences, and that makes us who we are! Now, take a moment to reflect on where your caregiver kept their drugs. If this question was startling to you, I understand. Not many of us grow up knowing that the “pills are on top of the refrigerator” or how to check our parent’s pulse when they are passed out on the couch. Unfortunately, across West Virginia, where the opioid crisis plagues the towns, 1 in 4 children grow up in insecure environments and experience neglect and trauma due to drug use within their homes (Burriss). No state has been impacted by opioids quite like West Virginia, and as this crisis continues for generations, we must ask, what about the kids? This thesis concludes with a proposal for an afterschool program aimed at providing solid foundations for rural Appalachian adolescents.

Context

The Appalachian region comprises 25 million residents living in parts of Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, and all of West Virginia. My research aimed to identify how the opioid epidemic and parental drug abuse impact the lives of children in rural Appalachia, focusing specifically on Marshall County, West Virginia. Located in the Northern Panhandle of West Virginia, Marshall County has approximately 30,000 people, 25% being under the age of 18 years old and 98% being white (Bureau). According to County Health

Rankings, Marshall County reported 23 drug-related deaths in the year 2020, with increasing rates since the beginning of the COVID-19 pandemic.

This case study aimed to examine how elementary-aged children's socio-emotional development and overall well-being are impacted by compounding factors, such as poverty and parental opioid use. This thesis will explore how establishing an afterschool program to provide safe spaces and supportive relationships will combat adverse childhood experiences and offer life-changing outcomes for children, families, and communities. In time, this program will arm youth with the essential socio-emotional skills needed as they transform into adulthood and ultimately into productive citizens in Marshall County. The schools will work with community organizations, the children, and other leaders or service providers in the community to deliver appropriate interventions necessary for combatting high adverse childhood experiences (ACE) scores and the damage that traumatic experiences may have caused.

This study aimed to answer the central research question: *What developmental impact do parental substance use and poverty have on elementary school children in rural West Virginia?*

This study also addresses the following research sub-questions:

1. How are children affected behaviorally, emotionally, and socially?
2. What is lacking for the children in school?
3. What do youth need to combat high ACE scores?
4. How can community and school systems collaborate to provide meaningful support for youth experiencing trauma?

Research Methodologies

The data collected throughout qualitative studies include more than words and numbers, as feelings, expressions, and other behaviors are observed and documented. Qualitative

researchers are interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences (Merriam and Tisdell 6). As such, my data collection process included a wide variety of methods consisting of interviews, observations, document collection, and ultimately organization and ongoing analysis. Furthermore, this required the ability to shift and be flexible with what I was presented with and observed.

Following the lines of his study, I used unstructured interviews in conjunction with participant observations as the primary means of data collection. I began the interviewing process in May 2021 by conducting unstructured interviews with flexible and open-ended questions. The participants – or interviewees – were mainly school employees such as teachers, administrators, counselors, and social workers, focusing on individuals who deal closely with school-aged children. Keeping in mind that this was not an emic – or insider – viewpoint, engaging directly with the children, the faculty members have close connections and first-hand knowledge of how home life impacts a child's behavior and development in the classroom (Merriam and Tisdell 30). Additional data was collected from interviews with community leaders outside of the school system, such as primary care physicians, child welfare workers, and advocates in the community; increasing the scope of representation, painting a broader picture of the issue at hand, and providing a social context to the experiences shared by school personnel.

To further recognize and understand the struggles faced by children whose parents are drug users, I participated in observations of the children in school. With assistance from the school counselors, this research element allowed me to build a deep understanding of youth's trauma and social and emotional issues. Meeting with school counselors and children helped me understand the baseline for children's behavioral development and the issues they were wrestling

with throughout the school day. However, I could not personally identify or interview the students exposed to substance misuse at home due to privacy constraints and confidentiality.

Aside from gathering data through interviews and observations, documents and previous studies were used to source my data. In this case, I pulled from public records for statistics and trends of the opioid epidemic and published research articles to understand better what has been previously studied. These documents assisted me in uncovering meanings, developing understandings, and discovering insight relevant to my research (Merriam and Tisdell 189).

Reflexivity

Beginning my fieldwork in May of 2021, I explored many site options, both domestic and international. Although many of us were looking forward to taking on international research, I found myself particularly excited to identify issues that are seen across the United States. Due to COVID-19, I moved back to my home state of West Virginia. During this transition, I was able to contact organizations doing work to help solve the opioid crisis in Appalachia. As I spoke with members and leaders in the field, I saw a pattern where most organizations focused on treatment and prevention for adults addicted to opioids. However, I was surprised to find that the children growing up with drugs in the home were not getting much attention on how to handle the trauma that this may cause. From there, I reached out to school administrators. I chose to work with the Marshall County School District to identify the gap and how the opioid epidemic has impacted youth across Appalachia, specifically West Virginia.

Although I have called West Virginia home for 25 years, I was unaware of the impact prescription drugs have had on Appalachia over the past ten years. It wasn't until college that I realized that my friends from different areas of the country had not lost family or friends to overdoses as often as I did. When I spoke about classmates who had died of an overdose, this

was not a norm for them. I anticipated that digging deeper into the issues would be emotionally challenging, precisely as I learned about the struggles children with parental drug addiction endure. Although I could not interview these children first-hand, my perception began to transform even more as I gained insight and knowledge throughout the fieldwork.

Although I was born and raised in Appalachia, I was looking at the impacts of the opioid epidemic from an outsider's perspective. My experience growing up in Marshall, attending private school, and living in an affluent neighborhood, does not reflect the realities of many children that I came to understand throughout my fieldwork. In both my interviews and online research, what I have found surprised me and challenged what I thought to be true. When I returned to Marshall County after a few years of living in different parts of the U.S., I noticed unfamiliar subcultures I hadn't before, despite being in a physically familiar location. For example, the poverty rate is much higher than I assumed, and the rate of drug use is unimaginable. According to Sunstein and Cheseri-Strater, our memories from home can sometimes obscure our abilities to understand other perspectives.

Revisiting this allowed me to understand better how I transitioned as a fieldworker. Furthermore, Sunstein and Cheseri-Strater explain that “fieldworkers achieve objectivity through intersubjectivity, connecting as many different perspectives on the same data as possible (112)”. As I continue to discern how children are affected by substance abuse or trauma and how the schools can provide support, my perspectives will continue to shift and grow. We need to consider how our background affects what we see in another culture, as “what you see is affected by who you are” (111). Looking at rural West Virginia and how schools provide services for students wrestling with trauma or parental substance abuse, I saw how my personal experiences shaped my voice. Incorporating my personal experiences into my fieldwork and writing process

was difficult, but I allowed myself to change throughout the process and grow alongside my findings.

Rural West Virginia

Growing up in West Virginia, my dad shared stories with my three siblings and me about our heritage and specifically the history behind Appalachian culture and our slang. He would tell us with pride that we were “hillbillies” because we “lived in the hills,” and as children, we were proud of that. However, as we got older, those words that once gave us a sense of pride slowly turned into phrases that could be used to degrade my West Virginian roots. The imagery used to display West Virginia is a forbidden landscape inhabited by “hill folk” or “hillbillies” struggling to hold on to small worn-out, uneconomical farms in isolated hollows.

With nearly 90% of the state being rural, the Industrial Revolution impacted this state differently than any other (Lewis). The stereotypes revolving around hillbilly lifestyles have become a fixture in American pop Culture since the 20th century. The caricatures used to represent Appalachians being stuck in a pre-industrial society reassured the urban middle class of its cultural superiority (Lewis). Aside from that, these stereotypes made for a perfect target for the pharmaceutical companies eager to make money off of poor, uneducated “hillbillies.”

The series of historical events created an individualistic and borderline stubborn mentality and a negative attitude towards education. Lack of education comes with high poverty rates, poor health, and apathy towards their children’s success in school. Furthermore, as a state with one of the lowest rates of obtaining a higher-education degree, parents often lack the understanding of how vital infancy is for their child’s development. Appalachian families tend to reject intervention or fear government programs and organizations. As Benjamin Bates et al.

explains, “self-reliance may lead the Appalachians to attempt to manage their problems and avoid formal services.”

To look deeper into the realities behind these attitudes, J.D. Vance narrates what it is like growing up in Appalachia with poverty, domestic violence, and apathy towards education passed down through generations. Vance explains how Appalachian communities do not tend to stress the importance of rigorous intellectual work. The surrounding narrative regarding education in “working-class” Appalachia sometimes discourages students from fully applying themselves in the classroom (55).

The mountains in West Virginia were at the forefront of the coal industry beginning in the mid-1800s, even before West Virginia gained statehood. With no regard for economic equity, these large companies paid no attention to meeting human needs; instead, they could gain maximum profit by hiring desperate workers and paying them unsustainable wages (Moe-Lobeda 216). Working conditions were deplorable, the pay was extraordinarily low, and workers suffered from the highest mortality rates among industrial workers. Those working for the mining companies were utterly dependent on their bosses for necessities, including housing and food. In an attempt to unionize in the early 1900s, they were met with violence, leaving them no choice but to continue working and risking their livelihoods for the large mining companies (Hoyt). Laws regarding the health and safety of miners were nearly nonexistent, and the ones in place were never enforced. As mine owners focused on market competition and increasing revenue, they ignored the workers’ conditions.

Coal mining affects not only the miners but also the health and safety of their families and those living in surrounding neighborhoods. The communities surrounding coalfields have suffered and continue to suffer immensely. Several studies have demonstrated the disparities

between mining and non-mining communities regarding public health, environmental degradation, and overall quality of life in rural Appalachia.

Appalachia has historically been one of the most impoverished regions in the country. Many would argue that coal mines have positively influenced West Virginia's economy. However, the parts of West Virginia that produced the most coal are among the poorest communities in the region. Much of this is due to the out-of-state companies exploiting miners and West Virginia families and taking their profit elsewhere. Even with a terrible track record, miners and their families are extraordinarily loyal and refuse to acknowledge the harm. This may also be due to the nature of Appalachian culture. Paired with the drug epidemic and lack of higher education attainment, West Virginians are not likely to leave the area in which they grew up.

Generational poverty floods the state, and the cycle is incredibly difficult, nearly impossible, to break. Considering the historical roots and how much was done without the ability to fight back, ecological debt is owed to the people of West Virginia. Moe-Lobeda explains "ecological debt" as one owed on account of resource plundering, environmental damages, and the free occupation of environmental space (209). While large coal companies and the United States were profiting off West Virginia's resources, the people living in the state are still paying for the damage done.

Opioid Use Disorder

Opioid Use Disorder is a substance use disorder characterized by the recurrent use of alcohol or drugs leading to clinical and functional impairment, such as health problems and failure to meet one's personal and social responsibilities (NOCOA). This type of substance disorder is catastrophic to the user and the very fabric of the entire society, increasing crime rates, child

abuse and neglect, infectious and chronic diseases, and accidental injuries. Furthermore, the common misconceptions around addiction and disease lead to discrimination against those who wrest with it, keeping people from seeking care and treatment. This makes it very difficult to regain stability in all facets of life.

As I discussed above, West Virginians have been swept along by the enormous supply of natural resources, most notably coal, which transformed the life and labor of West Virginians forever. Being a physically strenuous job with long hours and often isolating, coal mining conditions created a perfect storm for miners to develop a substance use disorder. According to the American Addiction Centers, it's reported that 17.5% of miners struggle with alcoholism, the highest of any industry, while 11.8% report drug dependence, the third-highest of any other industry. Furthermore, 1 in 100 workers in the mining industry has an opioid use disorder, associated with the highest mortality rates from opioid-related overdoses and death. As a highly stressful career, many miners turned to alcohol and drugs to cope with the stress. Furthermore, mining is a physically demanding job, causing constant strain on the body and leading to injuries. So, it comes as no surprise that so many miners were prescribed and used opioids to get through the workday (Kaliszewski).

Over the years, the biggest concern has been prescription opioids prescribed for pain by physicians following an injury or surgical procedure. With little instruction for weaning off prescription drugs, patients have been led to addiction with vigorous withdrawals when discontinuing the medication. Opioids have been prescribed for even minor pain, such as toothache, leading to more patients dependent on the drug (Barlas).

This has led not only to addictions to opioids but also to other drugs that are easier to obtain, such as heroin. As the state responded to the epidemic, making it more challenging to

receive a prescription for opioids, heroin and fentanyl waited in the shadows. The drug responsible for the crisis began to morph into nonprescription fentanyl mixed with or substituted for heroin and other illicit substances. Deaths from overdoses of fentanyl continue to rise, and between 2012 and 2015, these deaths in West Virginia increased by more than 20 percent (Singh). To make matters even worse, some drug dealers coming from Detroit and Columbus to distribute in West Virginia have created counterfeit pharmaceuticals made with illicit opiates, which could prove deadly. Furthermore, in 2021, the CDC determined fatal overdoses claimed more than 1,417 West Virginia lives, with 1,201 attributed to opioids (Singh).

Poverty and Opioid Use Disorder

Studies have shown that poverty and lack of education and job opportunities are related to opioid use, overdose, and fatalities. Death by opioid or related drug overdoses is more likely to occur in low-income and poor communities than in wealthier communities for ages 18 to 24 years old (Ghertner and Groves 4). Robin Ghertner and Lincoln Groves draw a correlation between geography, economic opportunity, and substance use. The researchers concluded that areas with high poverty and unemployment rates around the country had higher rates of opioids sales, overdoses, and deaths, demonstrating that economically disadvantaged communities tend to be affected more deeply by the opioid crisis.

Today, West Virginia remains one of the poorest states in the country. There are significant systemic problems that feed into the high rates of poverty, resulting in many Appalachians struggling with hunger, depression, and, ultimately, drug use (Burriss). In 2020, the poverty rate in West Virginia reached 24.5% (“Trend: Children in Poverty, West Virginia”). Furthermore, inflation has taken a tremendous toll on the economy in West Virginia, contributing to the state lagging in educational attainment, employment, and per capita income.

Although rigorous attempts have been made to combat the issue, 1 in 4 children remains living in poverty throughout the state (Boettner). The problem persists with no end in sight. For a region that has been hit hard with worker exploitation, economic devastation, and the opioid epidemic, Appalachians have endured significant damage on many levels.

Defining Child Development

Non-cognitive skills, such as motivation, integrity, and interpersonal interaction, are the building blocks to a child's success and cannot be taught through lessons or lectures in the same sense that math and science can (Tough 12). The primary mechanisms to positively influence or hinder the development of non-cognitive skills and lifelong learning, behavior, and physical and mental health is the child's environment and the relationships and interactions they have with the adults in their lives (Miles and Wright 305). Children learn character strengths and non-cognitive skills through seeing people around them uphold values like respect, compassion, and empathy or through early cognitive stimulations, such as playing and talking. These experiences are critical for a child's brain development and can impact their understanding of the world and their place. When children experience these developmental relationships, their outcomes are better. They are less likely to practice risky behaviors, such as substance abuse, positively impacting the individual and their community as they grow into successful adults. On the other hand, the development processes can be disrupted by experiencing stressful environments throughout infancy, affecting a child's executive functioning skills, impulse control, memory, and self-regulation (305). This phenomenon is explained through "biological embedding," which occurs when the quality of the child's environment has a direct effect on the sculpting of the central nervous system, later impairing cognitive, social, and behavioral development (World Development Report 101).

ACES

The Adverse Childhood Experiences (ACEs) study was first conducted to examine the correlations between child abuse and related experiences to risk factors for future psychological and physiological health issues. The collaborative research by the Centers for Disease Control (CDC) and Kaiser Permanente began in 1994 to assess the effects of trauma and related adverse childhood experiences. The term “adverse” was used because “it does not evoke preconceived notions or biases about the perpetrators or victims of child abuse, domestic violence, or persons with mental health or substance abuse problems” (Anda). ACEs have been broken down into ten categories and the prevalence of exposure to them during their first 18 years of life. These categories include three categories of abuse, three of neglect, and 5 of “growing up in a seriously dysfunctional household” (Tough 20), as shown on figure 1.

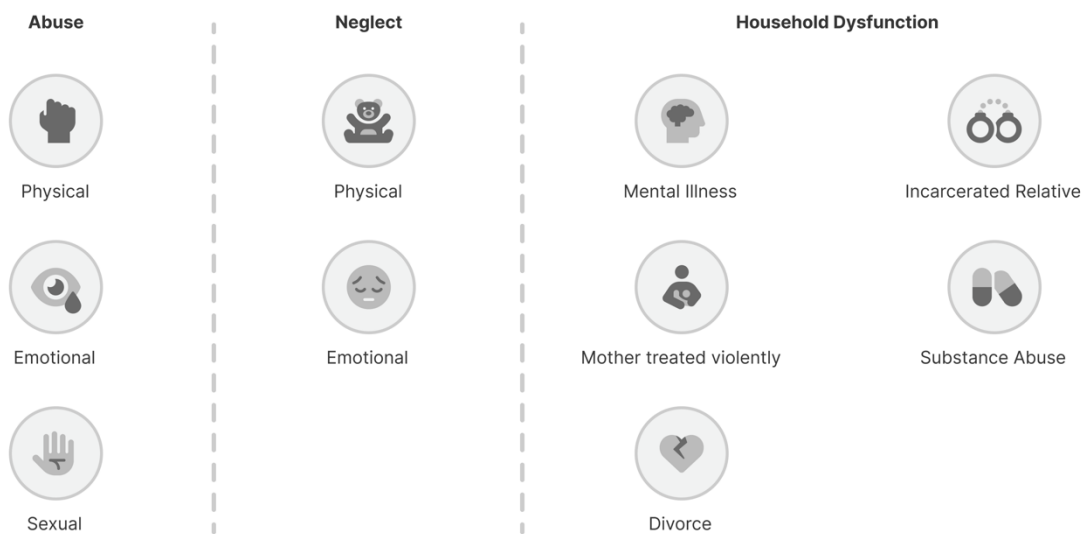


Figure 1: Adverse Childhood Experience Categories

Ultimately, the study concluded that ACEs have an enormous impact on children's health and our society. The study progressively uncovered how childhood stressors and adverse experiences affect health and social well-being throughout the lifespan (Anda). As Anda

explains, “outcomes of adverse childhood exposures include many health and social problems,” and unfortunately, children living in poverty are more likely to experience high “ACE” scores.

Furthermore, high ACE scores may have an impact on the child’s ability to learn and follow tasks in school, resulting in behavioral issues in the classroom and a lack of social-emotional skills throughout childhood (Anda). A child who is consistently emotionally and socially neglected, with little to no response from their caregivers, can potentially cause more long-term harm than physical abuse. Mrs. McCutcheon, principal at a Marshall County elementary school, discussed how school counselors and teachers could use ACE scores to understand a child’s background of trauma better and work through different circumstances that are contributing to where the child is behaviorally or emotionally.

Parental Opioid Use Disorder

Chronic drug use can cause lasting effects on cognition for the user, but how does this impact the development of family members and children within the household? Like a vicious cycle, there is a significant gap in understanding the epidemic, few resources, and limited funds for programs. This epidemic has impacted children and families in specific regions and from specific socioeconomic backgrounds in more ways than others (Normile and Hanlon). For instance, people living in rural parts of the country (like West Virginia) and with lower educational attainment are at a much higher risk of dying from opioid overdose, having a more significant impact on the youth population left behind (Peisch). The effects of the opioid epidemic stretch across generations, leaving young children at risk of experiencing negative consequences, such as the following:

1. Poor outcomes associated with prenatal exposure to opioids:

There has been limited research into the long-term effects of prenatal exposure to opioids.

However, some evidence suggests that prenatal opioid exposure can lead to behavioral, cognitive, and psychomotor problems in early childhood.

2. Accidental ingestion of opioids:

There has been a steady increase in pediatric hospitalizations due to opioid ingestion and poisoning. If children are left unattended with drugs in the home, accidents may occur, which could be fatal.

3. Increased involvement in the foster care system

The opioid epidemic is also associated with an increase in the number of children entering foster care. 34% percent of out-of-home placements were attributed to substance misuse by a parent nationwide (Diers). These statistics are even higher for children in the West Virginia foster care system.

4. Increased risk of trauma or adverse childhood experiences (ACES)

Children affected by parental substance use are at higher risk of behavioral and psychosocial problems, and parental opioid use is considered one of the categories on the ACE scale. ACEs are strongly associated with a wide range of negative consequences for physical and psychological health and overall well-being later in life, such as risky behaviors, lower academic achievement, and early death. Also, children of parents with substance use disorders are more likely to develop substance use problems themselves.

Youth and Poverty

Poverty can restrict access to support and resources for low-income children to succeed, such as community libraries, adequate nutrition, and healthcare. While many believe that the answers to ending poverty simply mean supplying funds, throwing money at the issue will not eradicate the problem (Pogge 7). There are multiple dimensions of poverty, and according to UNICEF, child poverty consists of deprivations in well-being, health, sanitation, nutrition,

protection, housing, and education (9). Despite the efforts to combat poverty in Appalachia, due to historical events, geographical factors, and the opioid crisis, children in West Virginia experience deprivations in multiple areas. The efforts have traditionally been targeted toward providing monetary support, specifically for the elderly population in West Virginia. However, the focus cannot only be geared towards economic growth. Perhaps more importantly, in combatting the multiple dimensions of child poverty, policies and programs need to be implemented to address the needs, circumstances, and specific deprivations experienced by children who are poor (14).

Poverty is not only explicit and visible in monetary means. It consists of emotional deprivations of adequate nutrition, health, water, education, protection, and shelter. Thus, viewing poverty as holistically and multidimensional allows for a deeper understanding of the compounding factors and their relationships. Save the Children explains that although poverty is commonly expressed in terms of income, discussed above, child poverty encompasses deprivations across several vital domains, also consisting of relative and developmental poverty (7). Poverty impacts brain development in parts that are detrimental to success, and there are significant ways in which poverty can hamper the development of the skills that are acquired through intimate relationships and serve and turn interactions as an infant (Tough 17).

Further research shows that poverty contributes to lower achievement rates in school, stressors in the home, and mild to extreme cases of neglect and abuse, resulting in enormous loss of human potential for themselves and society (World Development Report 98). A child's potential to succeed in the classroom largely depends on their environment and level of support received, including verbal and nonverbal interaction, cognitive and socioemotional stimulation early in life, as well as adequate nutrition and health care (100). Aside from inadequate nutrition,

and other physiological dimensions affiliated with children living in poverty, many are stripped of their initial potential as they experience psychological insufficiencies, setting them up for a life full of struggles and a lack of opportunities.

Roadmap: Youth, Poverty, Parental Drug Use WV

In West Virginia, 54 out of every 1,000 children have parents misusing or who have misused opioids, resulting in the dulling of confidence, promises, and possibilities for their future (Knisely). Where illicit drugs plague the towns, children are often left unattended or with a caregiver under the influence. With frequent exposure to substance use and absent caregivers, children lack the support for healthy brain development and often have higher ACE scores. Therefore, schools are wrestling with how to offer support (Riley).

Because the opioid epidemic is ever-growing, formulating strategies to help prevent this has been an enormous challenge. It is also difficult to recognize which children face these problems in the home due to confidentiality and HIPAA. By considering the ACE score of youth, the school system may be able to identify children who have experienced trauma at home in order to provide the services that they need throughout their education. Preventing drug exposure at a young age is complex and would require parent participation and cooperation, which is not an easy task. With this layered phenomenon, having stable mentorship throughout the child's life could be crucial to their success. Aside from drug use, there is a compounding ACE factor of the absence of parent(s), which plays a role in a child's socioemotional development. Counselors and principals indicated that they are facing a new wave of youth experiencing social and behavioral problems. Still, due to the novelty of the issues, it is more difficult to diagnose them with a specific disorder or learning disability.

I had the pleasure of speaking with the elementary school principal, Mr. Casey, who expressed that there has been a rise in ADHD and behavioral issues in children over his 19 years of working with children. Casey believes that the children (ages 9-12) may be experiencing the consequences of the height of the opioid epidemic that has not slowed down. In the Marshall County schools system, children struggling in the classroom are often diagnosed with one or more of the following three categories: learning disorder (L.D.), behavior disorder (B.D.), or intellectual disorder (I.D.). However, recently the system has been presented with a set of new hurdles, children presenting behaviors that do not fall into these “mild to moderate” categories. Mr. Casey gave me an example of this, “Jack is 12 years old, whose I.Q. levels are borderline low, does not fall within an L.D., B.D., or I.D., but he cannot perform grade-level tasks in a general education classroom. I asked, “What can the school do?” Casey responded in a blunt tone, “It’s tough. We generally try to figure it out day-by-day.” Echoing Mr. Casey’s theory, Mr. Jason, a social worker for 15 years, expressed that the best help transforms vulnerable children into thriving adults. Research shows that high ACE scores can be combated by changing attitudes, providing secure environments, and developing supportive relationships (Chan).

West Virginia’s current model for Child Protection

As policymakers work to combat the epidemic, states are implementing a wide range of strategies designed to improve access to care, deliver care through models tailored to families’ needs, and strengthen cross-agency collaboration. Many of these strategies build on existing state efforts and can advance states’ broader substance use policies and programming for caregivers and young children. With fragmented systems and high costs of treatment and interventions, states face numerous barriers, causing families to delay necessary services. West Virginia works to align their child-serving agencies and funding sources to create comprehensive approaches to

preventing and mitigating the effects of parental opioid use on young children (Nemile). Bill Forbes, Dung Luu, Elizabeth Oswald, and Tamara Tutnjevic introduced seven elements of the child systems: laws and policies, services, capacities, cooperation and coordination, accountability, circle of care, and children's resilience and life skills (7).

The DHHR Bureau of Children and Families, child welfare services, aims to help at-risk youth. Reports are made to DHHR's centralized intake unit and are screened in or out depending on the information given. An elementary school counselor, Jenny, walked me through this process, explaining that if there is insufficient information or the situation fails to meet the state legal definition of neglect or abuse, the report will be screened out. Mandatory reporters, such as physicians, schoolteachers and administrators, counselors, and other professionals working with children, are required to report situations of suspected abuse or neglect within 24 hours (W.V. code 49-2-803). However, a common theme came to the surface as I spoke with school personnel, in which they see a disconnect between the schools and current child protection systems in place. With the overwhelming number of children in need of immediate support, the fragmented system cannot reach every single child. Consisting of one single phonenumber, receiving calls for every case, the intake process can take days, even weeks, to complete. In many cases, reporters will call numerous times out of desperation. This leaves many children voiceless and without protection. West Virginia's DHHR is weak in *capacity*, both financially and physically, to respond quickly to the overwhelming number of children subject to abuse or neglect.

Aside from the policies and governmental steps of helping children succeed, the schools have done an excellent job in providing appropriate training and procedures in order to identify and provide adequate intervention when needed. "Mr. Nick," an elementary school counselor, explained steps taken when there are implications of child neglect or drug use in the home: "If I

know that there are drugs in the home, I notify the state CPS of the incident with as much information as possible. If they decide to investigate the situation, I help them by answering any questions they may need. And, if the child ends up being removed and it is during school hours, I will sit with the kid and explain to them what is going on and what is going to happen and help them cope with fears they may have and wait until CPS comes and takes the child.” Furthermore, I asked Mr. Nick how counselors can identify warning signs of parental drug use, to which he explained, “The kids will usually just tell me, but if not, cat pee is a common smell of meth which will stick to kids clothing. Children who are afraid to go home or talk about many different people visiting that they do not know. Usually, younger kids are pretty good at not keeping secrets, and if they have been around drugs, they know what they are, and if they want help, they will typically speak up.”

Counselors are required to participate in annual training. The main one is called “ARC,” which stands for attachment, regulation, and competency, focusing on trauma in young children and what causes the disconnect in their emotional behavior. Using the appropriate therapeutic approach to make sure the child is getting the proper treatment focusing on child development, traumatic stress, attachment, risk, and resilience is extraordinarily important. Using this helps children who have recently experienced a detrimental event, such as being removed from the home due to drugs or if a parent overdoses with the child present.

Positive Youth Development and Afterschool Programs

Positive Youth Development is a natural process development or approach to youth programming based on systems understanding that youth grow and develop in multiple contexts (Arnold). By focusing on purposeful approaches to youth development, we can influence the natural development process in positive ways and ensure that positive outcomes occur. This

creates opportunities for youth to develop necessary technical and social, emotional, and cognitive skills and experience supportive adult-child relationships. Furthermore, positive youth development programs promote desirable outcomes and encourage academic participation and success, and youth engagement in their communities (Arnold).

The approach taken for positive youth development creates pathways for adolescents that change their odds of a successful transition to adulthood by helping to ensure that they are equipped and empowered to navigate societal and personal concerns. Vulnerable and marginalized youth without access to development opportunities may slip further into negative developmental trajectories, leading to poor health and economic outcomes later in life (Posner). In other words, positive youth development programs help young people grow successfully from where they are now and where they want to be as well as where society needs them to be in order to maximize their generational contributions (Arnold).

Afterschool programs can be defined in many ways and are often considered to be positive youth development programs (Arnold). ASPs can look like any program that provides childcare for elementary and middle school youth when the students are not in school and do not have supervision at home, including everything from an afterschool club or activity at a local community center or summer camps when school is not in session. Programs can take place in various places such as a gymnasium, school building, shared community space, or place of worship or church. Many would say that an afterschool program meets the needs of children whose parents are working or who may need more support socially and academically. Whether it is an enrichment opportunity for the student or a place to unwind from life stressors, afterschool programs typically run following the school day, as well as often during non-school days, such

as holidays. No matter what they offer and how they are run, these programs are designed to offer safe, secure places where children and youth can go regularly and feel supported regularly.

Combating ACEs through Afterschool Programs

With poverty and parental opioid use continuing to pose immediate and lifelong consequences on the health and well-being of children, supporting the needs of the impacted youth (and their families) needs to be the top priority. Youth can be transformed in a multitude of ways through programs, including combating mental illness, empowering youth voices, and addressing gaps in opportunities for youth. More specifically, in the context of my research, afterschool programs have been shown to combat high ACE scores and the harmful effects of parental drug use (Chan).

Establishing an Afterschool Program in Marshall County

With poverty and parental opioid use continuing to pose immediate and lifelong consequences on the health and well-being of children, supporting the needs of the impacted youth (and their families) needs to be the top priority. The research I conducted revealed that the youth in rural West Virginia, who are more likely to be at risk, could benefit from an established afterschool program that aims to provide them with the structure necessary to meet their unique needs. For this to occur, multiple factors need to be considered for the program's success, such as stakeholder collaboration, finances, and legal requirements.

Aside from these crucial factors, learning to adapt and correct ineffective strategies will be critical to the program's success. David Bornstein expresses that *growth through failure* is the most important quality for social change. The way we, as individuals and as part of an organization, respond to failure can tell us a lot about ourselves, especially when we are stepping into the field of social change (Bornstein). In order to generate transformative policies or

programs, accepting failure as a motivation to try again is critical (Wolk 189). Furthermore, meeting opposition with excitement and working towards delivering a solution. These qualities parallel expressing the importance of perseverance and innovating social change (Martin and Osberg).

Engagement

To achieve positive outcomes for the afterschool program in Marshall County, engaging stakeholders will need to be prioritized. Furthermore, collaboration and cooperation will need to be initiated, as networking and building together are key to success. It is crucial to join alongside other resources to enhance the expertise of the program (Schram). Furthermore, collaborating will ensure that all participants work together for the common good and know that their activities align with the community-based process (Stringer 173). For the initial piloted program, the stakeholders involved will be children, parents, schools, and community volunteers. All parties involved will be required to participate in annual trainings and agree upon standards in order to gain confidence and full transparency (Lynch and Walls 57).

Children: Provide a safe and supportive environment after school and build positive relationships. Receive academic support to improve homework completion and class participation. Develop social and emotional skills and build self-esteem through creative activities.

Families: Gives parents the ability to work later in the day without concern for childcare
Take responsibilities off older siblings expected to care for their younger siblings

Community: Increase the likelihood of community participation and engagement,
decrease crime and juvenile delinquency, increase earning potential in the future,
positively impacting the local economy

Schools: Enhance the longevity of students in the school system. Potentially increase test scores of students due to continued participation in school. A psychologically safe environment for students to feel comfortable during these critical years of their lives.

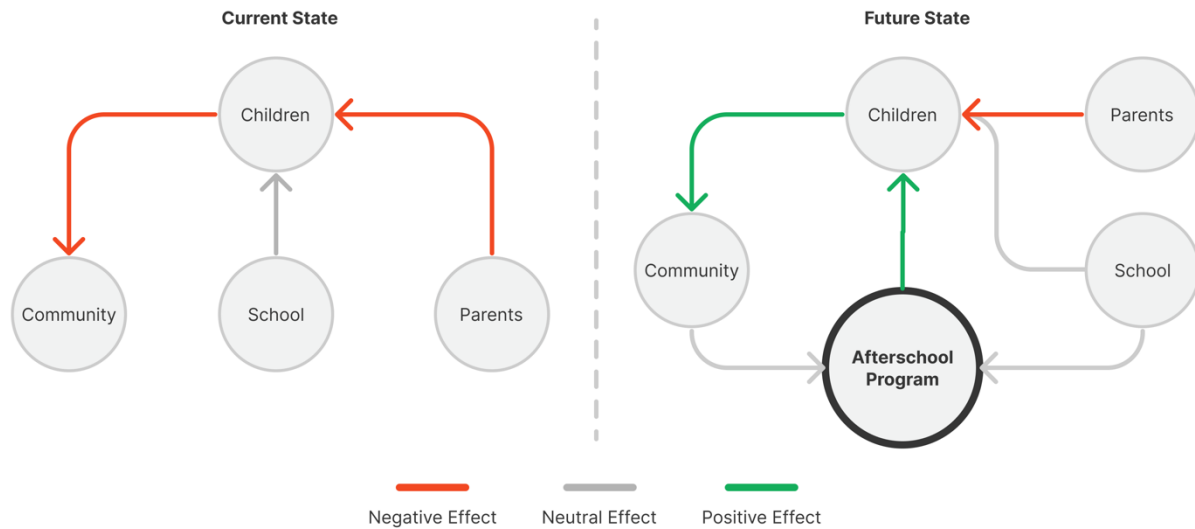


Figure 2: Current state vs. future state of relationships between stakeholders

Current State: The qualitative research I conducted allowed me to gain a better understanding of the current educational system and the way that children, specifically those who have been or are negatively affected at home due to their parental opioid use, are threatened in a vicious cycle that repeats itself. When children are subjected to the many adverse side effects of their parent's substance abuse, they often do not receive the full support that they need when in school. While CPS and school systems aim to do their best, the lack of collaboration and a limited support system may not succeed in creating the environment necessary to aid children in overcoming their obstacles.

Future State: To tackle this rather vicious cycle, I propose an intervention that would see an afterschool program supplementing the experience these children have during the most critical years of their lives. While not directly targeting the homelife that students have, I believe a

collaborative effort between the Marshall County school system and the surrounding community would provide an opportunity of safety and security for these children to receive the support they need while building positive relationships. In turn, the community may benefit from increasing the likelihood of future community participation and engagement. This may result in a decrease in crime and juvenile delinquency, which could positively impact the local economy by increasing the earning potential in the future. This afterschool program aims to be the collaborative bridge that creates a more concrete support method and draws on the many “players” in a child’s current and future life.

Future Research

One future opportunity that can be implemented into future program curricula is the idea of social accountability. This is the cutting edge of international development and has proven effective in reaching the most vulnerable people and improving public services (“Scaling Social Accountability: Evidence from Asia, Africa, and the Caucasus” 3). World Visions Early findings across 48 countries suggest that social accountability can influence the legitimacy of actors in the most fragile states and contexts (2). Social accountability mechanisms increase the effectiveness and quality of government services for children.

Social Accountability mechanisms are designed to ensure that government standards (policies and technical guidance that ensure delivery of public services) are being met. The U.K.’s Department for International Development found that social accountability almost always impacts service delivery because government leaders are more likely to act when held accountable (“Scaling Social Accountability: Evidence from Asia, Africa, and the Caucasus” 3). Spreading knowledge about public services and government standards, in general, is another critical aspect of social accountability, as it would be impossible to improve standards that are

unknown by civil society. Furthermore, social accountability mechanisms create a shift in power relations, empowering citizens, and children from a young age, to engage with government and effectively strengthen civilian-state relationships (6).

Conclusion

As the epidemic continues to spread and opioid-related deaths continue to rise, there is an increased urgency to address the toll it is taking on the future generations of West Virginia. Due to historical events and exploitation of the families in Appalachia, children who have experienced the effects are at risk for physical and psychological health issues in their futures. Now more than ever, Marshall County Schools and community partners need to implement an afterschool program to provide secure spaces and supportive relationships to combat the effects of childhood trauma and high ACE scores. We aren't powerless, and it is up to us to decide if we will act. Although we may not have all the answers, we can indeed strive toward a more sustainable and equitable society for youth in West Virginia.

Appendix A

Northwest University

Afterschool Programs for Children living in Rural Appalachia

A Program in Marshall County Schools – West Virginia

Alison Irvin

Integrative Project I

Brian Humphreys

December 2021

Background Information

West Virginia has been notoriously known for the opioid epidemic and its impact on communities throughout the state. In WV, 54 out of every 1,000 children have parents who are misusing opioids, resulting in the dulling of confidence, promises, and possibilities for their future (Knisely). Like a vicious storm, chronic drug use can cause lasting effects on cognition for the user, as well as the social and emotional development of children within the household. Living in an unstable environment leads to significant behavioral, social, and psychological challenges throughout childhood and beyond, making it difficult for youth to reach their fullest potential both in and outside of the classroom. Many children are left to care for younger siblings, lack access to healthy relationships, and struggle with mental illnesses, such as anxiety and depression. What can we do better to meet their needs? After all, children are our future, and we need to do more to support them both academically and socially. The school system strives to mitigate the trauma children endure and work hard to protect them from abuse and neglect in their homes. However, with the overwhelming number of children impacted by these challenges, it is challenging to meet the needs of each child. An afterschool program is needed to address the effects of poverty and parental opioid use. The proposed Youth After School Program will provide a safe environment and support social and emotional development for youth in Marshall County.

Program Objectives

The program's overall objective is to give children a place to develop socio-emotional skills through artistic means and creativity. The program will also allow youth to receive homework help when needed and academic support, thus gaining a foundation to thrive and be successful in their future. The first year will involve establishing a pilot afterschool program in

Cameron, West Virginia. This initiative will maximize impact by reaching and serving children in rural, low-income communities. Through partnerships with local organizations, support will be provided Monday to Friday from 3:30 PM-5:30 PM.

Art and Healing

Throughout the past decade, psychologists have been investigating how the arts and creativity impact the development of socio-emotional skills and healing. Creativity art can be utilized to combat the effects of trauma, promote self-awareness and reflection, and alter behaviors and thinking patterns (Stuckey and Nobel). Art enables children to discover new worlds and express their emotions and ideas and helps them acquire the ability to learn from their mistakes and overcome obstacles, which promotes resiliency. Failure is necessary for success, and just like a muscle, our creative skills will improve and grow with practice (Kelly and Kelly 45). Aside from the psychological aspects, Art has been shown to have a physiological effect on our body by increasing blood flow, producing serotonin, and soothing the nervous system (Kolk). Art can provide children with high ACE scores with escape and coping mechanisms; it also gives youth a voice when they feel like no one is listening.

Stakeholders

A) The Children

1. The afterschool program will provide a safe and supportive environment, encourage positive relationship building with adults, and provide opportunities to develop emotional control, build self-esteem, and enhance social skills (Marino).
2. The participating students will receive academic support to improve homework completion and class participation.

3. Children involved will be less likely to participate in drug use or other risky behaviors leading to future difficulties.
4. The program will also host a creativity-enhancement curriculum to spark innovation and strengthen critical thinking skills.
5. A referral system will be implemented throughout the schools to reach individual students who may benefit from the program. However, all students of Marshall County will be welcome to participate voluntarily.
6. Parental Consent will be a necessity.

B) The Families:

1. It gives parents the ability to work later in the day for an income, thus providing for their children, reducing food insecurity, and increasing generational economic opportunity.
2. The program will take the responsibility off older siblings, who are often expected to care for their younger siblings after school and perform tasks intended for adult supervision or completion.

C) The Community:

1. The afterschool program will increase the likelihood of community participation and engagement, as organizations encourage motivation and opportunities outside of school
2. Volunteer opportunities for youth participation in the community
3. Decrease in crime and juvenile delinquency
4. Increase earning potential in the future, positively impacting the local economy.

Program Implementation Strategy

The program will involve organizing and collaborating with community organizations, such as Youth Services Systems. A total of 8 staff members will be needed to fill the roles of the program director, program manager, community relations director, funding director, volunteer coordinator, two on-site aides, and transportation coordinator/driver. To ensure there are both opportunities to learn and strengthen creativity, two staff members will be present daily: one to provide help with academics and one to provide instruction on arts and crafts. The aides will be assisted by community volunteers who choose one day each week to provide support, making the student to adult ratio 10:1. The program will take place Monday thru Friday in the elementary school cafeteria, given it is large enough to provide a space for homework and space for arts and crafts. The timing will follow the school day, beginning at 3:30 PM and ending at 5:30 PM, providing transportation for student participants to arrive home safely following the program. The transportation will be provided by a 15-passenger van purchased with grant funding or donations. In collaboration with Youth Services Systems, students will also be screened bi-annually to provide outside mental health services if needed. The program aims to develop meaningful relationships and support. Therefore, training on various topics will be provided each year for continuous growth and development.

Materials and Training

Considering the various backgrounds that the children are coming from, training materials and protocols for on-staff team members will be distributed at the beginning of each year. Training materials will express the importance of understanding different learning styles and essential information on helping children through trauma. Furthermore, the curriculum

received will have a strong focus on positive relationship building for socio-emotional skill development and how to enhance creativity in youth.

<p>Overview of Program</p>	<p>Program Handbook, Guidelines, and Expectations</p> <p>List of Required Clearances and Training</p> <p>Showing up</p>
<p>Building Relationships with Children and Youth and Supporting Social-Emotional Learning Skills</p>	<p>Building Relationships with Children & Youth</p> <p>Effective Communication with Children & Youth</p> <p>Building Self-Esteem and Growth Mindset</p> <p>Social-Emotional Learning & Enhancing Quality</p> <p>Supporting Social and Self-Awareness</p> <p>Self-Management and Coping Mechanisms for Youth</p>
<p>Academic Programming</p>	<p>Presentation Methods and Debriefing Activities</p> <p>Learning Styles</p> <p>Homework Assistance</p> <p>Encouraging Creativity</p> <p>Leading Creative Projects</p>

<p>Equity, Diversity, and Inclusion</p>	<p>Creating Respect and Safety</p> <p>Exploring Diversity and Privilege</p> <p>Exploring Cliques</p> <p>Becoming Allies with Youth</p> <p>Cultural Competence: Identity, Diversity, and Engagement</p>
<p>Bullying</p>	<p>Problem of Bullying</p> <p>Conflict Resolution</p> <p>Bullying Prevention and Intervention Strategies for Children and Youth</p>
<p>Supervising and Supporting Staff</p>	<p>Your Role</p> <p>Incentives and Motivation</p> <p>Delegations Skills</p> <p>Knowing Yourself as a Leader</p> <p>Your Leadership Style</p> <p>Building Future Leaders</p>
<p>Mental Health</p>	<p>Self-Care</p> <p>Recognizing Signs in Youth</p> <p>Resources Available for You</p> <p>Resources Available for Youth</p>

Table 1: An overview of training materials for the youth afterschool program

Training will be provided to ensure volunteers are prepared with the tools necessary to help the youth succeed in the program. Training will be offered for two (2) Saturdays, the first two weeks in August, from 10:00 am-1:00 pm *or* 2:00 pm-5:00 pm, with volunteers choosing one session each week to attend. For example, a volunteer may choose the morning session for the first Saturday and the afternoon session for the next. Furthermore, returning volunteers should attend training every five years.

Aside from this, the following other training and clearances must be completed by all staff members and volunteers on their own time:

1. Cardiopulmonary Resuscitation (CPR) and first aid (within six months of beginning position)
2. The report, Responsibility to Prevent Child Abuse & Neglect (*before* beginning the positions)
3. A completed, signed, and witnessed Statement of Criminal Record (every two years)
4. A report of a Federal Bureau of Investigation (FBI) records check for any staff member or volunteer who has lived outside West Virginia within the past five years

Program Location

The pilot program will occur in Cameron, West Virginia, at Cameron Elementary School to expand across Marshall County Schools. Marshall County comprises a population of 31,308 people and covers 305 square miles of land. The school system consists of 13 schools serving 4,460 students each year, with 37% living economically disadvantaged (“Search for Public School Districts - District Detail for Marshall County Schools”). The program will take place in

the schools' cafeterias to prevent scheduling conflicts and high-cost fees. Following this pilot program, a hub will be set up at each school to allow easy access for children across the county.

Program Curriculum

The curriculum will reflect the program's goals, giving each child an equal opportunity to participate and grow. Taking a holistic approach, the activities will be guided by a weekly theme promoting positive socio-emotional development. The sessions will follow a routine, with time allocated for breaks and movement. It will also be critical to have content created ahead of time for each session to optimize the program's benefits and focus on the students each day.

Suggested activities:

Drawing: Sketching out figures with repeated patterns can be used to promote self-reflection and regulate emotions. Another option is drawing “emotion monsters” to express complicated feelings.

Painting: Take a walk in nature and have the students paint something beautiful that they saw.

Clay building: Pair clay building with a lesson on starting over when mistakes are made.

Dance: Get the students moving with a dance break or invite a dance instructor to lead a session.

Drama: Have the students create a skit about their favorite television character or play charades to promote self-confidence

Program Outcomes

1. Provide roughly 300 children with a safe, nurturing environment for afterschool care, increasing resilience and building positive relationships.

2. Stimulate creativity, thus supporting positive youth development, problem-solving and academic skills.
3. The program will help West Virginia's efforts to combat the opioid epidemic by acting as a factor in preventing future substance use in youth

Beneficiaries

The program's primary beneficiaries are the children, ages 6-12, from financially disadvantaged families who need support. Families will be encouraged to enroll their children in the afterschool program, especially if they face financial difficulties. Furthermore, there will be a referral system in place for school counselors, teachers, and administrators. With the primary beneficiary being the children, other beneficiaries include the families, the school administrators, and the community as a collective.

Impact

The initial pilot program aims to reach 30-40 children, while extensions and hubs at neighboring schools may add up to serve roughly 300 children. Combatting generational drug use and poverty, children will learn to think innovatively through creativity and gain motivation for school. The program has the vision to provide children with the opportunities to be equipped with tools to nurture and help them succeed. The program also aims to impact the families and communities involved positively. This will lead to the long-term goal of community participation and economic involvement creating a safer and more reliable future for the rural Appalachians.

Program Evaluation

Evaluation and reworking protocols each year will be essential for the program's success. Through regularly scheduled social impact surveys (bi-annually), children will be assessed by evaluating their grades, class participation, mental well-being, and school attendance. Further

impact measurement will take place longitudinally (5+ years) to determine the program's effectiveness and impact by assessing the children's performance in middle school and beyond. Furthermore, through qualitative research, including student responses, the evaluation process will attempt to see how close the ASP came to meeting the program's objectives. Pre- and post-tests will be administered to staff and volunteers to assess training and program implementation.

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