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## **SOCIAL WORKERS' KNOWLEDGE AND PREPAREDNESS IN SERVING CLIENTS WITH EXPERIENCE OF INTERGENERATIONAL TRAUMA**

Geneva Gandelman

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SOCIAL WORKERS' KNOWLEDGE AND PREPAREDNESS IN SERVING  
CLIENTS WITH EXPERIENCE OF INTERGENERATIONAL TRAUMA

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

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

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by  
Geneva Marie Gandelman

May 2022

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## ABSTRACT

This research study explored intergenerational trauma and self-assessed competency levels of social workers who serve clients experiencing possible intergenerational trauma. Intergenerational trauma is a wide-spread issue, as it affects over a quarter of children and over half of adults in the United States. Intergenerational trauma, though affecting many clients, is not often discussed, and many mental health professionals are either uninformed on this topic or not interested. This study explored social workers' self-assessed general knowledge of intergenerational trauma, training on intergenerational trauma, and whether they have knowledge of interventions or techniques tailored to working with families and individuals with possible intergenerational trauma. This study was carried out via survey questionnaire. The data was analyzed using statistical program, SPSS. Variables including social workers' licensure as an LCSW, personal history of intergenerational trauma, and level of experience in the field of social work were studied. It was found that social workers generally have higher self-assessed levels of competency in serving those who have experienced intergenerational trauma. The levels of preparedness appear to be more so related to levels of personal experience, as questions measuring clinical training, supervision, and role play in this subject area yielded a relative number of participants denying their experience in these areas. This is important for those within social service organizations to acknowledge that this topic deserves further exploration.

*Keywords:* trauma, intergenerational trauma, families, children, social workers,  
Training

## TABLE OF CONTENTS

ABSTRACT .....	iii
CHAPTER ONE: INTRODUCTION .....	1
Problem Formulation.....	1
Purpose of the Study .....	4
Significance for Social Work Practice .....	4
CHAPTER TWO: LITERATURE REVIEW.....	7
Introduction .....	7
Who Experiences Intergenerational Trauma?.....	7
Intergenerational Trauma Amongst Groups .....	8
Relevance with ACEs Study .....	10
Parental Effects of Intergenerational Trauma .....	11
Interventions .....	12
Theories Guiding Conceptualization .....	14
CHAPTER THREE: METHODS .....	17
Introduction .....	17
Study Design .....	17
Sampling.....	18
Data Collection and Instruments.....	19
Procedures .....	19
Protection of Human Subjects .....	20
Data Analysis.....	21
CHAPTER FOUR: RESULTS.....	23

Findings .....	23
CHAPTER FIVE: DISCUSSION .....	27
Discussion .....	27
Summary .....	29
APPENDIX A: BIDDELL’S SEXUAL ORIENTATION COUNSELOR COMPETANCY SCALE (SOCCS) ADAPTED FOR INTERGENERATIONAL TRAUMA .....	31
APPENDIX B: SPSS OUTPUT- PEARSON COEFFICIENT .....	37
APPENDIX C: SPSS OUTPUT- MANN-WHITNEY U TEST: PERSONAL HISTORY .....	39
APPENDIX D: SPSS OUTPUT- MANN-WHITNEY U TEST: LCSW STATUS ..	42
APPENDIX E: SPSS OUTPUT- FREQUENCIES.....	45
APPENDIX F: IRB APPROVAL LETTER .....	58
REFERENCES .....	61



## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

Intergenerational trauma is described as a traumatic event that occurs prior to the current generation, though impacts how members within a family understand their experienced trauma and cope and heal from it (Hill, 2019). Hess and Main (2000) described intergenerational trauma as a process, whereby parents use specific interactional patterns which then transmit the effects of their own unresolved trauma to their children. Hill illustrated an example of how intergenerational trauma may be experienced. For example, the patriarch of a family may present with an untreated mental health disorder, which then causes him to display harmful behaviors toward his child or children, who, then having endured emotional abuse, subsequently exhibit similar behavior toward their own children in the future. This pattern then becomes a typical way of parenting within the family unit. Intergenerational trauma affects an estimated 26% of children in the United States and an estimated 60% of adults in the United States (Hill, 2019).

The terms ‘intergenerational trauma’ and ‘historical trauma’ are often referred to interchangeably. It is important to note that historical trauma is intergenerational trauma, though specifically experienced by a “cultural group that has a history of being systematically oppressed” (Administration for Children and Families, n.d.). While historical trauma is not the focus of this research study,

it is important to recognize that it often referenced throughout the literature on intergenerational trauma as a whole. Historical trauma, like intergenerational trauma within families, can date back multiple generations. Historical trauma is most often considered in association with slavery, and while this is an example of how historical trauma can start, other catastrophes on the worst scale as well as ongoing systemic injustices experienced by a population or culture can lead to the chain of trauma for generations to come. Effects of historical trauma can be seen across numerous populations such as Native American populations and effects relating to European colonization, Jewish populations and effects relating to the Holocaust, and Black populations and effects relating to overincarceration, community violence, and systemic racism.

Understanding intergenerational trauma has implications for social work practice on a micro level, within families and on a macro level, between systems of care. Like the term implies, the problem of intergenerational trauma not only directly affects clients with which social workers may provide services, but also their future generations. Intergenerational trauma affects families in ways other than abuse, however the effects of intergenerational trauma can often be witnessed in families involved with the Child Welfare Services (CWS). In fact, Coyle demonstrated how incidents of sexual abuse may be the most observable example of intergenerational trauma (2014). Coyle also elaborated that the less visible examples of intergenerational trauma include how children gain or may

not gain internal resources, resulting from their parents, which may later impact how the child interacts with their environment.

With high prevalence of intergenerational trauma, it is likely that social workers, particularly those working with children and families, are already working with families experiencing intergenerational trauma, whether they recognize it or not. Consequences of intergenerational trauma can have lasting impacts on individuals and their families. The Substance Abuse and Mental Health Services Administration (SAMHSA) posted an update (2019), regarding the potential long-term effects of trauma. SAMHSA detailed that traumatic experiences, especially experiences having occurred in childhood, are associated with a multitude of long-term problems, including chronic health conditions, behavioral health issues, substance abuse, risky sexual behavior, and mental health conditions.

In review of the literature on intergenerational trauma and its effects, interestingly there are more resources to be gained from databases focused in the field of psychology, when compared to those of social work. Considering this, the overall lack of information available regarding intergenerational trauma and mental health in the context of social work, it begs the question as to whether social workers, who likely work with clients struggling with effects of intergenerational trauma, perceive that they are prepared to recognize clients showing signs of intergenerational trauma and effectively meet their needs. The research question for this project is: how prepared do social workers perceive

their own knowledge and ability in working with clients experiencing effects of intergenerational trauma, and does it vary by the social worker's background (including years in the field, licensure as an LCSW, ethnicity, age, gender, and presence of intergenerational trauma in their own life)?

### Purpose of the Study

The purpose of this study was to explore the self-assessed competency levels, or preparedness, of social workers in serving families and individuals experiencing possible intergenerational trauma. The self-assessed preparedness was measured by social workers' responses to questions concerning but not limited to their experience with intergenerational trauma and training in this subject. The intent was that the information gained from this study would provide information for social work personnel regarding the level of preparedness of social workers in addressing intergenerational trauma, which may lead to improvements such as social workers individually seeking out information regarding this subject or agency representatives arranging for training in this area.

### Significance for Social Work Practice

Though intergenerational trauma affects a great number of individuals and families in the US, it is not often discussed unless the topic is approached by a mental health professional. Moreover, Hill (2018) noted that mental health professionals are often uninformed or not interested in the topic of intergenerational trauma. However, it is important for social work practitioners to

be aware of intergenerational trauma and “detect the subtle and not-so-subtle effects” that it has on families and communities (Coyle, 2014).

Considering the prevalence of intergenerational trauma, it is likely that social workers encounter individuals either struggling with the effects of intergenerational trauma and/or transmitting effects of intergenerational trauma on to the next generation. How older generations work through their traumatic experiences can impact following generations. It is important that social workers are able to recognize when their client(s) is showing effects of intergenerational trauma and are equipped to intervene effectively.

This research study and additional knowledge gained from it regarding the preparedness of social workers in identifying and working with clients with intergenerational trauma can shine light on possible gaps existing in service systems, potentially calling for practitioners to propose trainings in this area. Practitioners are told that they “don’t know what they don’t know” and are encouraged to seek out information and resources, if this research introduces them to an area which they are not as familiar with, or possibly have not heard of, this can trigger their interest in at least seeking out the information on their own, in order to better understand their clients, if additional training opportunities are not available through their agency.

Ultimately, the end vision for this study is that parents and children are able to receive appropriate intervention which relates to intergenerational trauma in their own lives in a culturally sensitive way. Through additional knowledge and

training, practitioners may be able to assist their clients in gaining lifelong skills necessary for healing and breaking the pattern for future generations.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter will review existing literature on intergenerational trauma and serve as a basis for the current research study. The presence of intergenerational trauma, as experienced by individual families as well as amongst groups of people will be presented in this chapter. Effects of trauma, including how it can present in individuals' behavior and impact parenting, will be demonstrated, as this is relevant for practitioners. The special population of military personnel will be briefly touched on as well. Lastly, theories guiding conceptualization and interventions that have been identified to address the effects of intergenerational trauma will be outlined.

#### Who Experiences Intergenerational Trauma?

Intergenerational trauma is a form of trauma which is transmitted within communities as well as individual families. Lev-Wiesel (2007) elaborated that though intergenerational trauma transmission is most often researched in the context of parent to child, transmission can likely affect multiple generations. In researching intergenerational trauma, the question regarding how transmission occurs is considered. Lev-Wiesel referenced research by Williamson and Bray (1988) which suggested that within the nuclear family's emotional system as well as across generations, the family's patterns are developed through projection.

Considering these findings, it can be inferred that one member of a family may set the stage for how other members within the family cope with adversity, regulate emotion, etc. and this becomes a pattern to then potentially be transmitted across generations. These patterns can be seen amongst families in a variety of contexts but pose unique threats to special populations.

### Intergenerational Trauma Amongst Groups

Intergenerational trauma may have more impact on certain groups or special populations, including but not limited to groups based on culture or ethnicity, the special populations such as military personnel, and so on. Isobel, Goodyear, Furness, & Foster (2018) referenced research findings by Atkinson (2013) which described how traumatic events are not only transmitted within individual families, but they seemingly also become “embedded in collective, cultural memory” (p. 5) and then are transmitted through similar means by which culture is transmitted and by which parent passes it along to their children. This is important to recognize within the context of collective trauma experienced by individuals with diverse backgrounds. Bergeron (2013) specified that to develop understanding of clients in clinical social work practice, including their assessment and treatment, it is important to consider the institutional, sociopolitical, and relational traumas present in their lives and this is particularly relevant for working with clients of “diverse cultural and ethnic backgrounds” (p. 213). Collective trauma is referenced in regard to African Americans having experienced ongoing systemic racism, Native Americans having experienced



colonization, and the Jewish population with the Holocaust. For example, research has shown that children of Holocaust survivors may show symptomology of trauma across generations.

The research of Lev-Wiesel (2007) found that in one family, trauma resulting from the Holocaust impacted three generations. The child of the first-generation survivor reported intrusive thoughts in painful memories and nightmares, anxious behavior, and avoidance behaviors. Interestingly, Lev-Wiesel specified in their findings that intergenerational transmission of trauma was seemingly differentiated based on the type of trauma experienced, showing differences between the family impacted by the Holocaust as compared to other groups, such as the Moroccan family having experienced immigration.

Regarding military personnel, Rosenheck and Fontana (1998) found that children of Vietnam veterans whose fathers served in WWII (two generations of veterans) were impacted by secondary trauma related to combat-related posttraumatic stress symptoms. Additionally, veterans whose fathers experienced combat had increased likelihood to participate in abusive violence and for veterans with PTSD whose fathers saw combat, they had a multitude of risk factors including but not limited to poorer relationships with their mothers during childhood, higher PTSD scale scores, increased prevalence of drug abuse, and lower levels of social support. Interestingly, it appears that intergenerational effects of war can be seen across cultures. Davidson and Mellor (2001) conducted research regarding Australian Vietnam veterans and

found that veterans with PTSD saw their families as “significantly less healthy” (p. 348) than the comparison groups. This was relating to their families’ functioning, including their effectiveness in problem solving both within the family and outside of the family and the ability of individuals within the family to respond with appropriate affect. Additionally, the Veterans with PTSD also reported their family communication as more indirect and less healthy than the comparison groups. They also reported significantly less interest in one another’s activities within the family.

#### Relevance with ACEs Study

It is challenging to determine just how widespread intergenerational trauma is since oftentimes it goes unreported. However, to have a better understanding of how many citizens in the United States have the potential to either pass on effects of intergenerational trauma or have witnessed the impact of intergenerational trauma, child adversity can be referenced. Wang (2019) highlighted how the Adverse Childhood Experiences (ACEs) study contributed to the understanding of how adversity faced in childhood can have long-term effects in areas of physical and behavioral health. It was found that close to 60% of the United States population had experiences of childhood adversity (CDC, 2010). Childhood adversity can present in ways including but not limited to child maltreatment or children witnessing domestic violence. Moreover, Wang (2019) referenced how trauma, which can be experienced through ACEs, can negatively impact the ability of parents to regulate their own emotions in order to co-regulate

the emotions of their children (Bariola, Gullone, & Hughes, 2011). In reference to the unique experiences of diverse groups, Wang's findings show that Multiracial or Biracial participant groups had scored the highest total for ACEs as compared with other participant groups. It is not known if this high score is attributed to family-specific trauma, effects more so related to collective trauma, both, and how they may influence each other. However, this is important to recognize in understanding the challenges faced by diverse groups in our communities.

The prevalence of adverse childhood experiences, the long-term effects they may pose, and the parental effects of trauma in their own lives regarding interactions with their children, leads to a clear demand for practitioners to be able to recognize when intergenerational trauma may be a risk factor in the lives of their clients and appropriate interventions for addressing this risk factor. With such high prevalence, practitioners are likely already working with families experiencing the effects of intergenerational trauma and may benefit from tailored services, if recognized. Awareness, training, and appropriate services in place can mitigate the effects of intergenerational trauma on future generations.

#### Parental Effects of Intergenerational Trauma

With growing research available on ACEs, the effect of which it has on parenting behaviors becomes apparent. Lange, Callinan, & Smith (2018) found that ACEs experienced in mother's childhood are linked to their current stress regarding parenting, with reference to a 2011 study which found that biological mechanisms for stress are dysregulated, which can lessen the body's ability to

return “to homeostatic balance” (Shonkoff, Garner, Siegel, Dobbins, Earls, McGuinn, & Wood, 2011). Regarding relatedness, Fitzgerald, London-Johnson, & Gallus (2020) found that maternal trauma was linked to lower levels of relatedness and acceptance, greater use of harsh parenting and slightly associated with detachment and control. Consistent with these findings, Kim (2009) and Schwerdtfeger, Larzelere, Werner, Peters, & Olivia (2013) that detailed mothers who have experienced trauma may transmit their trauma through means of harsh parenting, which may include behavior such as name calling and physical aggression, such as slapping. Additionally, the children whose cases were researched for this study were found to have higher levels of externalizing symptoms. In research by Fenerci and DePrince (2018), mothers who had a history of maltreatment as children and had a child between 2-5 years old at the time of the study were recruited and it was found that post trauma appraisals and disorganized memory were related to their child internalizing symptoms and dysfunction in the mother-child relationship. This research is most relevant in considering how CWS workers or family therapists may intervene with parents who have expressed these issues or have been witnessed to likely have issues in this area.

### Interventions

Coyle (2014) suggested that treatment for individuals who have experienced intergenerational trauma and additionally historical trauma is similar

to existing trauma-informed practice, though it may vary in the pace of the intervention, with potentially slower progress.

Isobel et al. (2018) summarized how intergenerational trauma may be passed along via attachment relationships where a parent has experienced trauma which then has impacts for their children, including predisposition for trauma down the road. Isobel et al. (2018) found prevention of intergenerational trauma as “the key intervention” for addressing this problem. Isobel et al. identified effective means of prevention including resolution of parental trauma, which may include cognitive behavioral therapy. Cognitive behavioral therapy is a widely used evidence-based intervention which has been effective in working with clients with trauma. Zastrow and Kirst-Ashman (2016) detailed that cognitive behavioral therapy is a technique whereby the client’s goal is to eventually reframe their traumatic thoughts.

Other interventions or ways of preventing intergenerational trauma, as outlined by Isobel et al. include emotion regulation training as well as active support of parent-child attachment. Active support of parent-child attachment may include individualized treatments which are either direct and focus on working with parents to develop appropriate responses to their children or indirect and focus on psychosocial risk factors, such as disorganized attachment. Furthermore, Isobel et al. identified three levels of support for individuals who have experienced intergenerational trauma: primary prevention, secondary prevention, and tertiary prevention. Primary prevention may include parenting

programs, secondary prevention may include interventions for at-risk populations, and tertiary prevention may include direct services for affected clients. It should also be considered that individuals who have experienced trauma do not always seek services for the trauma itself but rather the effects or symptoms of the trauma. In these circumstances, trauma-informed care is beneficial for these clients. However, for clients to receive trauma-informed services, but they do not make it known that they have experienced trauma, practitioners should be equipped with training to recognize the signs to then provide effective services.

### Theories Guiding Conceptualization

Attachment Theory provides a framework for how individuals and those with whom they have a dependent relationship with, interact. Friend (2012) noted how years of research on attachment has led to an understanding of attachment as a spectrum of styles, ranging from secure to insecure, with three subtypes. 'Type D- disorganized- disoriented' is the most insecure attachment style on the spectrum and was associated with parent experiences that were named 'frightened or frightening' (Hesse & Main, 2006). Attachment theory particularly focuses on these interactions under "conditions of threat" (Isobel et al., 2018), which then establish patterns in which distress is coped with and emotions are regulated. Wang (2019) summarized research findings presenting the impact on parental trauma on their future attachment with their children, which found that parents who have experienced trauma are more likely to have insecure

attachment style with their child (Cicchetti, Rogosch, & Toth, 2006; Riggs, 2010). Additionally, research by Schuengel, Bakermans-Kranenburg, & Van IJzendoorn (1999) revealed parents who had experienced unresolved trauma and loss were more likely to have children showing disorganized attachment. Furthermore, Wang highlighted prior research by Perry (2008) which revealed parent's trauma from childhood affected their function of forming attachment. This attachment formation negatively impacted their ability to form a secure attachment with their children (Schuengel et al., 1999).

Evidence shows that attachment between parent and child in early childhood is related to positive developmental outcomes and the impact which trauma has on attachment sheds light on how intergenerational trauma can be passed down, even from birth. Ainsworth (1979), with their widely known study regarding infants in a 'strange-situation', concluded that the nature of the attachment between infant and mother is related to "early interaction with the mother and to various aspects of later development" (p. 936), then drawing a connection between how the child organizes their behavior toward mother and how this affects the child then organizing behavior in their environment. Ainsworth added the caveat that attachment is not fixed within the child's first year of life and can be sensitive to maternal behavioral changes. Therefore, based on this caveat, intervention with children and families which present with problems of attachment, have a chance to show improvement with intervention.

Abrams (1999) detailed that family systems theory suggests that members within a family are interdependent, with individual family members influencing the wellbeing and function of others within the family. There are subsystems within the family, for example the parent subsystem is at the top of the hierarchy and is crucial for the “overall functioning of the family” (Fitzgerald et al., 2020).

Considering how members have the potential to impact one another within the family unit, if there are problems such as unresolved trauma, within the parent subsystem, then that can directly or indirectly affect the children.

Zastrow and Kirst-Ashman (2016) detailed systems theory as a whole, describing it as helping practitioners understand how a “family system is intertwined” (p. 184) with other systems, including their community. In reference to what social workers can do in consideration of systems theory, they or family therapists can employ family therapy with family members. In family therapy, communication and interaction between members may be improved and other changes and goals can be pursued. It should be noted that family therapy is based on the principle that a family is indeed a system. In family therapy, the practitioner views any problem, whether it is an individual member’s problem or the ‘family’s problem’, as a problem which affects the entire system, so the whole system is the focus of the therapy.



## CHAPTER THREE

### METHODS

#### Introduction

The intent of this research study was to add insight and knowledge to those in the field of social work regarding the self-assessed competency levels of social workers in serving clients experiencing intergenerational trauma. In addition to questions asked regarding practitioners' self-assessed competency in this area, participants were also asked more personal details, but not identifying information, including their age, number of years' experience, gender, if they have LCSW licensure, ethnicity, and if they have experience in their own lives of intergenerational trauma. This chapter will discuss the purpose and design of the proposed study, the sampling method which was used, data collection and instruments, procedures, protection of human subjects, and the data analysis.

#### Study Design

The purpose of this study was to explore the self-assessed competency levels of social workers in serving families and individuals experiencing possible intergenerational trauma. This study surveyed participants regarding their self-assessed general knowledge of intergenerational trauma, training on intergenerational trauma, and whether they have knowledge of interventions or techniques tailored to working with families and individuals with possible intergenerational trauma. This study was exploratory. Social workers currently

receive trauma-informed training, though the extent of training focused on intergenerational trauma is lacking research. To measure social workers' self-assessed competencies in the area of intergenerational trauma, a quantitative survey study was administered. The survey was cross-sectional. A quantitative, cross-sectional survey was chosen due to time limitations relating to the graduate program timeframe. Additionally, potential barriers were presented in accessing and interviewing social workers due to the COVID-19 pandemic, and consequently many social workers working from home.

### Sampling

The study was conducted using non-probability, availability sampling. The participants included social workers who were fairly accessible to the researcher by way of email/social media/online request for participation. Twenty-eight social workers participated. Participants were not to exceed 100. Social workers with an MSW or higher were eligible for survey participation. Social workers from any organization were eligible; including but not limited to county agencies, school settings, and healthcare practices. The sample method was chosen based on the researcher's accessibility to the participants via online request, given the current COVID-19 pandemic. Eligibility criteria was chosen with intent to focus the study on the competencies of social work practitioners with graduate school experience, who are more likely to receive training on intergenerational trauma, if it is accessible in the field.

## Data Collection and Instruments

An online questionnaire was administered to participants using the online platform, Qualtrics. Participants self-administered the questionnaire at their convenience. The questionnaire was adapted from Bidell's Sexual Orientation Counselor Competency Scale (SOCCS) (2005) (Appendix A). The questionnaire consisted of twenty-one questions: four nominal questions, fifteen rating/ordinal questions, and two ratio questions. The independent variables for this study were level of experience in the field of social work (measured in years), age, gender, ethnicity, presence of personal history of intergenerational trauma, and presence of licensure as a Licensed Clinical Social Worker (LCSW). The dependent variable was perceived preparedness in working with clients experiencing effects of intergenerational trauma. All variables were measured by self-reported answers in the questionnaire. The existing scale was chosen (Bidell 2005) to ensure reliability and validity. The scale was adapted only to reflect intergenerational trauma as the topic of interest, as opposed to sexual orientation.

## Procedures

Current social workers, with and without LCSW licensure were sought for participation in this study. Participation was requested via social media, specifically closed groups on Facebook, specifically for those in the field of social work. These closed groups are generally intended for those in the social work community to post on a forum, discuss current events, and share resources. The

questionnaire link was shared by the researcher in the closed groups, along with general information and informed consent. Upon following the link, participants anonymously completed the questionnaire through the Qualtrics platform. Participants were informed prior to their participation that they can stop the questionnaire at any time without penalty. Qualtrics stored the questionnaire answers.

### Protection of Human Subjects

Upon receiving the request to participate in the study via social media, when potential participants followed the link, they were first prompted to read and agree to the informed consent. The informed consent notified the participant that they would be participating anonymously, that they could then discontinue the study at any time, without penalty, and general information about the study such as the purpose, description, duration, risks, benefits, results, and contact information. If the potential participant no longer wanted to participate, they were able to decline or simply close out the page. Participants were able to agree to the informed consent if they wished to participate, though signature was not requested.

To ensure anonymity, identifying information was not collected. When the data was downloaded from Qualtrics, it went onto a computer that has only one user and is password protected. The researchers are the only individuals who have access to the data.

## Data Analysis

The independent variables for this study were the participants' level of experience in the field of social work (measured in years), presence of personal history of intergenerational trauma, and presence of licensure as a Licensed Clinical Social Worker (LCSW). The dependent variable measured was the practitioner's perceived preparedness in working with clients experiencing effects of intergenerational trauma. The dependent variable was measured by questions targeting but not limited to the following areas; current level of experience working with individuals experiencing intergenerational trauma, general knowledge of intergenerational trauma, and training on the topic of intergenerational trauma. The scale which was utilized for this study was adapted from the Sexual Orientation Counselor Competency Scale (SOCCS) (Bidell, 2005). This scale is designed to yield a total score for the area of competency, or termed as "preparedness", for the purposes of this study. The relationship between the variables was computed using statistical analysis program, SPSS.

To analyze the scores between participants who have licensure as an LCSW and participants without licensure, a Mann-Whitney U Test was used. Additionally, this same test was used in analyzing scores between participants with personal history of intergenerational trauma and those without personal history. Both independent variables listed are nominal and the dependent variable of interest is ratio. A Mann-Whitney U Test was chosen as the statistical test for this reason. The tests used in this context gave a probability that the

difference in responses between practitioners with or without LCSW licensure and with or without personal history of intergenerational trauma either reflect a true difference or are simply a result of chance alone. In other words, the tests yielded evidence as to whether licensure as an LCSW and/or personal history of intergenerational trauma are related to a practitioner's perceived level of preparedness in working with clients experiencing effects of intergenerational trauma.

A Pearson coefficient was utilized to measure the potential relationship between the level of experience in the field of social work and perceived preparedness in working with clients experiencing effects of intergenerational trauma. Practitioners' level of experience was measured in years, which is a ratio level of measurement and the dependent variable of interest is ratio as well.

## CHAPTER FOUR

### RESULTS

#### Findings

The independent variables for this study were the participants' level of experience in the field of social work (measured in years), presence of personal history of intergenerational trauma, and licensure as a Licensed Clinical Social Worker (LCSW). The dependent variable measured was the practitioner's perceived preparedness in working with clients experiencing effects of intergenerational trauma, as assessed with a series of questions.

To determine perceived preparedness in working with clients experiencing effects of intergenerational trauma, with participants' level of experience in the field of social work (measured in years) as the independent variable, a Pearson coefficient was used (Appendix B). It was found that participants with more years of experience in the field were more likely to report having experience with working with individuals with intergenerational trauma. This finding was significant, as the Pearson coefficient indicated  $r(38) = -.445, p = .018$ .

To determine perceived preparedness in working with clients experiencing effects of intergenerational trauma, with personal history of experiencing effects of intergenerational trauma as the independent variable, a Mann-Whitney U Test was conducted (Appendix C). It was found that participants who had personal history of intergenerational trauma reported more experience working with individuals with intergenerational trauma and mental health concerns than those

without personal history of intergenerational trauma. A Mann-Whitney test indicated that this difference was statistically significant,  $U(N_{\text{non-history}}=11, N_{\text{history}}=27)=29.50, z = -2.70, p > .001$ . It was found that participants who had personal history of intergenerational trauma reported having more knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns than those without personal history of intergenerational trauma. A Mann-Whitney test indicated that this difference was statistically significant,  $U(N_{\text{non-history}}=11, N_{\text{history}}=27)=33.0, z = -1.97, p > .001$ . It was found that participants who had personal history of intergenerational trauma reported having more knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma than those without personal history of intergenerational trauma. A Mann-Whitney test indicated that this difference was statistically significant,  $U(N_{\text{non-history}}=11, N_{\text{history}}=27)=26.0, z = -2.43, p > .001$ .

To determine perceived preparedness in working with clients experiencing effects of intergenerational trauma, with licensure as LCSW as the independent variable, a Mann-Whitney U Test was conducted (Appendix D). It was found that participants with LCSW licensure were more likely to reported themselves as capable in providing counseling to individuals who suffer from intergenerational trauma than those without LCSW licensure. A Mann-Whitney test indicated that this difference was statistically significant,  $U(N_{\text{non-LCSW}}=21, N_{\text{LCSW}}=17)=46.0, z = -2.55, p > .001$ .



Frequencies were ran using SPSS (Appendix E) and it was found that the majority of the respondents reported that they at least somewhat agreed to the following questions as summarized: that they have experience working with individuals with intergenerational trauma and mental health concerns (Q7), that they have been to in-services, conference sessions, or workshops focusing on intergenerational trauma and mental health concerns (Q8), that they felt competent to assess the mental health needs of a person who experiences intergenerational trauma (Q9), that they are aware of research indicating that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns (Q10), that they feel competent, skilled, and qualified to provide services to clients having experienced intergenerational trauma (Q12), that they check up on their intergenerational trauma counseling skills (Q14), that they have knowledge on the different interventions that may be helpful in this area (Q16), that they have knowledge on the different mental health concerns that are more likely to affect those with intergenerational trauma (Q17), that they are aware of what intergenerational trauma is and its effects (Q18), that they are aware of various barriers that may be faced by those experiencing intergenerational trauma (Q19), that there are different psychological and social issues impacting individuals who have experienced intergenerational trauma (Q20), and that they feel capable in providing counseling to individuals with intergenerational trauma (Q21).

The questions pertaining to receiving adequate clinical training and supervision (Q11) and participating in role play (Q15) were not as promising. As for the question of having received clinical training, these responses were dispersed, with 17 respondents generally agreeing that they have had training, 9 respondents generally disagreeing, and 2 respondents neither agreeing nor disagreeing. As for participating in role play, only 10 respondents generally agreed that they have done this, 14 respondents generally disagreed that they have done this, and 4 respondents neither agreed nor disagreed.

## CHAPTER FIVE

### DISCUSSION

#### Discussion

In analyzing the data, this group of participants showed significantly high levels of perceived preparedness in serving individuals experiencing intergenerational trauma and its effects. The frequency reports show that participants ranked as largely agreeing on the questions measuring preparedness.

Years of experience in the field surprisingly did not appear to significantly affect the participants' levels of preparedness in serving the client population, except in looking at question 7, "I have experience working with individuals with intergenerational trauma and mental health concerns.". It can be inferred that this correlation is due to the fact that if someone has more time in the field, they simply have had more opportunities to gain experience in working with the client population, not related to special training or otherwise. Determining the presence of other factors would require additional data collection.

Interestingly, there were significant findings in looking at participants with personal experience with intergenerational trauma, as they were more likely to report experience in working with the client population, knowledge on relevant interventions, and knowledge of the different mental health concerns that are more likely to affect the client population. This is notable, as there are a few possible reasons for these findings. Perhaps those who have experienced

intergenerational trauma seek positions, projects, or trainings focusing on the client population, due to personal care and interest in the subject area. Another possibility is that through their personal experience, they have come to learn more about the subject area. For example, if a participant has a history of intergenerational trauma, perhaps they have engaged in treatment options, and therefore are more knowledgeable on interventions. There are multiple reasons why the correlation exists, but the takeaway is that those who have personal experience report themselves as more prepared in serving the client population. This finding is meaningful, as this can provide insight for those organizing efforts to serve those with intergenerational trauma. If a practitioner chooses to maintain privacy, that should be honored and respected. However, if they are comfortable with use of self in client care, this should be taken into consideration, as clients may be more likely to engage in services if they feel truly understood, as they may in working with a practitioner who has personal experience.

Whether or not the practitioner had licensure as an LCSW or not does not seem to make a significant difference in perceived preparedness, as it is measured by the questionnaire chosen for this survey. However, participants with licensure were significantly more likely in reporting themselves as “capable in providing counseling” to the client population. This is not a remarkable finding, as those with LCSW licensure would likely report themselves as more capable to provide counseling, in general, due to special training included in the LCSW licensure process, much of which has a strong emphasis on counseling practice.

In analyzing the frequency data in consideration with the independent variables, it can be concluded that this participant group believes that they are largely prepared on some degree to serve the client population. The levels of preparedness appear to be more so related to levels of personal experience, as questions measuring clinical training, supervision, and role play in this subject area yielded a relative number of participants denying their experience in these areas. This is important for those within social service organizations to acknowledge that this topic deserves further exploration. Particularly in researching role play experience, the majority of participants either disagreed or neither agreed nor disagreed that they had experience. This can be a valuable exercise for organizations to provide training for with their employees to recognize the signs of intergenerational trauma effects, further assess, and respond appropriately per their organization training and evidence-based practices.

### Summary

The purpose of this proposed research study was to explore the self-assessed competency levels of social workers in serving families and individuals experiencing possible intergenerational trauma. In addition to asking questions relating to this subject, the study briefly asked participants about personal and professional background. This study was exploratory, as practitioners generally receive at least some trauma-informed training, however training in the area of intergenerational trauma is not as well known yet is likely an issue that practitioners often are faced with, regardless if they recognize it or not.

The study was cross-sectional and used non-probability, availability sampling. Participants were recruited via social media to anonymously complete a relatively short questionnaire. Identifying information was not gathered by the online platform nor requested of participants. Participants received informed consent and was made aware of the minimal risks as well as benefits and other details of the study as well as informed of their ability to obtain results or contact appropriate personnel if they have questions.

Independent variables for this study included the participants' experience in the field of social work (measured in years), presence of personal history of intergenerational trauma, and licensure as a LCSW. The dependent variable included practitioner's perceived preparedness in working with clients experiencing effects of intergenerational trauma. Statistical tests were taken from Qualtrics and analyzed by using the SPSS program. Tests conducted included Mann-Whitney U Tests and Pearson coefficient.

APPENDIX A

BIDDELL'S SEXUAL ORIENTATION COUNSELOR COMPETANCY SCALE

(SOCCS) ADAPTED FOR INTERGENERATIONAL TRAUMA

Q1 What is your age? \_\_\_\_years-old

Q2 What is your gender?

- ☐Male
- ☐Female
- ☐Other
- ☐Prefer not to state

Q3 What is your ethnicity?

- ☐Hispanic or Latino
- ☐Caucasian
- ☐African American
- ☐Native American or American Indian
- ☐Asian or Pacific Islander
- ☐Other

Q4 Do you have a history of experiencing effects of intergenerational trauma?  
(traumatic event which occurred prior to the current generation, though impacts  
members of the current generation)

- ☐Yes
- ☐No

Q5 How many years of experience do you have working in the social work field?  
—

Q6 Have you obtained your License for Clinical Social Work (LCSW)?

- ☐Yes
- ☐No



**The next set of questions are statements that will ask you to rate yourself.**

Q7 I have experience working with individuals with intergenerational trauma and mental health concerns.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

Q8 I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

Q9 I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

Q10 I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

Q11 I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree

- ☐Somewhat disagree
- ☐Strongly disagree

Q12 At this point in my professional development, I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.

- ☐Strongly agree
- ☐Somewhat agree
- ☐Neither agree nor disagree
- ☐Somewhat disagree
- ☐Strongly disagree

Q13 Currently, I do not have the skills or training to do a case presentation or consultation if my client had intergenerational trauma concerns.

- ☐Strongly agree
- ☐Somewhat agree
- ☐Neither agree nor disagree
- ☐Somewhat disagree
- ☐Strongly disagree

Q14 I check up on my intergenerational trauma counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.

- ☐Strongly agree
- ☐Somewhat agree
- ☐Neither agree nor disagree
- ☐Somewhat disagree
- ☐Strongly disagree

Q15 I have done a counseling role-play as either the client or counselor involving an issue regarding intergenerational trauma.

- ☐Strongly agree
- ☐Somewhat agree
- ☐Neither agree nor disagree
- ☐Somewhat disagree
- ☐Strongly disagree

Q16 I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

Q17 I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

Q18 I am aware what intergenerational trauma is and the effects of intergenerational trauma.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

Q19 I am aware of the various barriers individuals who have experienced intergenerational trauma may face.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

Q20 There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

Q21 I feel capable in providing counseling to individuals who suffer from intergenerational trauma.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

APPENDIX B

SPSS OUTPUT- PEARSON COEFFICIENT

Correlations																	
		How many years of experience do you have working in the social work field?	I have experience working with individuals with intergenerational trauma and mental health concerns.	I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.	I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.	I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.	I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.	At this point in my professional development I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.	Currently, I do not have the skills or training to do a case presentation or consultation if my client had intergenerational trauma concerns.	I check up on my intergenerational trauma counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.	I have done a counseling role-play as either the client or counselor involving an issue regarding intergenerational trauma.	I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.	I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.	I am aware what intergenerational trauma is and the effects of intergenerational trauma may face.	I am aware of the various barriers individuals who have experienced intergenerational trauma may face.	There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.	I feel capable in providing counseling to individuals who suffer from intergenerational trauma.
How many years of experience do you have working in the social work field?	Pearson Correlation	1	-.445*	.196	.061	.140	-.113	-.371	-.090	-.083	-.163	-.258	-.181	-.071	-.124	-.147	-.224
	Sig. (2-tailed)		.018	.317	.757	.479	.568	.052	.648	.675	.406	.186	.357	.719	.530	.456	.251
	N		38	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I have experience working with individuals with intergenerational trauma and mental health concerns.	Pearson Correlation	-.445*	1	.190	.391*	.481**	.233	.436*	.000	.547**	.210	.552**	.607**	.685**	.480**	.428*	.505**
	Sig. (2-tailed)		.018	.332	.040	.009	.232	.020	1.000	.003	.283	.002	<.001	<.001	.010	.023	.006
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.	Pearson Correlation	.196	.190	1	.343	.412*	.173	.158	.024	.327	.266	.256	.264	.174	.006	.366	.069
	Sig. (2-tailed)		.317	.332	.074	.029	.378	.421	.902	.089	.172	.188	.175	.375	.974	.055	.728
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.	Pearson Correlation	.061	.391*	.343	1	.234	.499**	.665**	-.309	.318	-.158	.555**	.480**	.367	.148	.237	.616**
	Sig. (2-tailed)		.757	.040	.074	.230	.007	<.001	.110	.099	.421	.002	.010	.055	.453	.224	<.001
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.	Pearson Correlation	.140	.481**	.412*	.234	1	.332	.195	.000	.745**	.379*	.433*	.474*	.607**	.550**	.507**	.366
	Sig. (2-tailed)		.479	.009	.029	.230	.084	.320	1.000	<.001	.047	.021	.011	<.001	.002	.006	.055
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.	Pearson Correlation	-.113	.233	.173	.499**	.332	1	.634**	-.152	.587**	.100	.630**	.612**	.299	.464*	.344	.596**
	Sig. (2-tailed)		.568	.232	.378	.007	.084	<.001	.440	.001	.611	<.001	<.001	.122	.013	.073	<.001
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
At this point in my professional development, I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.	Pearson Correlation	-.371	.436*	.158	.665**	.195	.634**	1	-.388*	.596**	.007	.776**	.711**	.374*	.356	.237	.765**
	Sig. (2-tailed)		.052	.020	.421	<.001	.320	<.001	.041	<.001	.974	<.001	<.001	.050	.063	.224	<.001
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
Currently, I do not have the skills or training to do a case presentation or consultation if my client had intergenerational trauma concerns.	Pearson Correlation	-.090	.000	.024	-.309	.000	-.152	-.388*	1	-.174	.259	-.130	-.175	-.242	-.062	.208	-.426*
	Sig. (2-tailed)		.648	1.000	.902	.110	1.000	.440	.041	.376	.184	.508	.373	.215	.756	.289	.024
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I check up on my intergenerational trauma counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.	Pearson Correlation	-.083	.547**	.327	.318	.745**	.587**	.596**	-.174	1	.279	.718**	.773**	.612**	.647**	.465*	.626**
	Sig. (2-tailed)		.675	.003	.089	.099	<.001	.001	<.001	.376		.151	<.001	<.001	<.001	<.001	<.001
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I have done a counseling role-play as either the client or counselor involving an issue regarding intergenerational trauma.	Pearson Correlation	-.163	.210	.266	-.158	.379*	.100	.007	.259	.279	1	.260	.237	.236	.284	.358	.006
	Sig. (2-tailed)		.406	.283	.172	.421	.047	.611	.974	.184	.151		.181	.225	.227	.143	.061
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.	Pearson Correlation	-.258	.552**	.256	.555**	.433*	.630**	.776**	-.130	.718**	.260	1	.817**	.497**	.422*	.346	.611**
	Sig. (2-tailed)		.186	.002	.188	.002	.021	<.001	<.001	.508	<.001	.181		<.001	.007	.025	.071
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.	Pearson Correlation	-.181	.607**	.264	.480**	.474*	.612**	.711**	-.175	.773**	.237	.817**	1	.690**	.630**	.456*	.776**
	Sig. (2-tailed)		.357	<.001	.175	.010	.011	<.001	<.001	.373	<.001	.225	<.001		<.001	<.001	.015
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I am aware what intergenerational trauma is and the effects of intergenerational trauma.	Pearson Correlation	-.071	.685**	.174	.367	.607**	.299	.374*	-.242	.612**	.236	.497**	.690**	1	.695**	.642**	.695**
	Sig. (2-tailed)		.719	<.001	.375	.055	<.001	.122	.050	.215	<.001	.227	.007	<.001		<.001	<.001
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I am aware of the various barriers individuals who have experienced intergenerational trauma may face.	Pearson Correlation	-.124	.480**	.006	.148	.550**	.464*	.356	-.062	.647**	.284	.422*	.630**	.695**	1	.627**	.549**
	Sig. (2-tailed)		.530	.010	.974	.453	.002	.013	.063	.756	<.001	.143	.025	<.001	<.001		<.001
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.	Pearson Correlation	-.147	.428*	.366	.237	.507**	.344	.237	.208	.465*	.358	.346	.456*	.642**	.627**	1	.446*
	Sig. (2-tailed)		.456	.023	.055	.224	.006	.073	.224	.289	.013	.061	.071	.015	<.001	<.001	
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
I feel capable in providing counseling to individuals who suffer from intergenerational trauma.	Pearson Correlation	-.224	.505**	.069	.616**	.366	.596**	.765**	-.426*	.626**	.006	.611**	.776**	.695**	.549**	.446*	1
	Sig. (2-tailed)		.251	.006	.728	<.001	.055	<.001	<.001	.024	<.001	.977	<.001	<.001	<.001	.003	.017
	N		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28

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

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

## APPENDIX C

### SPSS OUTPUT- MANN-WHITNEY U TEST: PERSONAL HISTORY

Ranks				
	Do you have a history of experiencing effects of intergenerational trauma? (traumatic event which occurred prior to the current generation, though impacts members of the current generation)	N	Mean Rank	Sum of Ranks
I have experience working with individuals with intergenerational trauma and mental health concerns.	Yes	22	12.84	282.50
	No	6	20.58	123.50
	Total	28		
I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.	Yes	22	14.77	325.00
	No	6	13.50	81.00
	Total	28		
I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.	Yes	22	13.14	289.00
	No	6	19.50	117.00
	Total	28		
I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.	Yes	22	14.07	309.50
	No	6	16.08	96.50
	Total	28		
I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.	Yes	22	13.59	299.00
	No	6	17.83	107.00
	Total	28		
At this point in my professional development, I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.	Yes	22	13.86	305.00
	No	6	16.83	101.00
	Total	28		
I check up on my intergenerational trauma counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.	Yes	22	13.68	301.00
	No	6	17.50	105.00
	Total	28		
I have done a counseling role-play as either the client or counselor involving an issue regarding intergenerational trauma.	Yes	22	14.23	313.00
	No	6	15.50	93.00
	Total	28		
I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.	Yes	22	13.00	286.00
	No	6	20.00	120.00
	Total	28		
I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.	Yes	22	12.68	279.00
	No	6	21.17	127.00
	Total	28		
I am aware what intergenerational trauma is and the effects of intergenerational trauma.	Yes	22	13.36	294.00
	No	6	18.67	112.00
	Total	28		
I am aware of the various barriers individuals who have experienced intergenerational trauma may face.	Yes	22	13.55	298.00
	No	6	18.00	108.00
	Total	28		
There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.	Yes	22	15.25	335.50
	No	6	11.75	70.50
	Total	28		
I feel capable in providing counseling to individuals who suffer from intergenerational trauma.	Yes	22	13.57	298.50
	No	6	17.92	107.50
	Total	28		



Test Statistics <sup>a</sup>														
	I have experience working with individuals with intergenerational trauma and mental health concerns.	I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.	I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.	I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.	I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.	At this point in my professional development I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.	I check up on my intergenerational trauma counseling skills by monitoring my functioning/c ompetency via consultation, supervision, and continuing education.	I have done a counseling role-play as either the client or counselor involving an issue regarding intergenerational trauma.	I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.	I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.	I am aware what intergenerational trauma is and the effects of intergenerational trauma.	I am aware of the various barriers individuals who have experienced intergenerational trauma may face.	There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.	I feel capable in providing counseling to individuals who suffer from intergenerational trauma.
Mann-Whitney U	29.500	60.000	36.000	56.500	46.000	52.000	48.000	60.000	33.000	26.000	41.000	45.000	49.500	45.500
Wilcoxon W	282.500	81.000	289.000	309.500	299.000	305.000	301.000	313.000	286.000	279.000	294.000	298.000	70.500	298.500
Z	-2.709	-.350	-1.833	-.705	-1.159	-.855	-1.129	-.348	-1.979	-2.439	-1.623	-1.330	-1.054	-1.228
Asymp. Sig. (2-tailed)	.007	.727	.067	.481	.246	.392	.259	.728	.048	.015	.105	.183	.292	.220
Exact Sig. (2*(1-tailed Sig.))	.039 <sup>b</sup>	.764 <sup>b</sup>	.100 <sup>b</sup>	.604 <sup>b</sup>	.283 <sup>b</sup>	.460 <sup>b</sup>	.336 <sup>b</sup>	.764 <sup>b</sup>	.068 <sup>b</sup>	.024 <sup>b</sup>	.175 <sup>b</sup>	.259 <sup>b</sup>	.365 <sup>b</sup>	.259 <sup>b</sup>

a. Grouping Variable: Do you have a history of experiencing effects of intergenerational trauma? (traumatic event which occurred prior to the current generation, though impacts members of the current generation)

b. Not corrected for ties.

## APPENDIX D

### SPSS OUTPUT- MANN-WHITNEY U TEST: LCSW STATUS

Ranks				
	Have you obtained your License for Clinical Social Work (LCSW)?	N	Mean Rank	Sum of Ranks
Do you have a history of experiencing effects of intergenerational trauma? (traumatic event which occurred prior to the current generation, though impacts members of the current generation)	Yes	17	18.47	314.00
	No	21	20.33	427.00
	Total	38		
I have experience working with individuals with intergenerational trauma and mental health concerns.	Yes	14	13.89	194.50
	No	14	15.11	211.50
	Total	28		
I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.	Yes	14	14.00	196.00
	No	14	15.00	210.00
	Total	28		
I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.	Yes	14	13.21	185.00
	No	14	15.79	221.00
	Total	28		
I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.	Yes	14	15.82	221.50
	No	14	13.18	184.50
	Total	28		
I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.	Yes	14	12.04	168.50
	No	14	16.96	237.50
	Total	28		
At this point in my professional development, I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.	Yes	14	12.00	168.00
	No	14	17.00	238.00
	Total	28		
I check up on my intergenerational trauma counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.	Yes	14	14.96	209.50
	No	14	14.04	196.50
	Total	28		
I have done a counseling role-play as either the client or counselor involving an issue regarding intergenerational trauma.	Yes	14	14.07	197.00
	No	14	14.93	209.00
	Total	28		
I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.	Yes	14	12.46	174.50
	No	14	16.54	231.50
	Total	28		
I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.	Yes	14	12.96	181.50
	No	14	16.04	224.50
	Total	28		
I am aware what intergenerational trauma is and the effects of intergenerational trauma.	Yes	14	13.07	183.00
	No	14	15.93	223.00
	Total	28		
I am aware of the various barriers individuals who have experienced intergenerational trauma may face.	Yes	14	15.11	211.50
	No	14	13.89	194.50
	Total	28		
There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.	Yes	14	13.14	184.00
	No	14	15.86	222.00
	Total	28		
I feel capable in providing counseling to individuals who suffer from intergenerational trauma.	Yes	14	10.79	151.00
	No	14	18.21	255.00
	Total	28		

Test Statistics <sup>a</sup>															
	Do you have a history of experiencing effects of intergenerational trauma? (traumatic event which occurred prior to the current generation, though impacts members of the current generation)	I have experience working with individuals with intergenerational trauma and mental health concerns.	I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.	I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.	I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.	I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.	At this point in my professional development I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.	I check up on my intergenerational trauma counseling skills by monitoring my functioning/c competency via consultation, supervision, and continuing education.	I have done a counseling role-play as either the client or counselor involving an issue regarding intergenerational trauma.	I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.	I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.	I am aware what intergenerational trauma is and the effects of intergenerational trauma.	I am aware of the various barriers individuals who have experienced intergenerational trauma may face.	There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.	I feel capable in providing counseling to individuals who suffer from intergenerational trauma.
Mann-Whitney U	161.000	89.500	91.000	80.000	79.500	63.500	63.000	91.500	92.000	69.500	76.500	78.000	89.500	79.000	46.000
Wilcoxon W	314.000	194.500	196.000	185.000	184.500	168.500	168.000	196.500	197.000	174.500	181.500	183.000	194.500	184.000	151.000
Z	-.654	-.518	-.335	-.903	-1.127	-1.641	-1.755	-.334	-.285	-1.402	-1.076	-1.065	-.442	-.996	-2.556
Asymp. Sig. (2-tailed)	.513	.605	.738	.367	.260	.101	.079	.738	.775	.161	.282	.287	.659	.319	.011
Exact Sig. [2*(1-tailed Sig.)]	.622 <sup>b</sup>	.701 <sup>b</sup>	.769 <sup>b</sup>	.427 <sup>b</sup>	.401 <sup>b</sup>	.114 <sup>b</sup>	.114 <sup>b</sup>	.769 <sup>b</sup>	.804 <sup>b</sup>	.194 <sup>b</sup>	.329 <sup>b</sup>	.376 <sup>b</sup>	.701 <sup>b</sup>	.401 <sup>b</sup>	.016 <sup>b</sup>

a. Grouping Variable: Have you obtained your License for Clinical Social Work (LCSW)?

b. Not corrected for ties.

APPENDIX E

SPSS OUTPUT- FREQUENCIES

Statistics															
	I have experience working with individuals with intergenerational trauma and mental health concerns.	I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.	I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.	I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.	I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.	At this point in my professional development - I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.	Currently, I do not have the skills or training to do a case presentation or consultation if my client had intergenerational trauma concerns.	I check up on my intergenerational trauma counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.	I have done a counseling role-play as either the client or counselor involving an issue regarding intergenerational trauma.	I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.	I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.	I am aware what intergenerational trauma is and the effects of intergenerational trauma.	I am aware of the various barriers individuals who have experienced intergenerational trauma may face.	There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.	I feel capable in providing counseling to individuals who suffer from intergenerational trauma.
N	Valid	28	28	28	28	28	28	28	28	28	28	28	28	28	28
	Missing	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Mode		1	1 <sup>a</sup>	1	1	2	2	7	1	5	2	1 <sup>a</sup>	1	1	2

a. Multiple modes exist. The smallest value is shown

### I have experience working with individuals with intergenerational trauma and mental health concerns.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	21	52.5	75.0	75.0
	Somewhat agree	6	15.0	21.4	96.4
	Neither agree nor disagree	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

### I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	9	22.5	32.1	32.1
	Somewhat agree	9	22.5	32.1	64.3
	Neither agree nor disagree	3	7.5	10.7	75.0
	Somewhat disagree	6	15.0	21.4	96.4
	Strongly disagree	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	13	32.5	46.4	46.4
	Somewhat agree	11	27.5	39.3	85.7
	Neither agree nor disagree	2	5.0	7.1	92.9
	Somewhat disagree	2	5.0	7.1	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	21	52.5	75.0	75.0
	Somewhat agree	6	15.0	21.4	96.4
	Neither agree nor disagree	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	8	20.0	28.6	28.6
	Somewhat agree	9	22.5	32.1	60.7
	Neither agree nor disagree	2	5.0	7.1	67.9
	Somewhat disagree	6	15.0	21.4	89.3
	Strongly disagree	3	7.5	10.7	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**At this point in my professional development, I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	11	27.5	39.3	39.3
	Somewhat agree	13	32.5	46.4	85.7
	Neither agree nor disagree	2	5.0	7.1	92.9
	Somewhat disagree	2	5.0	7.1	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**Currently, I do not have the skills or training to do a case presentation or consultation if my client had intergenerational trauma concerns.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	3	7.5	10.7	10.7
	Neither agree nor disagree	2	5.0	7.1	17.9
	Somewhat disagree	12	30.0	42.9	60.7
	Strongly disagree	11	27.5	39.3	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**I check up on my intergenerational trauma counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	16	40.0	57.1	57.1
	Somewhat agree	7	17.5	25.0	82.1
	Neither agree nor disagree	3	7.5	10.7	92.9
	Somewhat disagree	1	2.5	3.6	96.4
	Strongly disagree	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**I have done a counseling role-play as either the client or counselor involving an issue regarding intergenerational trauma.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	7	17.5	25.0	25.0
	Somewhat agree	3	7.5	10.7	35.7
	Neither agree nor disagree	4	10.0	14.3	50.0
	Somewhat disagree	4	10.0	14.3	64.3
	Strongly disagree	10	25.0	35.7	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	8	20.0	28.6	28.6
	Somewhat agree	13	32.5	46.4	75.0
	Neither agree nor disagree	1	2.5	3.6	78.6
	Somewhat disagree	5	12.5	17.9	96.4
	Strongly disagree	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		



**I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	12	30.0	42.9	42.9
	Somewhat agree	12	30.0	42.9	85.7
	Neither agree nor disagree	1	2.5	3.6	89.3
	Somewhat disagree	2	5.0	7.1	96.4
	Strongly disagree	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**I am aware what intergenerational trauma is and the effects of intergenerational trauma.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	17	42.5	60.7	60.7
	Somewhat agree	9	22.5	32.1	92.9
	Neither agree nor disagree	1	2.5	3.6	96.4
	Strongly disagree	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**I am aware of the various barriers individuals who have experienced intergenerational trauma may face.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	16	40.0	57.1	57.1
	Somewhat agree	9	22.5	32.1	89.3
	Neither agree nor disagree	1	2.5	3.6	92.9
	Somewhat disagree	1	2.5	3.6	96.4
	Strongly disagree	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

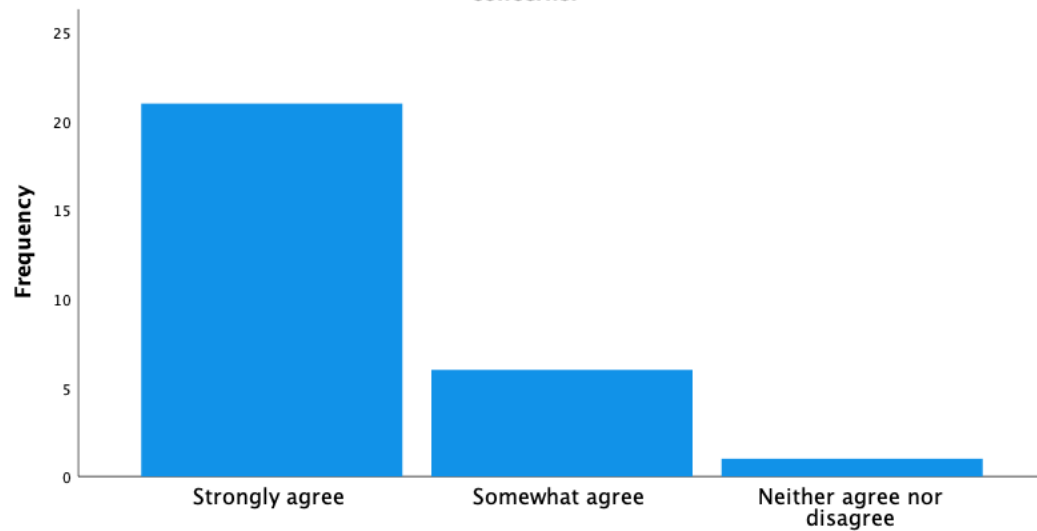
**There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	16	40.0	57.1	57.1
	Somewhat agree	10	25.0	35.7	92.9
	Neither agree nor disagree	1	2.5	3.6	96.4
	Strongly disagree	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**I feel capable in providing counseling to individuals who suffer from intergenerational trauma.**

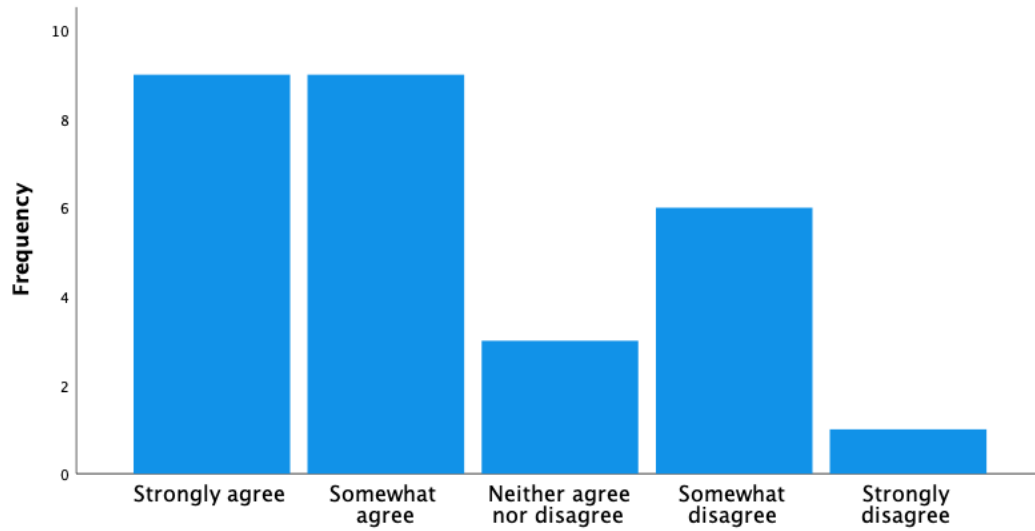
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	10	25.0	35.7	35.7
	Somewhat agree	12	30.0	42.9	78.6
	Neither agree nor disagree	4	10.0	14.3	92.9
	Somewhat disagree	1	2.5	3.6	96.4
	Strongly disagree	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	System	12	30.0		
Total		40	100.0		

**I have experience working with individuals with intergenerational trauma and mental health concerns.**



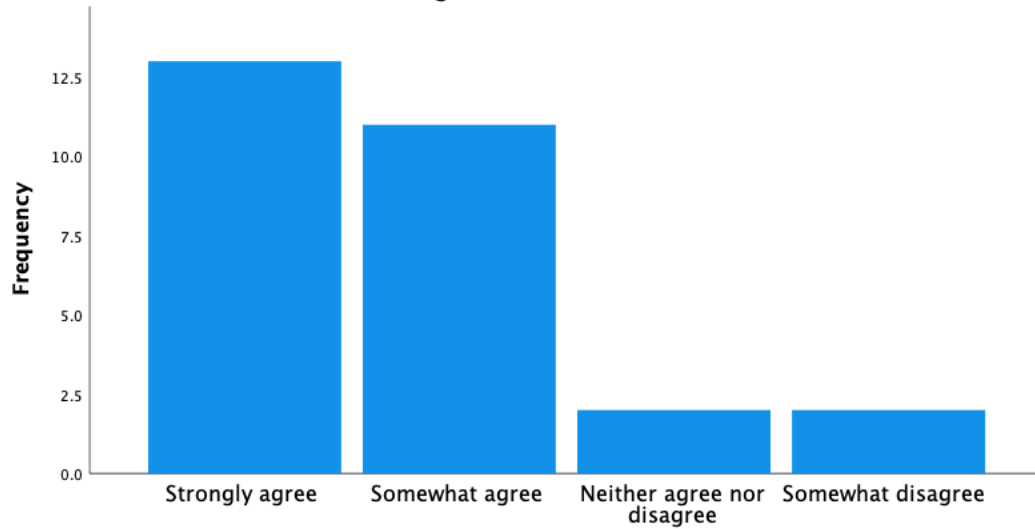
**I have experience working with individuals with intergenerational trauma and mental health concerns.**

**I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.**



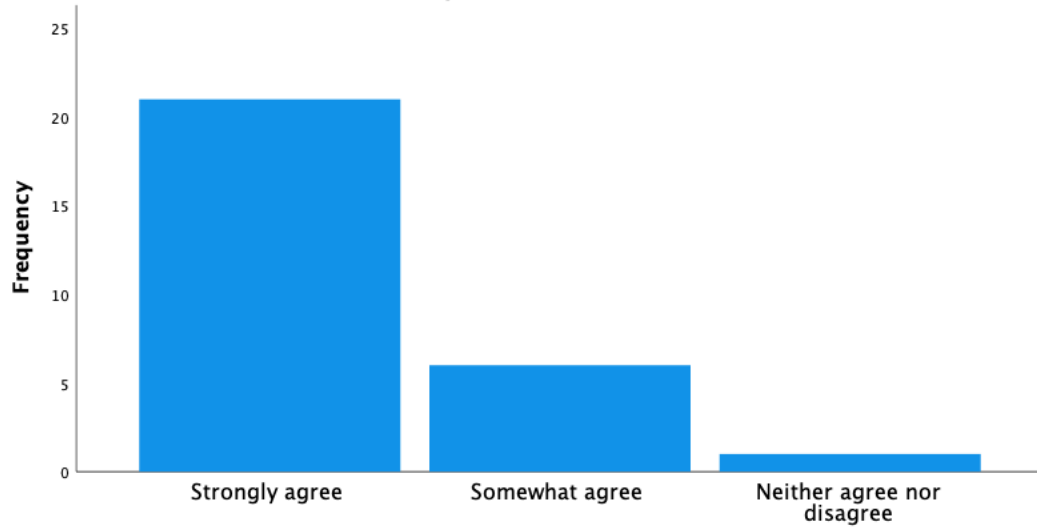
**I have been to in-services, conference sessions, or workshops, which focus on intergenerational trauma and mental health concerns.**

**I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.**



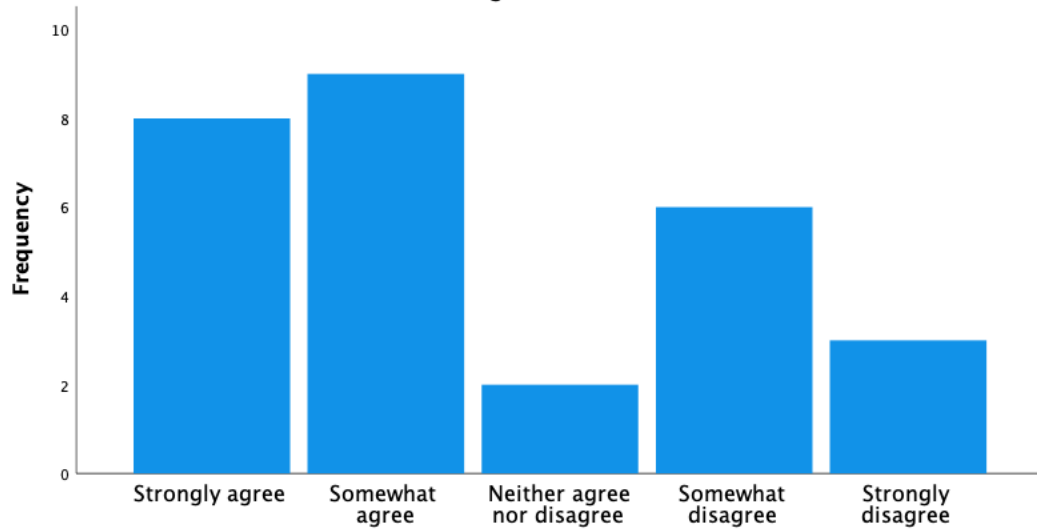
**I feel competent to assess the mental health needs of a person who experiences intergenerational trauma.**

**I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.**



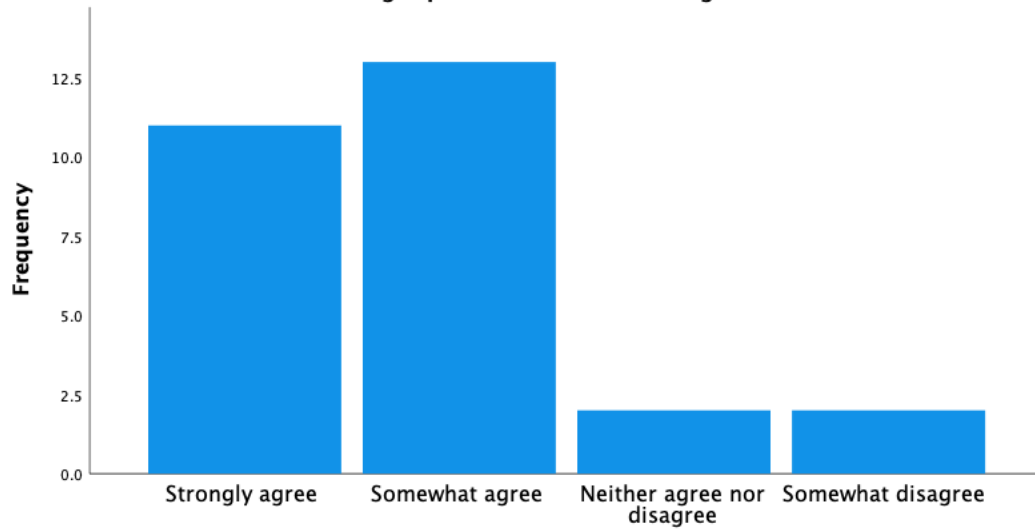
**I am aware that some research indicates that individuals who experience intergenerational trauma are more likely to exhibit mental health concerns.**

**I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.**



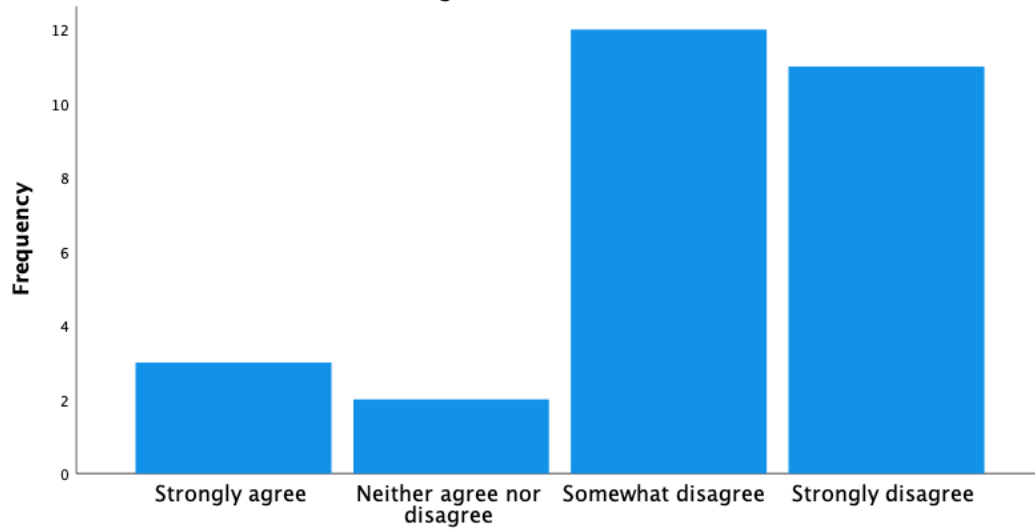
**I have received adequate clinical training and supervision to counsel clients having experienced effects of intergenerational trauma.**

**At this point in my professional development, I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.**

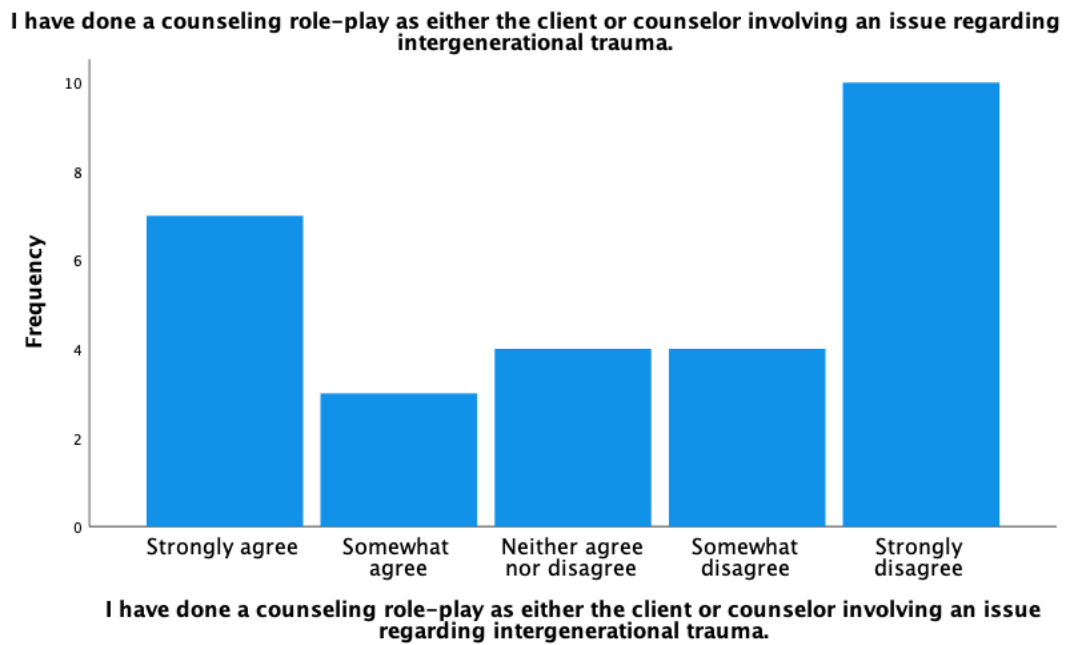
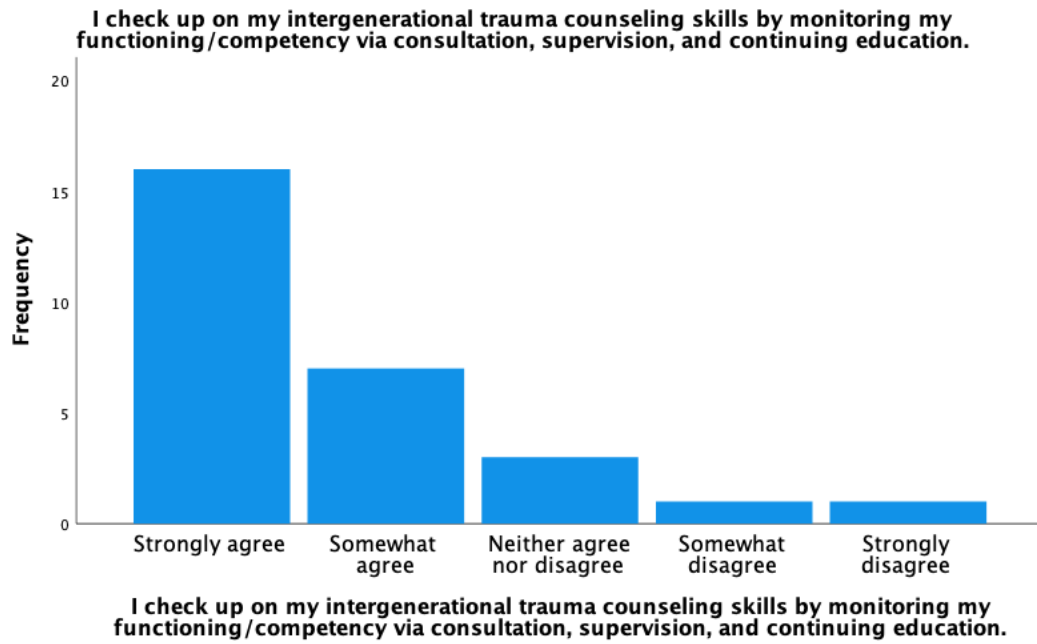


**At this point in my professional development, I feel competent, skilled, and qualified to provide services to clients having experienced effects of intergenerational trauma.**

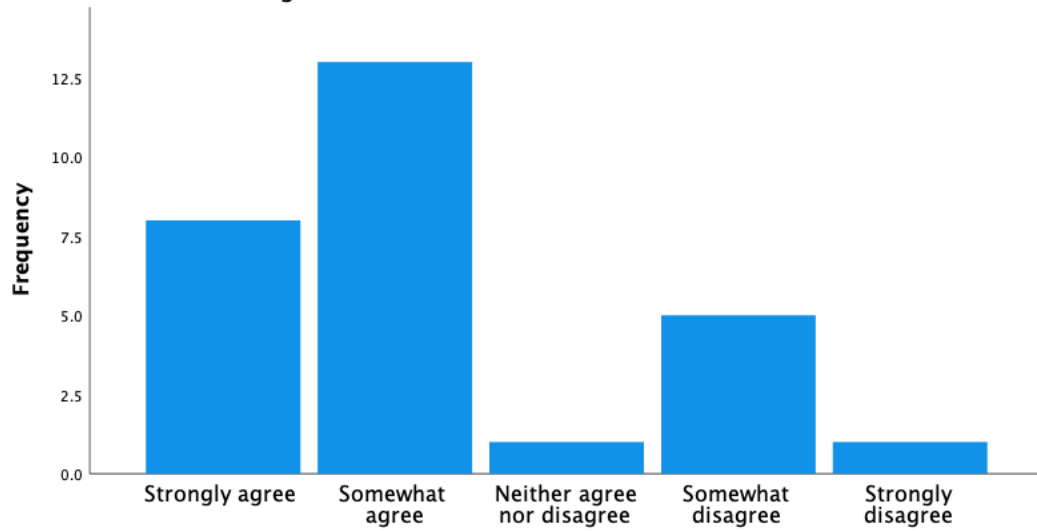
**Currently, I do not have the skills or training to do a case presentation or consultation if my client had intergenerational trauma concerns.**



**Currently, I do not have the skills or training to do a case presentation or consultation if my client had intergenerational trauma concerns.**

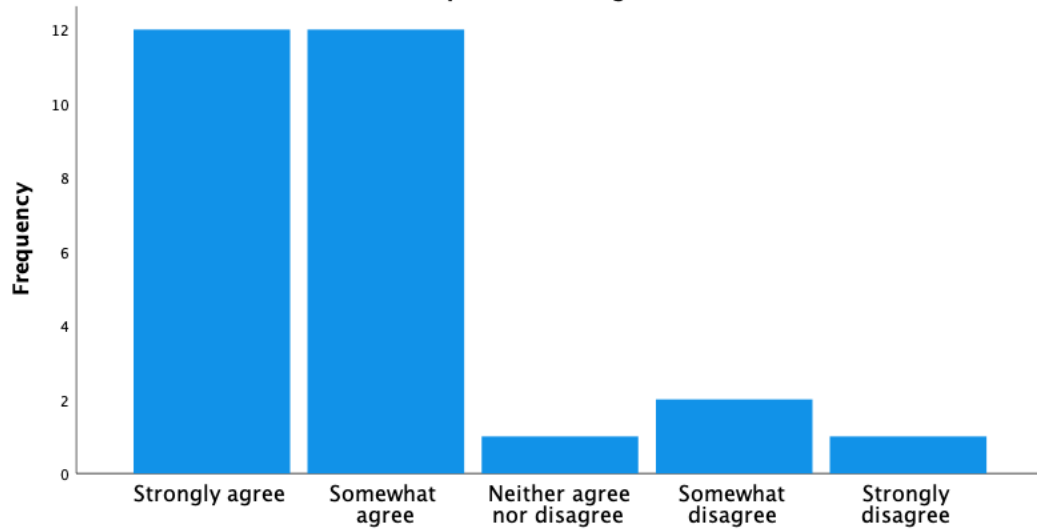


**I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.**



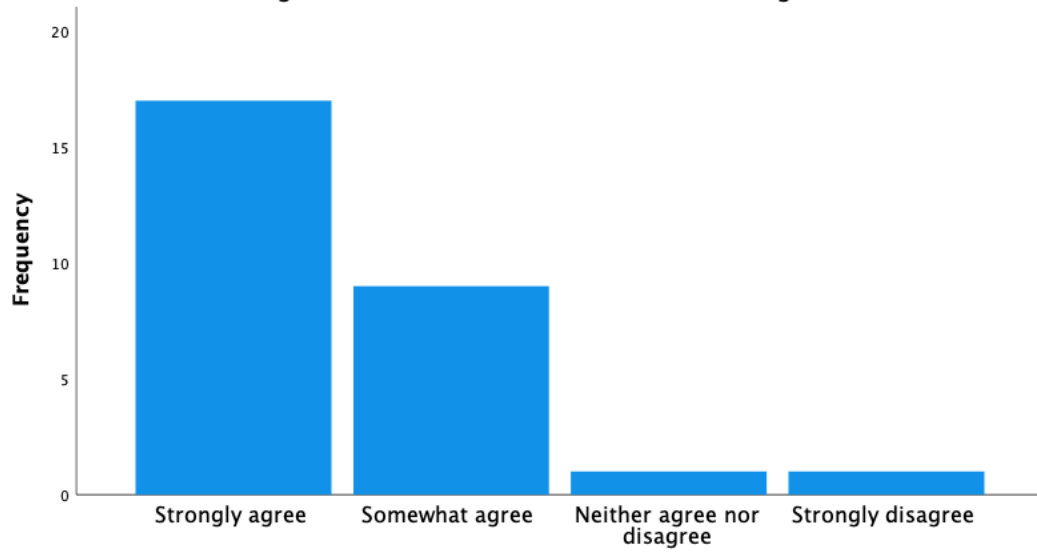
**I have knowledge on the different interventions that may be helpful with individuals who have intergenerational trauma and mental health concerns.**

**I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.**



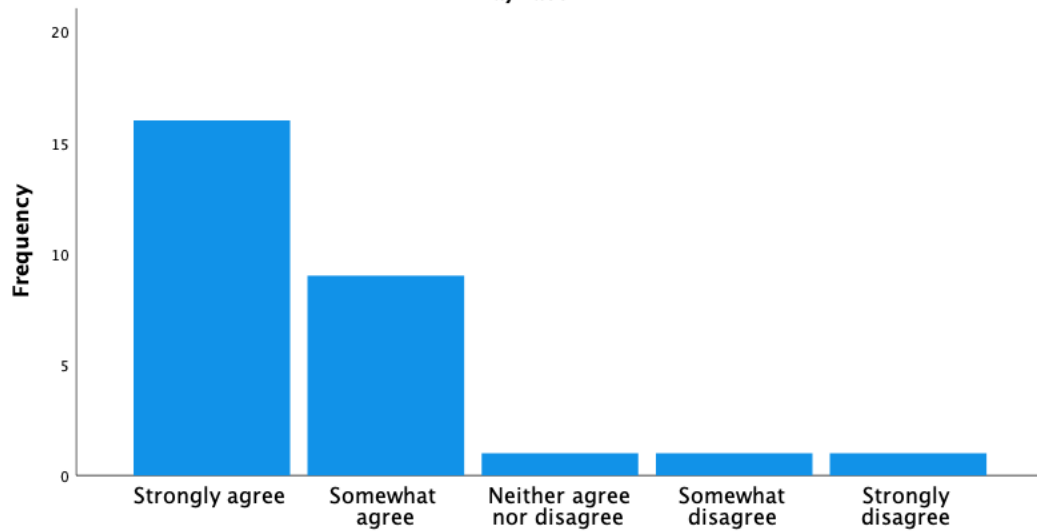
**I have knowledge on the different mental health concerns that are more likely to affect an individual who has experienced intergenerational trauma.**

**I am aware what intergenerational trauma is and the effects of intergenerational trauma.**



**I am aware what intergenerational trauma is and the effects of intergenerational trauma.**

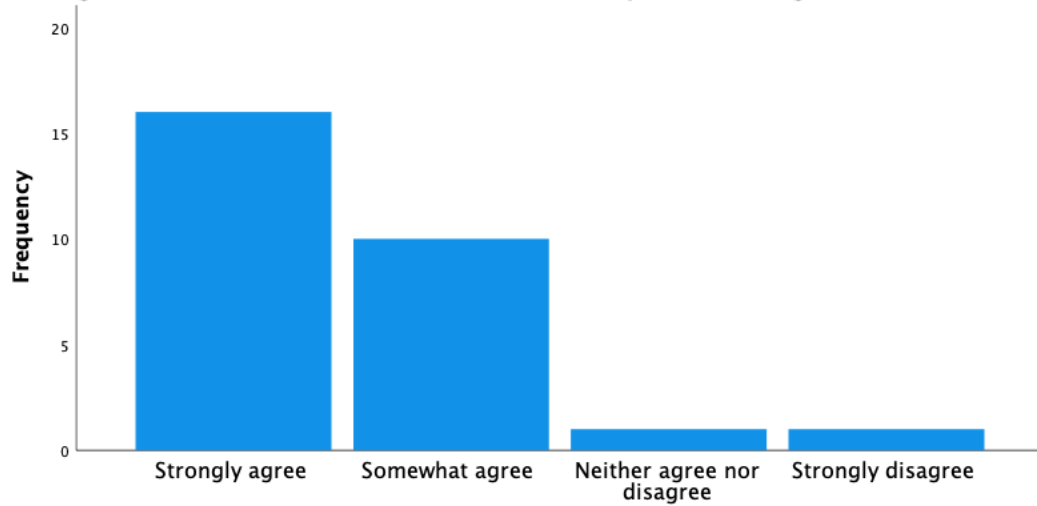
**I am aware of the various barriers individuals who have experienced intergenerational trauma may face.**



**I am aware of the various barriers individuals who have experienced intergenerational trauma may face.**

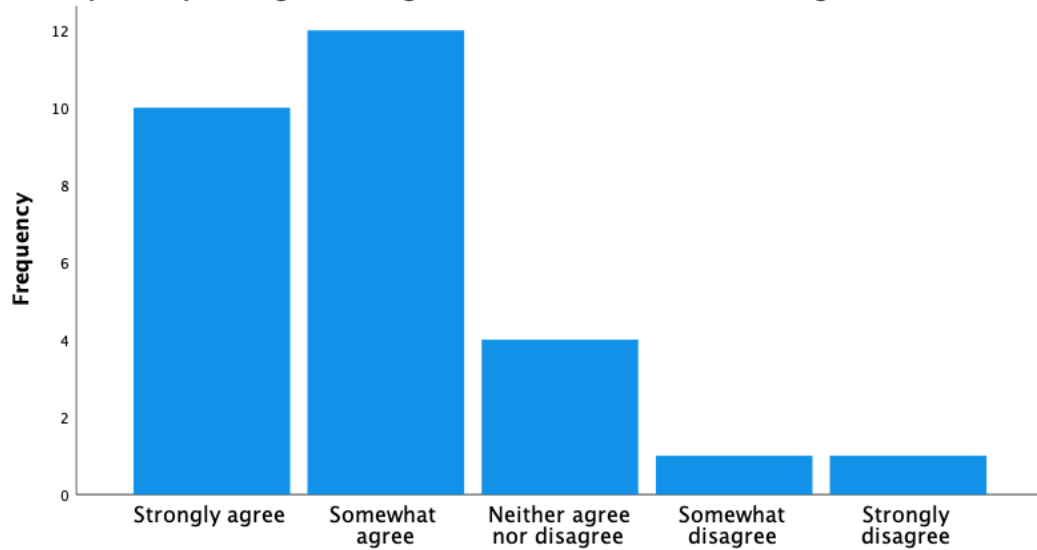


**There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.**



**There are different psychological/social issues impacting individuals who have experienced intergenerational trauma versus those who have not experienced intergenerational trauma.**

**I feel capable in providing counseling to individuals who suffer from intergenerational trauma.**



**I feel capable in providing counseling to individuals who suffer from intergenerational trauma.**

APPENDIX F  
IRB APPROVAL LETTER



**CSUSB INSTITUTIONAL REVIEW BOARD**

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-156

Brooklyn Sapozhnikov Geneva Marie Gandelman  
CSBS - Social Work, Users loaded with unmatched Organization affiliation.  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Brooklyn Sapozhnikov Geneva Marie Gandelman:

Your application to use human subjects, titled "Social Workers' Knowledge and Preparedness in Serving Clients with Experience of Intergenerational Trauma " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

**Important Notice:** For all in-person research following IRB approval all research activities must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.

- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2021-156 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

*Nicole Dabbs*

Nicole Dabbs, Ph.D., IRB Chair  
CSUSB Institutional Review Board

ND/MG

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