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Adverse Childhood Experiences of Social Work Students and Implications for Field Specialization and Practice

Maria Negrete

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ADVERSE CHILDHOOD EXPERIENCES OF SOCIAL WORK STUDENTS
AND IMPLICATIONS FOR FIELD SPECIALIZATION AND PRACTICE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Maria Negrete
June 2020

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Approved by:

Dr. Janet Chang, Faculty Supervisor, Social Work

Dr. Armando Barragan, MSW Research Coordinator

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ABSTRACT

The purpose of the following study is to examine the Adverse Childhood Experiences (ACEs) of social work students as well as any associations between specific ACE questionnaire scores and professional field specializations or interests. Previous research has indicated that scoring on the ACE questionnaire can potentially lead to a number of psychological and physiological related issues. Given that many social workers enter the field as what some researchers refer to as “wounded healers”, this study aimed to explore whether social workers who have specific adverse childhood experiences (ACE’s) choose field specializations or interests which relate to any previous childhood trauma or personal adversities. This study collected data from graduate level social work students from a non-disclosed university in Southern California utilizing a quantitative self-administered questionnaire. A total of 60 participants completed the questionnaire. Findings indicated that social workers have a higher prevalence of ACE’s when compared to the general population. Additionally, associations were found between direct exposure to mental illness/suicide attempt during childhood and specializing in mental health. A correlation was also found among social work students who experienced emotional neglect as a child and participation in personal therapy. Further research should be done on this topic in order to improve representation and generalizability. In addition to this, it is recommended that social work programs implement education on ACE’s within their curriculum’s to further improve ethical and professional practice.

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First and foremost, I would like to acknowledge my family and friends for their endless support throughout this academic journey. This would be impossible without you all by my side. I would also like to thank my research advisor Dr. Chang for guiding and supporting me throughout this process; your knowledge and time has been greatly appreciated.

DEDICATION

To my son, Kelley. You are the light of my life and the reason behind my motivation and dedication. Never give up on your dreams baby boy, anything is possible!

And to my husband Phil, for his unconditional love and support throughout this journey. You are my rock, my number one cheerleader and have sacrificed more than I could have asked for. I am eternally grateful for having you by my side.

Lastly, to my mom and dad. Thank you both for all of your hard work, sacrifice, love and support which has allowed me to be the first in our family to complete graduate school. This would not be possible without you! I love you both!

I can do all things through Christ who strengthens me.

Philippians 4:13

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CHAPTER ONE

INTRODUCTION

Problem Formulation

In recent years, the concept of adverse childhood experiences, or ACE's, has become a topic of deep interest for those working in fields addressing both mental and physical health related issues. ACE's are defined as potentially traumatic events and/or experiences that have occurred in an individual's life before the age of 18 that could impact an individual's mental and physical health in adulthood (CDC, 2020). In 1995, this concept was studied by the Centers for Disease Control and Prevention and Kaiser Permanente in order to gain a stronger understanding of this impact (CDC, 2020). The study included approximately 17,300 individuals and ultimately found a distinct correlation between adverse childhood experiences and physical and mental health complications in adulthood, with at least two thirds of those studied reporting at least one adverse childhood experience (CDC, 2020). The findings were profound in the realm of research and have since provided a great deal of information on prevention tactics for children experiencing traumatic environments and treatment for adults who once did.

In order to combat the effects of adverse childhood experiences, the Substance Abuse and Mental Health Service Administration (SAMHSA) emphasize the importance of increasing awareness and early preventative and intervention tactics in order to help individuals recognize and make use of

personal protective factors (SAMHSA, 2018). Some intervention techniques include implementing programs and policies aimed toward addressing adverse childhood experiences, applying targeted prevention efforts to populations at a higher risk of exposure to ACE's and engaging in therapy and/or treatment to gain healthy coping mechanisms (SAMHSA, 2018). In essence, one of the most beneficial ways to counter the negative side effects of ACE exposure is to engage in therapeutic services, often provided by social workers.

When looking at the profession of social work and those who choose to become social workers, it is particularly useful and important to understand the relevance and implication of adverse childhood experiences. While ACE's can reveal a great deal about a client's past trauma, they can equally provide the same information about the social worker assisting them. During the 1995 CDC-Kaiser study, participants consisted of Kaiser members who were randomly selected to participate in the survey during their physical exams/ yearly check-ups. Astoundingly, over 12,000 of those surveyed revealed they had experienced at least one adverse childhood experience (CDC, 2020), suggesting that nearly anyone is susceptible to experiencing potentially traumatic or psychologically harmful environments/situations during childhood; social workers included. As a result, it is essential to understand and explore the implications of these findings amongst practicing social workers who have faced adverse experiences in their childhood.

To expand on this, social workers are unique in that they are in the profession of helping others, along with a number of other professions such as healthcare providers, marriage and family therapists, psychologists, etc. Samuels (2000) explains that social workers are in the professional realm of “wounded healers”, or those who have undergone some psychological pain in their past which may have contributed to their chosen profession. While there is no fault to having previous psychological pain or adverse experiences in childhood and choosing to become a social worker, there is an underlying ethical responsibility to uphold in the midst of having such vulnerabilities. According to the National Association of Social Workers Code of Ethics (2018), a primary goal of the social worker is to empower vulnerable individuals in need and promote social justice. Although social workers have the ability to help those in need through the connection of past adverse experiences and the acquisition of useful coping mechanisms, they also have the potential to interfere with the healing process of their clients through countertransference and possible vicarious trauma if their vulnerabilities are not properly addressed (Samuels, 2000).

Purpose of the Study

The purpose of this study is to explore how social workers score on the Adverse Childhood Experience (ACE) questionnaire in order to assess the prevalence of childhood trauma amongst practicing social work student interns. Given that social workers often work with clients who may have faced some trauma, it would be beneficial for social workers to be aware of any

previous trauma present in their own lives to prevent potential challenges in practice. This research is based on the premise that social workers who score higher on the ACE questionnaire will be more likely to face difficulties related to both competency of practice in terms of vicarious trauma, compassion fatigue and higher risk for burnout, as well as in a clinical settings through potential countertransference; particularly if the social worker with childhood trauma has not previously engaged in personal therapy to address these experiences.

Currently, social workers are not required to engage in personal therapy prior to licensing in the State of California, although many social work programs encourage social work students to seek out therapy as needed (California Board of Behavioral Sciences, 2019). Interestingly however, a current study researching a sample of social workers and other types of therapists indicated that only about five percent of those studied actually engaged in personal therapy on their own free will (Bike, Norcross, & Schatz, 2009). This is concerning in the sense that a majority of people will score on the ACE questionnaire as previously mentioned, and could potentially face challenges in adulthood, especially if exposed to a career with added challenges, exposure to increased stress levels and risk for potential vicarious trauma.

In addition to this, this study will aim to address why individuals choose to enter the field of social work and how each social worker's major area of interest in the field potentially relates to their score on the ACE questionnaire. This is to establish whether a social workers childhood adversities may have impacted

their career choice or their specialization. If a correlation is present, this may indicate a need for personal therapy prior to practice, particularly if the social worker has limited protective factors, in order to increase ethical practice and reduce the possibility of future challenges for the social worker.

Significance of the Project for Social Work Practice

The potential findings of this research could impact the field of social work in that it would provide information about social workers that would allow them to make personal choices that could improve practice such as engaging in personal therapy, improving coping mechanisms or simply being mindful of the full impact of ACE's on their physical and mental health. In addition to this, it could help social work programs/trainers produce clinical social workers who are equally as professional as other practicing therapists who are required to participate in personal therapy prior to practice. Therapy is one of the most powerful tools used to heal past trauma and is the very thing clinical social workers provide to clients; yet social workers are not required to participate in it themselves in the state of California, despite various backgrounds and potential risks to practice. Without the use of personal therapy, especially in the event of even one ACE, the social worker may be unable to ensure they are practicing both ethically and efficiently. That being said, the research questions for this project are as follows: How do those entering and within the profession of social work score on the ACE test?

And, to what extent do personal childhood adversities motivate choice in field specialization for social workers?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will explore adverse childhood experiences (ACE's), the ACE questionnaire and the implications of ACE's among social workers on practice and choice of field specialization. The subsections will include adverse childhood experiences, implications for social workers, and ethical responsibilities and competencies. The final subsection will examine the biopsychosocial model as the theory guiding the conceptualization of this research.

Adverse Childhood Experiences

Adverse childhood experiences (ACE's) are explained as extremely stressful or potentially traumatic experiences related to abuse and/or neglect before the age of seventeen that can lead to a number of negative mental and physical outcomes in adulthood, such as higher risk of depression, cancer, and/or substance abuse (CDC, 2020). Adverse childhood experiences include specific traumatic events such as sexual abuse, physical and emotional abuse or neglect, as well as indirect exposure to unhealthy environments such as parental conflict or abuse, family mental illness, and/or substance abuse within the home (Esaki & Larkin, 2013; Hughes et al., 2017). In order to gain a fuller understanding of the impact of ACEs, researchers developed a large ACE study of randomly selected participants in order to ensure generalizability to the public.

The Adverse Childhood Experiences Study

ACE's were initially discovered and put to test by Kaiser Permanente and the Center for Disease Control and Prevention (CDC) during a 1995-1997 study that was geared toward understanding the impact of negative childhood experiences on current health status (CDC, 2020). The study collected over 17,000 responses and the findings pointed to an overall correlation between ACE's and a higher risk for mental and physical illnesses in adulthood (CDC, 2020). Some of the correlated issues in adulthood include an increased risk of alcohol or substance abuse, susceptibility to depression and/or anxiety disorders, risk of intimate partner violence and suicide, as well as risk of physical health issues including chronic obstructive pulmonary disease (COPD), liver and heart disease, cancer and autoimmune diseases (CDC, 2020; Hughes et al., 2017; Bellazaire, 2018).

Overall, the ACE study found that nearly two-thirds of participants had at least one adverse childhood experience, while roughly 3,500 participants reported at least three ACE's (CDC, 2020). Furthermore, the findings of this study indicated that as the number of experienced ACE's increased, so did the risk for negative mental and physical outcomes (CDC, 2020). Since the findings of this study, many researchers and states have worked toward collecting information on ACE's through the Behavioral Risk Factor Surveillance System (BRFSS) which has opened the door for further study on ACE's and their full impact.

Given that the initial ACE study consisted of Kaiser members, a majority of whom were white, college-educated upper/middle class individuals, there was little insight into the diverse experiences of people in the United States. Thus, research today is also aimed at providing findings that are more generalizable by incorporating the experiences of people with various backgrounds and accounting for the role that social and economic conditions play in adverse childhood experiences (CDC, 2020).

New Findings

Childhood adversities are personal in nature, thus difficult to gather exact data on. However according to the CDC, roughly 26 percent of adults in the United States today have experienced at least one ACE, while nearly 12.5 percent have experienced four or more ACE's (CDC, 2020). In addition to this, research suggests that those who have experienced four or more ACE's are at a significantly higher risk of encountering the aforementioned mental and physical health related challenges in adulthood (Bellazaire, 2018). With this understanding of childhood adversities, many researchers today are focused on studying life satisfaction as it pertains to ACE's, as well as life-long stress related issues such as work and health related challenges. In a recent longitudinal study, Mosley-Johnson et al. (2018) found that adults in America exposed to early childhood adversity are subject to lower psychological and life satisfaction, as well as a lower social well-being which may be related to the effects of longtime exposure to stress and/or traumatic events. Another current study found that

child welfare workers with ACE's experience both higher levels of work-related stress and negative coping mechanisms to deal with work related stress, as well as a higher prevalence of ACE's compared to many individuals in the general regional area that was studied (Lee, Pang, Lee & Melby, 2017). As research continues to progress on this subject, it is likely that additional negative impacts may be found in the lives of those who have experienced adversity in childhood due to the chronic stress that ensues afterward.

Implications for Social Workers

Considering research findings on adverse childhood experiences and their effects, it is imperative to explore how social workers tend to score on the ACE questionnaire and whether a social workers ACE's, if any, appear to correlate not only with choice in profession, but also field specialization or field of interest. Previous research has shown a correlation between choosing a career in social work and having experienced stress or trauma in childhood, particularly unhappily married parents, alcoholism or substance abuse within the family and/or child abuse or neglect (Rompf & Royse, 1994). In addition to this, Russell, et al. (1993) found that graduate level social work students in particular, experienced living with a family member facing substance/alcohol abuse issues more frequently than other graduate students. Findings from this study also indicated that social work graduate students were more likely to experience some form of family dysfunction compared to business or education graduation

students, and that social workers appear to have a higher prevalence of ACE's than the general population (Russell, et al., 1993).

This is significant because previous researchers have emphasized the role of the "wounded healer" in clinical practice, suggesting that those who enter human related services are in the profession of helping others as a result of some previous trauma or psychological scar of their own (Samuels, 2000). While the reasoning behind this has yet to be completely uncovered, some researchers explain that because childhood adversities once made the professional feel out of control or helpless in a relatable situation, the worker now feels the need or desire to help others facing similar psychological dilemmas from a place of both strength and greater empathy (Hiles Howard et al., 2015). In a sense, social workers intend to use their personal history to better impact those going through similar situations they may have once experienced.

Impact on Practice

While having a similar background to the client can create a conducive therapeutic process, there are several ethical factors that social workers must be aware of when choosing a field specialization that reflects personal childhood adversities. First and foremost, the social worker must remain cognizant of the fact that they may also be affected by the therapeutic process of their clients through instances of personal bias, countertransference, personal triggers, vicarious trauma, compassion fatigue and increased levels of stress and burnout; all ethical dilemmas which can disrupt the therapeutic process. Interestingly,

Cooper (2008) has suggested that the therapeutic process is at a greater risk for a less successful outcome when the therapist and the client share similar past adversities; particularly when ethical dilemmas and personal influences are not addressed.

Risks

Because social workers in particular are already prone to the effects of ethical dilemmas involving personal factors, having ACEs only amplifies the risk. This can become problematic when practicing social workers have not addressed previous adversities; or worse, are not even aware that ACEs and the level of their impact exists. Vicarious, or secondary traumatic stress, is one of the areas social workers are at a greater risk of experiencing than other professionals due to the nature of the population being served (Hiles Howard et al., 2015). Research indicates that social workers experience secondary traumatic stress at nearly double the rate of other professionals when evaluated by the diagnosis criteria for Post-Traumatic Stress Disorder (Bride, 2007). This is alarming when considering that social workers may already have their own personal childhood traumas that have not been recognized.

Another complication that social workers with ACEs could run into, is the risk for boundary violations and burnout as a result of compassion fatigue; often experienced by those working in social services. Compassion fatigue can reintroduce feelings of helplessness when the client is unable to handle life stressors, challenges or trauma that require ongoing empathy from the social

worker who may have a traumatic history of their own (Hiles Howard et al., 2015). If social workers with ACEs enter the field of social work hoping to address client challenges from a position of both strength and empathy, which they may not have had in similar childhood situations, feelings of helplessness can be reignited when they are unable to control the challenges of their clients. As a result, social workers must consider where boundaries must be applied by assisting clients with such similarities only once feelings can be separated, as well as keeping ethical guidelines at the forefront of their practice.

Ethical Responsibilities and Competencies

If social workers want to guarantee an efficient, ethical and professional therapeutic process, it is then up to them to take into consideration the many competencies required to adequately provide services to clients, by adhering to the code of ethics defined by the National Association of Social Workers (NASW, 2020). The most obvious and imperative ethic to abide by as a social worker, is ensuring that no harm is being done to the client. If the social worker is attempting to sort out or make sense of their own childhood adversities through the work of their clients, than it becomes unclear who is helping who through the therapeutic process. Furthermore, ethical dilemmas or violations are much more likely to arise within the therapeutic relationship, if ACE's among the professional are not addressed, putting the client in a potentially harmful situation.

Another ethical consideration for social workers with ACE's, is guaranteeing that the social workers ACE's be addressed either through personal therapy, training, further education and/or consultation/supervision to ensure competency and ethical responsibility in the face of potential dilemmas; as advised by the ethical standards of the NASW code of ethics (National Association of Social Workers, 2020). As a result, social workers with even one ACE, must review their ethical challenges from a stricter lens being that they are prone to greater challenges in competency. Therapy prior to practice is possibly one of the most beneficial ways to gauge whether social workers have addressed any personal adversities or challenges, ultimately promoting greater competency in practice.

Theory Guiding Conceptualization

Because this is a primarily exploratory study with limited previous research, the main theory that will be applied to the conceptualization of this study is the biopsychosocial model. Since the impact of ACE's is known to affect all areas in an individual's well-being, including physical, social and psychological aspects, the biopsychosocial model seems to be the greatest fit for explaining the impact ACE's can have on a social workers personality, behavior and practice. Within the biopsychosocial model, all three aspects (biological, social and psychological) intertwine and have the ability to affect one another. As proven by research on the ACE's, individuals exposed to high levels of stress in childhood, are known to be at a greater risk for both psychological and biological issues in

adulthood. Lehman, David & Gruber (2017) explain that the limbic system effects a number of issues related to psychological aspects of health, yet as a result can impact the physical health of an individual as well. Related to the ACE, those who face chronic stress as a result of childhood adversities, will likely face physical and psychological health challenges into adulthood as well, including social workers who could unintentionally impact competent practice.

CHAPTER THREE

METHODS

Introduction

This study seeks to uncover how social work students currently interning through the school of social work at a non-disclosed university in Southern California will score on the ACE questionnaire, and how personal childhood adversities discovered through the results of the ACE might motivate choice in field specialization and impact possible challenges faced in practice. This chapter will address the ways in which this study will be executed. The sections that will address this plan include study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study is to uncover the ACE scores of social work student interns from a non-disclosed university in Southern California, in order to explore motivators in field specialization and personal challenges faced in practice. Due to the limited amount of research available on the ACE scores of social workers, this research project is considered an exploratory research design. This research is particularly focused on the actual ACE scores of social workers, although additional information is necessary to establish personal

motivators for field specialization and any personal challenges faced by practicing social work interns.

As a result, this is a quantitative research study that is looking at the overall ACE questionnaire scores of social work interns, as well as personal motivators for entering the field of social work, biggest area of interest in the field of social work and any previous personal therapeutic experiences. Some open-ended questions are found attached to the ACE questionnaire regarding challenges faced during internship practice and motivation for entering the field of social work (see Appendix C). Open-ended questions attached to the ACE questionnaire allowed participants to provide honest and individual feedback regarding personal experiences and challenges faced during internship. Answers to these questions were then organized according to theme and analyzed by recurring themes.

This study is not intended to determine causality between childhood adversities and challenges faced in practice and motivation for field specialization, but rather to indicate correlations and provide suggestions for social work professionals moving forward.

Sampling

Participants for this study consisted of practicing social work interns from a non-disclosed university in Southern California. Due to the purposes of this study, this research project included a non-random purposive sample of 60

participants. In order to conduct this study, approval was requested and obtained from the director of the social work department of the non-disclosed university.

Data Collection and Instruments

This study utilized a newer, condensed version of the ACE questionnaire in place of the original detailed ACE questionnaire developed in 1998 by the CDC (CDC, 2018). This survey consists of 10 personal questions related to childhood experiences faced by participants under the age of 18-years-old. Questions are then divided into three categories including: household dysfunction, emotional/physical abuse and sexual abuse. Per previous research on the psychometric properties of the ACE questionnaire, this instrument of measure for childhood adversities was found to be valid and reliable with an overall Cronbach's alpha score of .78 indicating reliable internal consistency (Ford, et al., 2014). In addition to this, anonymous demographic information was collected including gender, age, ethnicity, education level, area of interest in social work and influence in social work career. This portion of the survey was developed by the researcher (see Appendix C). and questions focused on motivating factors for field specialization and previous challenges faced during internship practice.

Procedure

Administration of the ACE questionnaire/survey occurred during mutually decided days and times between the researcher and professors at the non-disclosed university. Prior to beginning the survey, participants were provided with informed consent explaining the confidentiality of provided responses, a statement indicating the survey is not a requirement of the university or the School of Social Work. Lastly, the researcher provided a trigger warning to participants disclosing the personal nature of the questions being asked. The participants were then asked to begin the survey and told that they could stop taking the survey at any time. A debriefing statement was provided afterwards in order to explain the true nature of this study. The purpose of debriefing the participant after the surveys were completed was to ensure that the participant provided the most honest feedback before recognizing any association between childhood adversities and field specialization and challenges faced in practice. This was not meant to deceive the participants, but rather to obtain the most honest answers possible regarding personally sensitive information.

Protection of Human Subjects

In order to ensure that the information collected protected all participants, the researcher implemented a few precautions. First, all surveys remained anonymous and all collected data remained in a locked computer only accessible to the researcher. Additionally, the researcher advised all participants to stop

answering the survey at any given time if necessary, given the nature of the ACE questionnaire. One year after the completion of this, study all documentation will be deleted from the researcher's computer.

Data Analysis

All quantitative data was gathered through a survey that was then analyzed according to ACE questionnaire score categories: household dysfunction, emotional/physical abuse and sexual abuse. ACE questionnaire scores were then used to determine prevalence rates of ACE scores among social work graduate students and any correlations between ACE categories and choice in field specialization. Responses to the open-ended questions in the survey, were sorted and analyzed by recurring themes and correlations were explored between themes and ACE score categories.

Summary

The purpose of this study is to uncover the ACE scores of social work graduate students from a non-disclosed university in Southern California in order to explore motivators for field specialization and personal challenges faced in practice. Some open-ended questions were utilized in order to elicit honest and thorough responses on this subject. With information found using this method, the researcher was able to properly identify common themes and provide suggestions for social work professionals moving forward.

CHAPTER FOUR

RESULTS

Introduction

The following chapter will report the findings of the study derived from quantitative data collected by the researcher via self-administered questionnaires. The findings on influence in social work career choice, past experience with social services, self-report of engagement in personal therapy, major challenge faced during internship, self-report of experiencing countertransference during internship, and the prevalence of adverse childhood experience among participants will be presented along with the description of the demographics. Also, bivariate associations between specific adverse childhood experiences and choice in field specialization will be presented in this chapter.

Presentation of the Findings

Participant Demographics

This study consisted of a total of 60 participants, all of whom are students currently enrolled in a graduate social work program at an accredited university located in southern California. The ages of the participants ranged from 18 to 65 years of age. Approximately 12% of those surveyed were between the ages of 18 and 25 years, 57% reported being between the ages of 26 and 35 years, 17%

were between the ages of 36 and 45 years and, 13% between the ages of 46 and 55 years and 1% was found to be between the ages of 56 and 65 years old (see Table 1).

In terms of gender, 80% of the participants in this study were female and 20% were male. No participants in this study self-identified as non-gender binary, referring to any gender identity that is perceived as non-gender normative. In regard to ethnicity, over half of the participants self-identified as Hispanic/Latino (53%), 22% identified as Caucasian/White, 8% identified as African American, roughly 2% identified as American Indian or Alaskan Native, 2% were Asian American and approximately, and 13% identified themselves as either Bicultural or more than one ethnicity (see Table 1).

Table 1
Demographics

Age	Frequency	Percent
18-25	7	11.7%
26-35	34	56.7%
36-45	10	16.7%
46-55	8	13.3%
56-65	1	1.7%

65 and older	0	0%
Gender		
Female	48	80%
Male	12	20%
Ethnicity		
Hispanic/Latino	32	53.3%
Caucasian/White	13	21.7%
African American	5	8.3%
American Indian or Alaskan Native	1	1.7%
Asian American	1	1.7%
Bicultural or more than 1 ethnicity	8	13.3%

Respondents' Area of Interest, Influences and Challenges

Participants were next asked a series of questions related to their biggest area of interest in social work as well as personal factors that influenced their career choice and challenges faced during internship. Of those surveyed, 34%

indicated that their greatest area of interest in social work was mental health, roughly 22% selected medical social work, 20% chose child welfare, 7% selected substance abuse, 3% chose macro or community social work, and roughly 13% selected 'other' indicating an area of interest outside of the options provided. When asked what influenced participants to enter the field of social work, 27% reported they wanted to utilize their past experiences to help others, 18% reported that they wanted to help others, 17% cited that previous personal experiences with social services led them to the field of social work, 17% reported having a passion for human rights and social justice, 7% indicated previous positive therapeutic experiences, 5% reported wanting to improve social issues, 5% indicated they valued the diversity of a career in social work, and 5% chose 'other' (see Table 2).

When asked whether participants had previous personal experiences with social services, 55% revealed that they had at least one personal experience with social services, while 45% stated they did not. In regard to engaging in personal therapy, 68% of the participants indicated that they have engaged in personal therapy, while 32% had not. In reference to challenges experienced by participants during internship, 27% cited time management and/or balancing duties as their number one challenge, while 13% revealed self-doubt, 13% described lack of guidance or supervision as a major challenge, 12% cited countertransference or triggers, 10% referenced challenges with maintaining assignments or documentation, and 7% pointed to limited resources and/or

challenging clients/systems. Roughly 13% cited challenges other than those previously mentioned, while 5% stated they had not faced any challenges during internship. When asked whether they had faced any countertransference during internship, 58% indicated they had, 30% stated they had not and 12% claimed they did not know or were unsure if they had (see Table 2).

Table 2
Area of Interest, Influences and Challenges

Area of Interest in Social Work	Frequency	Percent
Child Welfare	12	20%
Substance Abuse	4	6.7%
Mental Health	21	35%
Medical Social Work	13	21.7%
Macro/Community Social Work	2	3.3%
Other	8	13.3%
Influence in Social Work Career Choice		
Helping Others	11	18.3%
Wanted to Improve Social Issues	3	5%

Previous Personal Experience with Social Services	10	16.7%
Positive Therapeutic Experiences	4	6.7%
Diverse Career Choice	3	5%
Passion for Human Rights and Social Justice	10	16.7%
Utilize My Past Experiences to Help Others	16	26.7%
Other	3	5%

Personal Experience with Social Services

Yes	33	55%
No	27	45%

Have you ever received personal therapy?

Yes	41	68.3%
No	19	31.7%

Major Challenge Faced During Internship

Balancing Duties/Time Management	16	26.7%
Keeping up with Documentation and/or Assignments	6	10%
Countertransference/ Triggers	7	11.7%

Self-doubt in Self or Capabilities	8	13.3%
Lack of Guidance/Supervision	8	13.3%
Limited Resources and/or Challenging Clients/Systems	4	6.7%
Other	8	13.3%
None	3	5%
Any Countertransference During Internship		
Yes	35	58.3%
No	18	30%
I do not know/ not sure	7	11.7%

Respondents' Adverse Childhood Experiences

Lastly, participants were asked to complete the Adverse Childhood Experience (ACE) questionnaire which measured an individual's exposure to ten different types of potential childhood trauma. For the question, "Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you? or act in a way that made you afraid that you might be physically hurt?", 45% of the participants selected "Yes" indicating exposure to verbal abuse or emotional trauma during childhood. In response to the question, "Did a

parent or other adult in the household often push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?”, 37% of the participants selected “Yes” indicating exposure to physical abuse during childhood. In regards to the question, “Did an adult or person at least 5 years older than you ever touch or fondle you, or have you touch their body in a sexual way? or try to or actually have oral, anal, or vaginal sex with you?”, approximately 22% of the total 60 participants in this study indicated sexual abuse during childhood (see Table 3).

For the question, “Did you often feel that no one in your family loved you or thought you weren’t important or special? Or that your family did not look out for each other, feel close to each other, or support each other?”, 25% of the participants marked “Yes”, indicating emotional neglect during childhood among these participants. In response to the question, “Did you often feel that you didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?”, 13% answered “yes,” revealing childhood exposure to physical neglect from primary caregivers. In regard to the question, “Were your parents ever separated or divorced?”, 48% of the participants responded “yes”. For the question, “Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?”, nearly 22% of the participants responded “yes”,

indicating they had witnessed or been exposed to domestic violence within the home. (see Table 3)

In response to the question, “Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?”, 50% of the participants responded “yes”, indicating childhood exposure to substance abuse within the home. For the question, “Was a household member depressed or mentally ill or did a household member attempt suicide?”, roughly 29% of the total 60 participants responded “yes”. Lastly, in regard to the question, “Did a household member go to prison?”, 25% of the participants responded “yes”. (see Table 3)

Overall, roughly 17% of the participants in this study had a total ACE score of zero, with approximately 47% of total participants reporting an ACE score between one and three. On the contrary, nearly 37% of the respondents were found to have an ACE score of four or more, indicating that they had experienced at least four potentially traumatic experiences during childhood (see Table 3).

Table 3

Adverse Childhood Experience (ACE) Questionnaire

Adverse Childhood Experience Questionnaire: While you were growing up, during your first 18 years of life:	Number of “Yes” Responses	Percent
1) Did a parent or other adult in the household often ... Swear at you, insult	27	45%

you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?		
2) Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	22	36.7%
3) Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?	13	21.7%
4) Did you often feel that no one in your family loved you or thought you weren't important or special? Or that your family didn't look out for each other, feel close to each other, or support each other?	15	25%
5) Did you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	8	13.3%
6) Were your parents ever separated or divorced?	29	48.3%
7) Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	13	21.7%
8) Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	30	50%

9) Was a household member depressed or mentally ill or did a household member attempt suicide?	17	28.3%
10) Did a household member go to prison?	15	25%

Total Ace Score	Number	Percentage
(Total Yes Responses)		
0	10	16.7%
1	8	13.3%
2	10	16.7%
3	10	16.7%
4	3	5%
5	8	13.3%
6	3	5%
7	3	5%
8	1	1.7%
9	1	1.7%
10	2	3.3%
No Response	1	1.7%

Note. Adverse Childhood Experience Questionnaire retrieved from Centers for Disease Control and Prevention. (2020). *About the CDC-Kaiser ACE study*.

Atlanta, GA. Retrieved from

<https://www.cdc.gov/violenceprevention/acestudy/about.html> and Felitti, V. J.,

Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., &

Marks, J. S. (1998). The relationship of adult health status to childhood abuse & household dysfunction. *American Journal of Preventive Medicine*, 14, 245–258.

Inferential Statistics

In order to assess whether there is an association between having a household member with mental illness during childhood and choosing to specialize in mental health as a social worker, a chi-square test of independence was conducted. The findings indicated a statistically significant association between these two variables ($\chi^2 = 11.58$, $df = 5$, $p = .041$). Participants who had a household member with mental illness were more likely to specialize in mental health as a social worker than those who had not.

A series of chi-square tests were conducted to assess associations between experiencing physical, emotional, or sexual abuse during childhood and choosing a specialization in child welfare as a social worker. The findings indicated no statistically significant associations between these variables. Another chi-square test of independence was conducted to examine whether there was a statistically significant association between exposure to substance abuse in childhood and specializing in substance abuse as a social worker. The results indicated no statistical significance between these two variables.

A chi-square test of independence was conducted to assess whether there is a statistically significant association between experiencing emotional neglect/abuse in childhood and having engaged in personal therapy. The findings indicated a statistical significance between the two variables ($X^2 = 5.78$, $df = 1$, p

= .016). Participants who have experienced emotional neglect/abuse were more likely to participate in personal therapy than those who have not.

A one-way ANOVA test was conducted to determine whether there is a statistically significant difference between the level of adverse childhood experiences and having experienced countertransference while interning. The findings indicated no statistically significant difference between the two variables. The general findings of this study partially support the null hypothesis that there is a relationship between specific past childhood adversities and field specialization, due to a statistically significant association between having a household member with mental illness in childhood and choosing to specialize in mental health.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter will discuss the overall findings of this study as they pertain to the following research questions: How do those entering and within the profession of social work score on the ACE test? And, to what extent do personal childhood adversities motivate choice in field specialization for social workers? This chapter will additionally discuss the limitations of this study and recommendations for future social work research on this topic. Lastly, this chapter will discuss implications of this study on future social work policy and practice.

Discussion

This study was intended to explore the prevalence of adverse childhood experiences amongst graduate level social work students, as well as examine overall associations between reported childhood adversities and choice in field specialization. This research additionally analyzed the prevalence of experienced countertransference during internship amongst graduate level social work students, as well as rates of participation in personal therapy. The purpose of the study was to gain a better understanding of the personal experiences of graduate social work students in order to discuss possible improvements to overall social work programs and potential requirements before entering the professional realm of social work practice.

In response to the first research question of this study, the findings concluded that the average ACE score for participants in this study was 3.49, indicating that the average graduate level social work student has experienced at least three adverse childhood experiences related to either physical, sexual, or emotional abuse/neglect, and/or exposure to potentially traumatic or stressful home environments. This finding is congruent with previous research from Russell, et al., (1994) which found that prevalence rates of ACE's among social workers in particular, were higher than that of the general population. Currently, only about 20% of the United States population has an ACE score of three or higher (CDC, 2020), while approximately half of the participants in this study were found to have an ACE score of three or more. As a result, these findings suggest that graduate level social work students have a higher prevalence of ACE's than that of the general population, and that these individuals enter the professional realm of social work having had experienced more than one source of trauma in their own childhood.

This study additionally aimed to explore whether there is a correlation between specific childhood adversities and choice in field specialization. Although living in a home with someone who had substance or alcohol issues was the most frequently reported childhood adversity amongst the participants in this study (50%), the findings of the study indicated that only about half of those who reported substance abuse as their specialization had actually lived with someone facing substance or alcohol issues as a child. Despite the fact that no

significance was found between these two variables, previous research has indicated that social work students are more likely to experience childhood adversities, specifically alcoholism, drug addiction and emotional instability among household family members, compared to non-social work students; thus warranting further research on this topic (Rompf & Royse, 1994).

This study found that there was a significant association between having a household member with mental illness during childhood and choosing to specialize in mental health as a social worker. This finding coincides with Zerubavel and O'Dougherty Wright's (2012) discussion around the concept of social workers encompassing the role of a 'wounded healer' and the potential for positive instances of countertransference. For example, their study suggests that although social workers' previous childhood adversities or trauma could be activated during clinical work or therapy, their experiences could actually impact their practice in positive ways; some of which include, the social worker having a greater ability to empathize with clients and have confidence in the therapeutic process, as well as a greater understanding of painful experiences and the difficulty of engaging in therapy (Zerubavel & O'Dougherty Wright, 2012; Gelso & Hayes, 2007). Of course, this is contingent on both the social workers education and understanding of both the positive and negative outcomes of having a personal history of trauma, especially if left unaddressed, and on the individuals personal work toward healing and growth ((Zerubavel & O'Dougherty Wright, 2012). Thus, social work students must be particularly mindful of their own

influences for both entering the field of social work and choosing their field specialization to ensure that they are taking the appropriate measures that will ensure ethical practice and reduce personal risk of vicarious trauma or compassion fatigue.

Another noteworthy finding of this study is that of those who reported having experienced emotional neglect in childhood, 93% also revealed that that they had engaged in personal therapy. Interestingly, while this correlation was found to be significant, no significant correlation was found between total ACE score and participation in personal therapy. Previous research suggests that when compared to the effects of physical or sexual abuse in childhood, emotional maltreatment is more likely to cause an individual to develop a negative self-perception and lower levels of resiliency; two factors linked to higher risk for depression (Soffer, Gilboa-Schechtman & Shahar, 2008; Rose & Abramson, 1992). While additional research is needed to determine why this is, the implications of this finding suggest that social workers recognize the need for personal therapy after experiencing emotional neglect during childhood. One explanation provided by previous research on this topic suggests that those who have faced emotional unavailability in childhood may utilize personal therapy as a way of seeking out human connection and developing positive coping mechanisms for feelings of depression and anxiety (Barnett, 2007). Additionally, Zerubavel and O'Dougherty Wright (2012) point out that in general, a majority of therapists and social workers participate in personal therapy at some point in

their life (between 75%-85%) compared to the general population (25%), suggesting that social workers, although exposed to more ACE's than the general population, also recognize the importance and benefits of engaging in personal therapy.

Lastly, while the data in this study did not find a statistically significant association between total ACE score and experiencing countertransference throughout the course of internship, the data revealed an overall trend in that those who responded 'yes' to experiencing countertransference during internship tended to have a higher ACE score overall. Because previous research has suggested that those who have had a previous history or trauma or prolonged exposure to stressful environments are at a higher risk of being re-traumatized by clinical work itself, this finding warrants further research within the realm of social work (Pearlman, 1995; Salston & Figley, 2003; Zerubavel & O'Dougherty Wright, 2012). While countertransference can be conducive to the therapeutic process, Zerubavel and O'Dougherty (2012) emphasize the importance of healing from past childhood adversities prior to practice, or at a very minimum understanding and processing through these experiences, in order to avoid inadequately managed countertransference and other negative effects on the therapeutic process.

Limitations

One limitation of this study is the sample size and generalizability of the findings. This study involved a mere 60 participants, all of whom are students from one specific university. Including additional graduate level social work students from different areas or universities would have increased generalizability. In addition to this, a majority of participants in this study identified as Hispanic or Latino females, which is not representative of all master's level social work students; again, limiting generalizability.

Another limitation of this study is the nature of the questions being asked throughout the survey. Given that a number of the questions in this survey are both personal and invasive in nature, it is possible some participants may have felt they could not be completely honest in their feedback. This may be a result of not wanting to recount personally traumatic events from childhood or simply not wanting to share this personal history. Consequently, this may have skewed results if participants opted to not answer each question with full honesty.

A final limitation of this study is that the survey provided to participants did not offer a question that differentiates between students involved in the Title IV-E program, which provides monetary incentive for choosing a specialization in child welfare, and those who are not involved in the Title IV-E program. When the data was analyzed to determine whether there was a significant association between physical/sexual abuse in childhood and choosing a specialization in child welfare, the findings indicated no significance. However, the monetary

compensation that is provided to those in the Title IV-E program may have skewed these results. Previous research has indicated that among child service providers, roughly 32% had experienced threat of violence or emotional abuse as a child, while approximately 24% experienced sexual abuse and 23% reported experiencing physical abuse (Esaki & Larkin, 2013). As a result, it would have been beneficial to decipher between those are receiving monetary incentives and those who are not in order to better determine whether a correlation does exist between childhood physical/sexual abuse and choosing to specialize in child welfare.

Recommendations for Social Work Policy, Practice and Research

Overall, the findings of this study suggest that further research is needed on the adverse childhood experiences of social work students. Particularly research which involves a larger and more representative sample size to ensure generalizability and provide greater insight into the prevalence of ACE's amongst those in the helping profession. Given that previous research has indicated that childhood psychosocial trauma is significantly correlated with choosing a career in social work, it only makes sense that students, at a minimum, have a better understanding of the impact that such trauma could have on their professional practice (Rompf & Royse, 1994; Esaki & Larkin, 2013).

The NASW requires that social workers adhere to a professional code of ethics. Two of these ethical principles in particular require that "social workers

practice within their areas of competence and develop and enhance their professional expertise” and that “social workers behave in a trustworthy manner” (National Association of Social Worker, 2020). In order to adhere to these ethical principles, it is recommended that accredited social work programs implement educational pieces within their curriculums surrounding the topic of ACE’s and the implication of ACE scores. Without a greater level of knowledge or understanding of this topic, social work students may be unaware of how greatly childhood adversities could impact their practice, particularly if they have unresolved childhood trauma. While universities do not need to force students to seek out personal therapy of course, they should instead be providing social workers with the education and research behind ACE’s so that if students have personal childhood adversities, they can make informed decisions about how to best heal and recover from these experiences. If social workers hope to utilize past experiences to help others, as they have indicated within this study, then it is helpful for social work students to recognize that it is through the process of healing that puts them in a better position to help others (Zerubavel & O’Dougherty Wright, 2012).

Lastly, because the findings of this research and previous research have revealed that social workers tend have higher ACE scores than the average population, these individuals are more vulnerable to experiencing secondary traumatic stress, compassion fatigue and/or vicarious trauma; particularly if these individuals are exposed to high stress work environments or clients (Esaki &

Larkin, 2013). As a result, another recommendation for further research is to study the impact of high stress work environments among current social workers, particularly looking at correlations between ACE scores and rates of vicarious trauma, secondary traumatic stress and compassion fatigue. This would provide information on how agencies and organizations can better cultivate a work environment that supports and assists social workers and other professionals.

Conclusion

To conclude, this study aimed to explore the prevalence rates of social work graduate students as well as how ACE's impact choice in field specialization. Other topics were explored to add further detail to this study, including reasons for entering the social work profession, countertransference experiences and challenges faced during internship. The findings of this study suggest that social workers appear to have a higher prevalence of ACE's than the general population, although further research is needed on this to improve the generalizability of these results. Findings also indicated that a majority of social workers who reported mental health as their greatest area of interest in the field of social work, also lived with someone who faced mental illness during their childhood. Lastly, this research found that those who faced emotional neglect as a child tended to engage in personal therapy more so than those with overall high ACE scores. Such findings suggest that social work students should be

provided with education and research on this topic moving forward in order to ensure ethical and professional practice.

APPENDIX A
INFORMED CONSENT



WE DEFINE THE *Future*

School of Social Work
California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 5/13/2019 VOID AFTER 5/29/2020
IRB# SW1940 CHAIR *[Signature]*

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | Fax: 909.537.7029
<http://socialwork.csusb.edu>

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the ACE scores of training/interning social workers and the association between ACE scores and field specialization. It is NOT a requirement of social work students at California State University, San Bernardino (CSUSB). This study is being conducted by Maria Negrete, a graduate student, under the supervision of Dr. Erica Lizano, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB) and has been approved by the Institute Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of this study is to examine the ACE scores of training/interning social workers and the association between ACE scores and field specialization.

DESCRIPTION: Participants will be asked for demographics, reasons for entering the field of social work, reasoning behind field specialization or interest, and given the ACE questionnaire.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take 5-10 minutes to complete this survey and 10-20 minutes if you participate in a follow-up voluntary interview.

RISKS: There may be some discomfort in answering the following questions, as they are personal in nature and partially pertain to childhood trauma. You are not required to answer any or all questions and may skip questions or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Lizano at (909) 537-5584.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2020.

For interviewees, I agree to be audio recorded: YES NO

This is to certify that I read the above and I am 18 years or older.

Place and "X" mark here

Date

The California State University - Bakersfield - Channel Islands - Chico - Dominguez Hills - East Bay - Fresno - Fullerton - Humboldt - Long Beach - Los Angeles - Maritime Academy - Monterey Bay - Northridge - Pomona - Sacramento - SAN BERNARDINO - San Diego - San Francisco - San Jose - San Luis Obispo - San Marcos - Sonoma - Stanislaus

APPENDIX B
DEFRIEFING STATEMENT

DEBRIEFING STATEMENT

The study you have just completed was designed to investigate whether personal childhood adversities or trauma, has influenced your field interest or specialization as a social worker. Child adversities or trauma are measured by the Adverse Childhood Experience (ACE) questionnaire. This study is interested in the ACE questionnaire scores among social workers and the correlation between ACE scores and related field specializations or interests. This statement is to inform you that some deception was involved in this study. Questions regarding field specializations/interests were asked prior to the ACE questionnaire to avoid skewed and increase thorough and honest answers regarding field specialization/interest. If any of the previous questions caused you to feel uncomfortable or upset due to the nature of the study, please feel free to contact the provided agencies for support:

CSUSB Community Counseling Center
5500 University Pkwy, San Bernardino, CA 92407
(909) 537-5569

Telecare
423 W MacKay Dr, San Bernardino, CA 92408
(909) 383-1073

Kaiser Permanente San Bernardino Mental Health Offices
325 W Hospitality Ln #312, San Bernardino, CA 92408
(866) 205-3595

Thank you for your participation in this study. If you have any questions, please feel free to contact Assistant Professor of Social Work, Dr. Janet Chang at (909) 537-5184. If you would like to obtain a copy of the group results of this study, please contact the Pfau Library ScholarWorks database at California State University, San Bernardino after July 2020.

APPENDIX C
SURVEY AND ACE QUESTIONNAIRE

Demographics

Age:

18-25

26-35

36-45

46-55

56-65

65 and older

Gender:

Male

Female

Non-binary gender

Ethnicity:

Caucasian/White

Hispanic/Latino

African American

American Indian or Alaska Native

Asian/Asian American

Native Hawaiian or Pacific Islander

Bicultural or more than 1
Ethnicity

Other

Highest Education Level:

High School

Associate

Bachelor

Master

Doctorate

Current Social Work Program:

Bachelor of Arts, Social Work

Master of Arts, Social Work

6) If not mentioned above, do you feel you have experienced any countertransference throughout the course of interning?

Yes

No

I don't know/ Not sure

Survey Created by Maria Negrete

Adverse Childhood Experience (ACE) Questionnaire

While you were growing up, during your first 18 years of life:

1) Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

____ Yes

____ No

2) Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

____ Yes

____ No

3) Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?

____ Yes

____ No

4. Did you often feel that ... No one in your family loved you or thought you weren't important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

____ Yes

____ No

5. Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

____ Yes

____ No

6. Were your parents ever separated or divorced?

____ Yes

____ No

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit

with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

____Yes

____No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

____Yes

____No

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

____Yes

____No

10. Did a household member go to prison?

____Yes

____No

Adverse Childhood Experience (ACE) questionnaire retrieved from:

Centers for Disease Control and Prevention, 2020; Felitti, 1998

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