

5-2022

ADVERSE CHILDHOOD EXPERIENCES (ACES): ROLE OF EMOTIONAL INTELLIGENCE ON PSYCHOLOGICAL DISTRESS

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ADVERSE CHILDHOOD EXPERIENCES (ACES): ROLE OF EMOTIONAL
INTELLIGENCE ON PSYCHOLOGICAL DISTRESS

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
Ariana Romero
Sean Panganiban

May 2022

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ABSTRACT

Currently, over 60% of adults in the U.S have suffered from at least one adverse childhood experience (ACE). The impact of ACEs on mental health and well-being has been immensely researched over the past couple decades. The current study aims to see how emotional intelligence impacts psychological distress among individuals who have experienced ACEs. Researchers conducted a quantitative study in which 3 surveys were administered to a group of 93 voluntary participants via Qualtrics on social media platforms. Participants completed the following surveys: BEIS-10 (Emotional intelligence measure), K-6 (psychological distress measure) and the ACEs questionnaire. Results found that there was a positive correlation between emotional intelligence and psychological distress, but there was no statistical significance. However, researchers did find a statistical significance with psychological distress and high exposure to ACEs, indicating that those participants that reported higher psychological distress, also reported high exposure to ACEs. The study is directed toward raising awareness for the value of emotional intelligence and its association with psychological distress among individuals exposed by ACEs.

Key words: emotional intelligence, psychological distress, Adverse Childhood Experiences (ACEs)

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Research has shown that individuals who have experienced adverse childhood experiences (ACES) are more likely to endure mental health problems in adulthood (Poole, Dobson & Pusch, 2016). Adverse childhood experiences (ACEs) are defined as stressors that includes neglect, sexual, emotional, and verbal abuse that occurred before the age of 18 (Sheffler et al., 2019). Individual's may identify their ACEs as a stressor, or a trauma, based on their own subjective beliefs regarding the experience. Due to the broad spectrum of human personalities, what may be perceived as a trauma to one individual, may not register the same to someone else. Whether it is a stressor or a trauma, it is important to be aware and identify ways of diminishing the ruminating effects that ACEs has on individuals. With that being said, it is imperative to emphasize that even though ACEs during childhood can lead to negative outcomes in adulthood, the level of emotional intelligence that one possesses may impact their ability to better manage that trauma. Emotional Intelligence (EI) describes an individual's ability to manage and comprehend one's own emotions and feelings, as well as those of others (Mayer et al., 2003). Studies have demonstrated the benefits of EI as it is linked to life satisfaction, academic achievement, improved mental health and overall better quality of life (Sheffler et al., 2019).

Researchers conducted an overview of emotional intelligence and educational policy. The logistical models of education neglect the importance of emotions, focusing more on following direction and tasks. Emotional intellect prioritizes one's ability to interact with others and facilitate the emotions within themselves and those around them. This ability to communicate and listen are components of emotional intelligence that hold much promise for populations who experience trauma (Mayer & Cobb, 2000). These trauma exposed individuals can use the emotional intelligence skills when encountering adversity. Although education policy makers have considered emotional intelligence as an indicator for school success, there is not sufficient research or measurement tools that validate the use of emotional intelligence in the policy realm (Mayer & Cobb, 2000). Ultimately, policy has the potential to significantly impact individuals on a micro level and macro level. Thus, this dynamic can either create boundaries or avenues to positive change. Emotional intelligence supports change through ensuring that populations are able to thrive in all areas of functioning, enhancing mental and physical well-being.

Purpose of the Study

This study aims to examine the impact of one's emotional intelligence on psychological distress among individuals with adverse childhood experiences (ACEs). Emotional intelligence is defined as one's ability to manage, understand and regulate one's own emotions and those of others. Emotional intelligence has shown to have a positive impact on life satisfaction, college success, positive

social relationships, and resilience. ACEs are stressors experienced in childhood before the age of 18 such as neglect, sexual, emotional, or verbal abuse. Research has strongly shown the impact of adverse childhood experiences on adults, causing mental health issues and poor well-being in adulthood. With that said, this study will explore the relationship between one's emotional intelligence and the impact it has on psychological distress on those who have experienced ACEs. The results of the study will ultimately support the development of emotional intelligence interventions which may increase resilience, life satisfaction and overall positive well-being in individuals who have experienced ACEs in therapeutic settings. Researchers will collect data through quantitative study methods. Through examining the links between emotional intelligence and psychological distress, researchers will be able to identify if there is a correlation between emotional and psychological distress and even ACEs. Additionally, researchers will evaluate the impact of emotional and psychological distress among the high and low risk ACEs groups.

Significance of the Project to the Social Work Field

The impact of emotional intelligence and its role with resilience hold the potential to revolutionize the way social workers practice with clients. Through understanding how one's experiences can impact their psychological state and behavior can lead to the development of more compassionate and rehabilitative services. More data is required to fully understand the mechanisms that dictate trauma informed care. The following research will identify if emotional intelligence

impacts psychological distress among individuals who have experienced ACEs. The identification of emotional intelligence as a factor impacting psychological distress can better equip social workers to provide services to trauma exposed groups.

The long-term implications of ACEs are a concern for public health due to their impact on individual and community well-being. Literature provided by Ortiz (2019) found that environments promoting resiliency were effective in reducing adverse childhood effects. Resilience refers to an individual or group's ability to recover and maintain positive outcomes despite negative experiences (Matlin et al., 2019). Resilience is a hallmark of emotional intelligence in that it requires one to manage their emotions as opposed to adopting maladaptive coping mechanisms (Drigas & Papoutsis, 2019). Ortiz (2019) states that resiliency can be developed over time, increasing one's ability to cope with ACEs in healthy ways. Therefore, with these perspectives in mind, clinicians should be aware that the ability to accept negative experiences and recover from them, ensures client self-determination. Clients must have the ability to decide for themselves if they wish to begin the process of recovering from ACEs. The mental and emotional wellbeing of a person can substantially impact their ability to function in society. Social Workers must ensure that clients are equipped with the tools necessary to overcome their adversity. Developing emotional intelligence through trauma informed practice may prove to be beneficial toward both individual and public health.

CHAPTER TWO

LITERATURE REVIEW

The following chapter will discuss the following topics: emotional intelligence on mental health, protective elements of emotional intelligence, emotional intelligence's relation to resilience, role of resilience in ACEs, the impact on ACEs on physical and psychosocial health, ACEs on post-traumatic growth and theories guiding conceptualization. Each of the topics overlap with one another, supporting the presence of emotional intelligence as a factor positively impacting mental health, quality of life and resilience. The abilities that emotional intelligence provides are necessary when encountering adversity for those particularly experiencing ACEs.

Emotional Intelligence on Mental Health

It has been proven that those who have experienced psychological distress and lack protective factors from an early age, are more likely to develop poor mental health issues in the long run (Crouch et al., 2018). A countless number of studies have examined the link of emotional intelligence and improved mental health. Literature by Delhom et al. (2020), examined the way emotional intelligence impacts depression and the use of coping skills. Results in the study indicated that those with high emotional intelligence used problem-focused coping skills and were able to better regulate their emotions, resulting in less depressive symptoms (Delhom et al., 2020). Problem-focused coping skills are

characterized by carefully identifying one's own emotions and those of others, while being able to determine the consequences of emotions and behaviors (Delhom et al., 2018). Those with low emotional intelligence were more likely to use avoidant coping strategies, which predicted feelings of depressed mood (Delhom et al., 2020). Avoidant coping strategies were characterized by avoidant behavior, which only diminished negative feelings, not solve the actual problem (Delhom et al., 2018). Such skills require the ability to comprehend one's feelings and those of others sufficiently, which are components of emotional intelligence (Delhom et al., 2020). With the supporting evidence above, individuals who have experienced ACEs can strongly benefit from emotional intelligence by increasing their usage of proper coping skills and decreasing subjective feelings of depression.

One of the widely known benefits of emotional intelligence is life satisfaction (Kong et al., 2019). There are different factors that contribute to one's perceived life satisfaction. However, one important factor that has been studied recently is that of emotional intelligence. Research has shown that EI in individuals may increase after a traumatic event, increasing the ability to better cope, and as a result, experience less post-traumatic stress in the long run (Tuck & Patlamazoglou, 2019). This is significant when looking at how EI impacts psychological distress among individuals who have experienced ACEs. If individuals can perceive their ACEs in a way that strengthens their emotional intelligence and in return, experience more life satisfaction, then that is beneficial

to the client themselves. Literature by Sheffler and colleagues (2019) compared problem-focused and avoidant emotion-focused coping skills during ACEs. Problem focused skills included problem solving, whereas avoidant emotion-focused coping skills focused on suppression (Sheffler et al., 2019). Problem focused skills were seen to aid in limiting the effects of adult psychological distress, increasing feelings of life satisfaction (Sheffler et al., 2019). Being able to effectively manage and address one's own emotions regarding trauma, may lead to increased feelings of satisfaction and less distress in the long run. Since EI is a newly researched topic, it is critical to look at the ramifications that EI can have on psychological distress particularly among those who have experienced ACEs. Creating policies and interventions that address EI in individuals among vulnerable populations within micro and macro levels of Social Work is necessary for these reasons.

Protective Elements of Emotional Intelligence

Since individuals who have experienced ACEs are prone to negative mental health outcomes in adulthood, it is important to highlight the protective factors of EI that can combat such outcomes (Wong et al., 2019). Emotional intelligence has the ability to enhance social competency in individuals who have experienced ACEs (Wong et al., 2019). Research has shown that those with higher emotional intelligence have the ability to connect with others and understand others feelings (Kong et al., 2019). Social competence increases the likelihood of maintaining long-lasting, fulfilling interpersonal relationships (Kong et

al., 2019). That is significant and necessary for anyone who has or is experiencing trauma. Having positive relationships may lead to the exposure of safer environments, providing a sense of comfort and belongingness to individuals. As a result, those relationships are able to also elevate one's resilience (Crouch et al., 2019). Strong social relationships may provide trust and a sense of intimacy for anyone who is experiencing distress (Crouch et al., 2019). The evidence strongly suggests that social support is a protective factor that can promote healthy coping strategies and resilience among individuals who have experienced ACEs.

Another protective factor that is derived from EI is that of resilience. Studies have identified a strong correlation between emotional intelligence and resilience. Multi-cultural studies have shown that EI enhances self-regulation and resilience among individuals of different cultures (Sarrionandia et al., 2018). Although EI may be defined differently among a variety of cultures, it has shown to be consistently related to resilience (Sarrionandia et al., 2018). Individuals with emotional intelligence can overcome stressful life events at a quicker pace than those with low EI, and as a result, develop higher resilience (Sarrionandia et al., 2018). The use of healthy coping strategies and emotional regulation skills help individuals get through stressful and traumatic times. Resilience is built through that process.

Following, Cedujo et al. (2016) also found a correlation between EI and resilience, in which participants with the ability to emotion repair exhibited high

resilience. As a result, these individuals also reported a higher life satisfaction. Emotion repair consists of reflecting on one's problem, while validating and understanding one's own feelings (Cedujo et al., 2016). This is something that can be difficult to do for individuals that have experienced ACEs or any kind of trauma. Supporting this idea, Delhom and colleagues (2020) also found that EI in healthy older adults resulted in better adaptation to stressful encounters, increasing their resilience. Adapting to life's challenges, while using the proper EI skills may enhance one's resilience and overall psychological well-being. Emotional intelligence is a skill that is imperative to persist through ACEs.

The fact that resilience is associated with emotional intelligence offers empirical data reinforcing the value of resilience-based, trauma informed care (Schnieder et al., 2013). Through developing and adopting more emotional intelligent based practices, resilience can be used as a protective measure against harmful effects of ACEs (Schnieder et al., 2013). Thus, these studies strongly indicate that emotional intelligence and resilience play a strong role with one another, enhancing emotional regulation and problem-solving skills (Cedujo et al., 2016).

This research triggers the question of whether emotional intelligence is something that can be effectively implemented through intervention. Studies have implemented interventions designed to teach tenets of emotional intelligence to individuals of all backgrounds. A study by Delhom et al., (2018) analyzed an individual's life satisfaction and resilience before and after the

implementation of an emotional intelligence intervention (Delhom et al., 2018). The results of this study indicated that individuals had an increase in clarity and repair after going through the intervention (Delhom et al., 2018). Clarity was defined as understanding one's emotions and those of others, as well as knowing where those emotions stem from (Delhom et al., 2018). Repair refers to the ability to properly problem solve and cope with adversity in healthy ways (Delhom et al., 2018). As a result, the individuals that were able to properly interpret and manage their emotions, which also led to higher levels of life satisfaction (Delhom et al., 2018). Those that showed emotional intelligence also indicated higher levels of resilience because they were able to successfully adapt and manage their emotions after facing challenges (Delhom et al., 2018). The research strongly supports that those individuals who have experienced ACEs can significantly benefit from EI interventions, potentially enhancing their overall life satisfaction and resilience.

Role of Resilience and EI in Adverse Childhood Experiences

Resilience increases one's capacity to overcome traumatic and stressful experiences, as well as learn new ways of managing such experiences (Ortiz, 2019). Modifying one's lifestyle for the purpose of integrating emotional intelligence can offer potential benefits to people who have experienced ACE's. Ortiz (2019) found that resilience can be acquired through the following practices: emotional intelligence, coping mechanisms and healthy lifestyle choices.

Furthermore, these skills also allow one to nurture supportive relationships (Ortiz, 2019). The literature argues that with understanding these concepts, society would be better equipped to increase their own resilience and mitigate the effects of stress related illnesses resulting from ACEs (Ortiz, 2019). It was also found that simply one emotional intelligent person has the potential to impact not only themselves but those around them (Ortiz, 2019). Emotionally intelligent individuals are more likely to create safe spaces and facilitate vulnerability within their social networks (Ortiz, 2019). The literature emphasizes that environments who are apathetic to each other's issues indicates a lack of empathy. The lack of empathy may be indicative of the presence of ACEs that have not been nurtured or addressed through emotional intelligence (Ortiz, 2019). Therefore, emotional intelligence has the ability to strengthen individuals and their communities as a whole.

ACEs Impact on Physical and Psychosocial Health

Moreover, collected from over 2,000 studies, ACEs were found to be experienced with positive correlation to physical and psychosocial difficulties (Ross et al., 2020). From two hundred and twenty-six participants, ACEs were a notable predictor of health issues with one of the most notable deterrents of negative health outcomes being resilience. Ross et al. (2020) expands on this idea by measuring resilience off the criteria collected through the Socio Ecological Resilience Scale (Liebenberg, Ungar & LeBanc, 2013). This tool measured resilience and found that those who scored high in this section were

able to experience less severe health implications because of ACEs. Those that resulted low in resilience, indicated more severe health implications such as increased heart rate, difficulty sleeping, long term pain and chronic stress (Ross et al., 2020).

The American Academy of Pediatrics (AAP) supports the claim that illnesses in adulthood may come as a result of ACEs. In order to prevent illnesses from progressing, early intervention and education on emotional intelligence can show promise in the realm of healthcare. The AAP has even called for further focus on developing stable relationships as a method to combat toxic stress in children (AAP, 2021). Teaching social and emotional intelligence skills at a young age may prevent stress induced illnesses in adulthood. This may leave implications for emotional intelligence to be addressed in individuals that have experienced ACEs on micro, mezzo and macro levels of social work.

ACEs Impacts on Post-Traumatic Growth

Although most of the research entails the negative outcomes that come from ACEs, it is significant to look at the potential positive effects of traumatic experiences. Tuck and Patlamazoglou (2019) define the concept of “post traumatic growth” (PTG), as the process humans go through after a traumatic event that results in the ability to adapt with maximum fitness. PTG may be characterized using the following principles. The first principle puts emphasis on personal relationships, in which individuals feel valued and accepted from their interactions (Tuck & Patlamazoglou, 2019). A quality support network has shown

to improve the outcomes of those who have experienced ACEs. The second principle is identified through the presence of a positive self-view (Tuck & Patlamazoglou, 2019). The ability to perceive one's negative experiences as strengths, no matter how negative, can be perceived as an opportunity to grow (Tuck & Patlamazoglou, 2019). Traumatic experiences may often cause humans to ruminate or dwell on their negative feelings, creating a constructed meaning behind their trauma. Through accepting their vulnerabilities, limitations, and experiences with trauma, people with ACEs may experience posttraumatic growth (Tuck & Patlamazoglou, 2019). Encouraging learning and growth from ACEs, as opposed to the suppression of it, can result in maximized mental health outcomes for these individuals.

Following, supportive research indicates that emotional intelligence may be a predictor of post-traumatic growth. A study by Munday et al. (2019) analyzed the impact of EI on rumination management among cancer recovering patients. Although cancer is a different kind of trauma from ACEs, this research supports the correlation of EI and post-traumatic growth. In this study, cancer recovering patients with high levels of EI also had higher levels of PTG (Munday et al., 2019). A cross sectional study among patients undergoing dialysis treatment also examined a correlation between EI and PTG (Sadeghpour et al., 2021). The study found that patients had a better utilization of coping skills due to their emotional intelligence, resulting in positive PTG (Sadeghpour et al., 2021). Individuals coming out of a trauma, no matter mental or physical, may strongly

benefit from EI and PTG. EI may enhance the recovery process and decrease feelings of rumination experienced by those with current or past trauma.

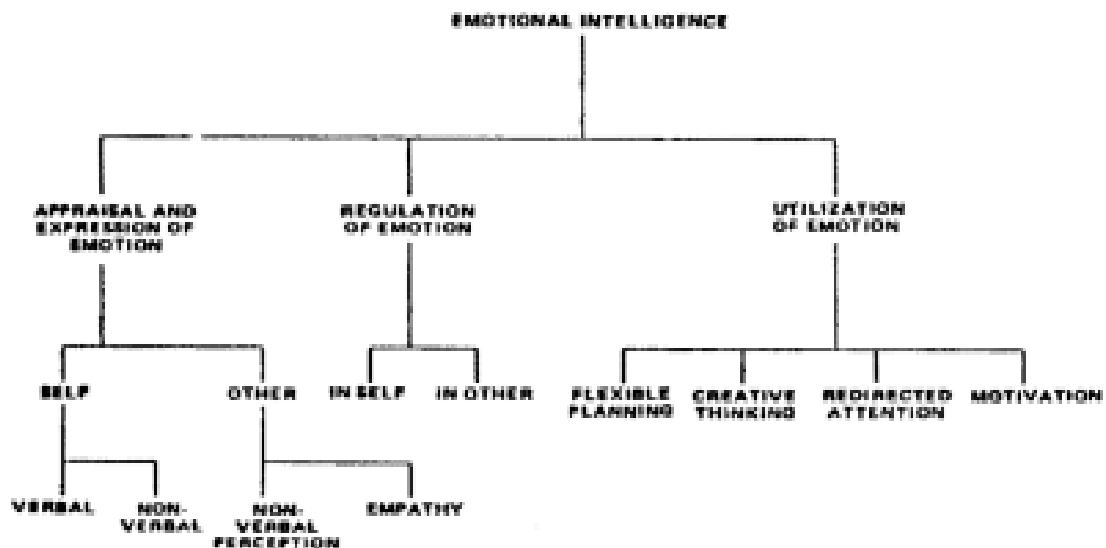
With that being said, the utilization of emotional intelligence skills can benefit ACEs individuals by allowing posttraumatic growth. Emotional intelligence provides the skills essential for self-regulation, strong social relationships, understanding one's emotions and self-expression (Tuck & Patlamazoglou, 2019). As the healing process develops, people who have experienced trauma, such as ACEs, are left with an outlook on life that would have not been possible without their trauma. It is important to point out the lack of research of EI and PTG among individuals experiencing psychological distress due to emotional trauma. Although mental and physical trauma go hand in hand, they impact individuals in unique ways. Further research is necessary in order to come up with the proper mental health interventions and treatment plans to empower those that have experienced trauma such as ACEs. The goal is to motivate these individuals by highlighting their strengths and reframing their trauma in a way that is perceived as an opportunity to grow and overcome adversity in their lives.

Theories Guiding Conceptualization

The framework that had guided past research is that of emotional intelligence, introduced by Salovey and Mayer in 1990. Salovey and Mayer defined emotional intelligence as a set of skills that include the ability to understand, assess, evaluate, express one's emotions and those of others. Salovey and Mayer's research on emotional intelligence is guided by social

intelligence. Social intelligence is the ability to accept others, owning up to mistakes and being curious of the social world (Salovey Mayer, 1990). Just like social intelligence, emotional intelligence is a potential construct of understanding personality. Emotional intelligence is described as a response to an event that can be experienced internally or externally in a positive or negative manner (Salovey & Mayer, 1990). Figure 1. below shows the conceptualization of emotional intelligence that Salovey and Mayer developed in order to break down the components that make up emotional intelligence which include self-expression, emotion regulation and utilization of emotions.

Figure 1. Emotional Intelligence Conceptualization (Salovey & Mayer, 1990)



Summary

Emotional intelligence encourages the recognition of managing emotions as a key factor in our ability to cope with trauma or negative experiences in life.

The presence of emotional intelligence has protective elements on both the physical and mental well-being. Adverse Childhood Experiences increase one's likelihood of experiencing negative mental health outcomes and poor well-being in adulthood. However, if emotional intelligence is enhanced, individuals may present with a higher likelihood of overcoming adversity. Emotional intelligence skills have the potential to strengthen a foundation that can only enhance a client's mental health, quality of life and resilience.

CHAPTER THREE

METHODS

This study will examine the impact of emotional intelligence on psychological distress on individuals who have experienced adverse childhood experiences (ACEs). This chapter contains the details of how this study will be conducted. Included in this chapter will be the following 6 sections: study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study is to determine the way emotional intelligence affects the psychological distress of individuals who have experienced ACEs. This is an explanatory research study because it aims to identify how one's ability to manage and regulate one's own emotions correlates with the level of psychological distress from ACEs. Exploring the relationship between emotional intelligence, psychological distress, and ACEs, can ultimately guide social workers in assessing and creating emotional intelligence interventions. Therefore, this study was quantitative and self-reported interval scales were used as a tool to collect data from voluntary participants.

In utilizing an explanatory, quantitative approach for this study, it will be able to analyze the relationship between the number of ACEs one has experienced, the level of psychological distress, and the level of emotional

intelligence one has. The self-report scales used in this study allowed the examination of the relationships between all three factors. In doing so, the study can educate social workers, reinforce assessing for EI and encourage the development of EI interventions for individuals with ACEs. A limitation in this study was the utilization of self-reported scales. There was a possibility that participants rated themselves higher on emotional intelligence than they truly are. Participants may want to portray themselves as more emotionally intelligent than they really are, giving inaccurate answers. This could have influenced the results of the overall study. Also, participants might be hesitant to admit to all the ACEs they have experienced. This can be for different reasons such as a fear of judgement or fear of sharing personal information. The study was completely anonymous. All of the information regarding the study will be disclosed on the digital flier and consent form that will be provided to each participant prior to participating in the study. The findings of this study were aimed to support the benefits of emotional intelligence as supported by the literature. This study will be an addition to the fairly new pool of research that supports the positive effects of emotional intelligence. There is a limited amount of research on the impact of EI on individuals with ACEs, therefore studies such as these are necessary for social work to find ways of mitigating the effects of ACEs in clients.

The current study aimed to answer the following set of questions: 1) What is the correlation between emotional intelligence and psychological distress

among individuals with ACEs? 2) Do high risk participants of ACEs report higher levels of psychological distress compared to low-risk participants of ACEs? 3) What are some visible trends in the results of the study?

Sampling

The client population in this study was collected from a randomized variety of databases via social network accounts. Participants were completely voluntary. The study included a total of 93 participants from Facebook, Instagram, Twitter and Snapchat. The population of participants varied in terms of demographics which provided a wide range of trends within our data. Most EI studies are conducted on participants with higher education such as college students, teachers, and doctors. For this reason, no one was excluded from this study except minors.

Data Collection and Instruments

Emotional intelligence was measured using a 10-item scale called the Brief Emotional Intelligence Survey (BEIS-10). Each item had an interval Likert scale, responses ranging from 1 = “agree”, 2 = “neither”, and 3 = “disagree.” A lower score indicated higher levels of emotional intelligence. It should be noted that the scores of the BEIS-10 were reversed so that the higher the EI score, the lower the levels of emotional intelligence. In terms of the BEIS-10's consistency and reliability, Schutte et al (1998) found that the scale displayed an acceptable

internal consistency and reliability with a Cronbach's Alpha = .87 to .90. The BEIS-10 is a modified version of the original Mayer, Salovey and Caruso scale from 1990. It is agreed upon, that Salovey and Mayer created the most trusted tool to measure emotional intelligence known as the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) (Schutte et al., 1998). The MSCEIT is recognized as the most reliable measure of emotional intelligence, however, it consists of 141 items and has a testing duration of 30-45 minutes to complete, thus making it an impractical tool to measure with consideration for participant time. According to a psychometric evaluation conducted by Brannick et al. (2011), the MSCEIT received an adequate Cronbach's Alpha score of $\alpha = .79$. The MSCEIT measures four branches of emotional intelligence consisting of perceiving emotions, facilitating thought, understanding emotion, and managing emotions (Schutte et al., 1998). Although there have been variations of EI measurement tools, such as the Emotional Intelligence (EI) Scale (Schutte et al., 1998), the most concise and appropriate EI measurement tool is the BEIS-10 for the current study.

Psychological distress was measured using the Kessler-6 Distress Scale (K-6; Kessler et al., 2002). The K-6 measures psychological distress by assessing the frequency of symptoms: "nervousness," "hopelessness," "restlessness or fidgety," "so depressed that nothing could cheer you up," "that everything was an effort," and "worthless," over the past 30 days. Participants will answer from a 1 through 5 Likert scale, starting at, "all the time", "most of the

time”, “some of the time,” “a little of the time” and “none of the time.” The K-6 displays an excellent score for internal consistency and reliability, receiving a Cronbach’s Alpha =0.89.

The ACEs adult questionnaire that was utilized in this study was created from the California Surgeon General’s Clinical Advisory Committee by the state of California Department Health Care Services (2020). This ACEs questionnaire was used as a screener for ACEs among our participants. The ACEs adult questionnaire has an internal consistency and reliability of Cronbach’s alpha = .88, which signifies that this scale is highly valid and reliable (Murphy et al., 2013). This questionnaire will consist of 10 different adverse childhood experiences and participants will respond yes or no to each ACE. Results from this questionnaire will help us divide our participants in a low and high risks group. Low risk groups were categorized as individuals who experienced 1 to 5 ACEs, whereas high risk groups were those who reported 6 or more ACEs.

Procedures

A digital flyer was developed to describe the purpose and description of the study. The flier was posted on all social media accounts: Instagram, Facebook, Twitter, and Snapchat. One of the researchers had the link available on their Instagram biography as well. The flyer was posted on the researcher’s personal social media accounts and the link to the study was only sent to individuals who requested to participate. The link to the study was also provided

on the flyer as well. The link sent participants to an informed consent form which disclosed confidentiality, purpose of the study, duration of the study, risks, benefits, and person of contact. After that, participants were directed to complete all 3 questionnaires: BEIS-10, K-6 and ACEs questionnaire. At the end of the questionnaires, participants were thanked for their time and participation in the study. The NAMI crisis resource information was provided at the end of the study, in the case that participants were emotionally triggered during the completion of the questionnaires.

Protection of Human Subjects

Limited identifying information was collected from participants. This data did not ask for personal information such as names, addresses or insurance policies. Researchers upheld participant anonymity by asking participants to report their age, gender, ethnicity, education level and SES. Participants were provided with the National Alliance for Mental Illness (NAMI) help line at the end of the study. Participants could either call or text to receive help with crisis and further resources if necessary. Data was saved on google drive for recovery purposes, as well as saved on the researcher's MyCoyote account on school computers, protected via 256-bit AES encryption. Data will be privately stored in SPSS as well. Data from this study will be deleted from SPSS after 3 years.

Data Analysis

After data was collected, a correlation analysis was conducted via SPSS to examine the correlations between the independent variable: emotional intelligence and dependent variable: psychological distress. Descriptive analysis were also collected in the study which included age, gender, ethnicity, educational level, and socioeconomic status. After the collection of all data, participants were divided into two groups based on the number of ACEs they have experienced. The first group consisted of low-risk participants which reported 1 to 5 ACEs. The second group was high-risk, which consisted of participants with 6 or more ACEs. Low-risk participants are considered 3 times more likely to suffer from psychological distress, contrary to high-risk participants who are 8 times more likely to experience psychological distress (Manyema et al., 2018). This allowed the researchers to examine emotional intelligence and psychological distress among two distinct groups of individuals. In comparing these two groups, it was determined whether the number of ACEs one has had, has anything to do with the way one's emotional intelligence impacts psychological distress.

Summary

This study aimed to provide context on the value of emotional intelligence and the benefit it may provide to those who have experienced ACEs. Metacognition of the ability to interact with others on an interpersonal level and self-regulate one's own emotions are skills fostered by emotional intelligence. To

further facilitate discussion, research will need to identify if there is a correlation between emotional intelligence and level of psychological distress. It is predicted that participants with higher emotional intelligence will have lower psychological distress. Quantitative methods utilizing the ACEs questionnaire, BEIS-10, and K-6 will be used in the study to facilitate this process.

CHAPTER FOUR

RESULTS

This chapter will provide results of the current quantitative study that explored whether there was a correlation between emotional intelligence and psychological distress among individuals who have experienced ACEs. The researchers conducted a correlational study to determine whether there is a positive or negative correlation between one's level of emotional intelligence and their psychological distress. The ACEs questionnaire was used as a screener in order to examine the impact of ACEs based on low exposure and high exposure groups. The researchers had initially gathered 106 participants in total and removed those who had failed to answer all of the survey's questions. After further sorting, researchers were able to analyze the data of 93 voluntary participants. Chapter four will include presentation of demographics, participant data and significant findings.

Presentation of Demographics

The study gathered 93 participants consisting of individuals aged 18 and above. Tables 1 through 4 represent the demographic characteristics of survey participants. Participants who did not answer all of the questions were removed from the sample. As seen on Table 1, Asian and Latino participants represented the majority of the sample. This is most likely due to the high population of Latinos in the geographic area. Asians are overrepresented in this sample which

is likely as a result of the researcher's social circles. It is also important to mention that the studies samples are not representative of the generalized population due to the underrepresentation of the Caucasian population.

Table 1. Ethnicity

		Ethnicity			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Asian	26	28.0	28.0	28.0
	Black/African-American	10	10.8	10.8	38.7
	Pacific-Islander	3	3.2	3.2	41.9
	Hispanic/Latino	47	50.5	50.5	92.5
	White/Caucasian	7	7.5	7.5	100.0
	Total	93	100.0	100.0	

Table 2. Gender

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	38	40.9	40.9	40.9
	Female	54	58.1	58.1	98.9
	Other	1	1.1	1.1	100.0
	Total	93	100.0	100.0	

Table 2 shows the gender range within participants in the study. About 58% of participants were female and about 41% of participants were male. Although

there were more females than males that participated in the study, there were a fair number of male participants.

Table 3. Socioeconomic Status

Socioeconomic Status?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High	1	1.1	1.1	1.1
	Middle	69	74.2	75.8	76.9
	Low	21	22.6	23.1	100.0
	Total	91	97.8	100.0	
Missing	System	2	2.2		
Total		93	100.0		

Table 3 displays the majority of participants, approximately 74.2%, identified themselves as being middle class. This was based on subjective responses of the participants. Socioeconomic classes were not operationally defined; therefore participants were able to choose whatever socioeconomic status they believed they fell under. It is important to mention that demographics were not used in the data analysis. They were only discussed in this chapter to further explain the population of the study.

Table 4. Education

Highest level of education?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Some primary school (K-12)	1	1.1	1.1	1.1
	High school graduate	4	4.3	4.3	5.4
	Some college	29	31.2	31.2	36.6
	Undergraduate Degree	38	40.9	40.9	77.4
	Post Graduate Degree	21	22.6	22.6	100.0
	Total	93	100.0	100.0	

Table 4 displays that the sample was a largely educated group. The study was intended to be as inclusive as possible in order to get more generalized results. However, the majority of the participants were educated, mostly consisting of “some college” and above. The largest participant group were the individuals with an “undergraduate degree.” This could have also been as a result from the researchers' social circles as well.

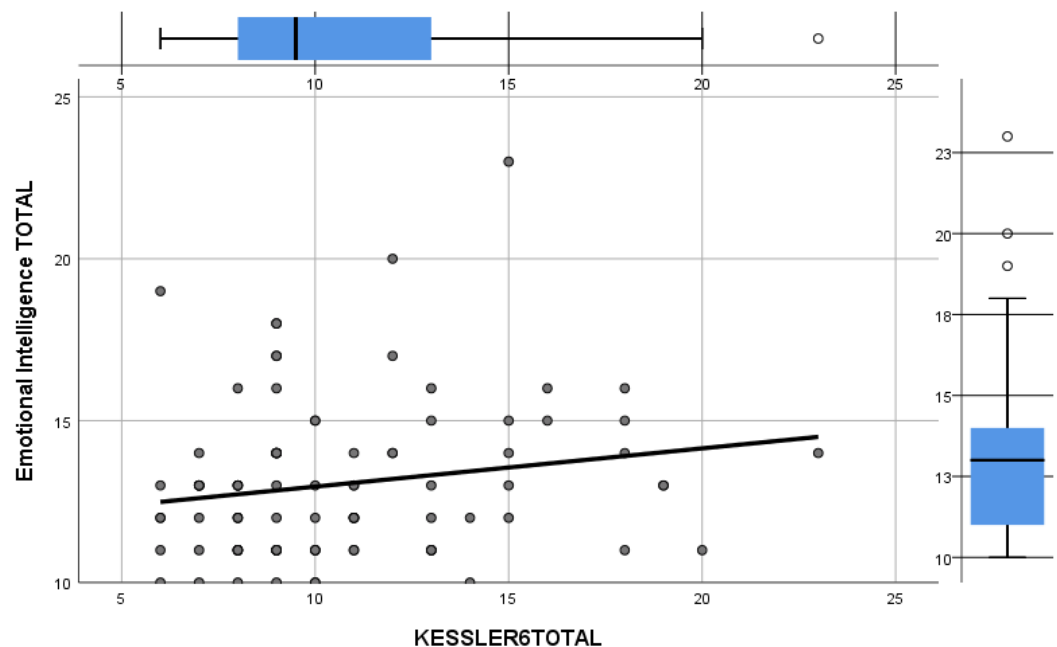
Significant Findings

Emotional Intelligence and Psychological Distress

The purpose of this study was to determine whether there was a correlation between emotional intelligence and psychological distress. Researchers conducted a Pearson's *r* analysis, which indicated that there was a weak statistically non-significant relationship between emotional intelligence and psychological distress ($r < 0.18$, $p = .09$). More specifically, the results indicated

that there was a negative correlation between participant's emotional intelligence and psychological distress (see Table 5). Table 5 displays participants' emotional intelligence score on the vertical axis and participants' psychological distress score on the horizontal axis. Higher scores on the vertical axis represents lower reported levels of emotional intelligence and higher scores on the horizontal axis represent higher levels of psychological distress. As can be seen, lower levels of emotional intelligence (higher scores on the vertical axis) were associated with higher levels of psychological distress, thus demonstrating a negative correlation between emotional intelligence and psychological distress.

Table 5. Correlation Between Emotional Intelligence and Psychological Distress



Note. The vertical axis displays participants' emotional intelligence score. Higher scores represent lower levels of emotional intelligence. The horizontal axis

displays levels of psychological distress. Higher scores on the horizontal axis represent higher levels of psychological distress.

In addition to the correlation analysis, an independent-samples t-test was ran to determine if there were differences in psychological distress by level of exposure to ACEs. Table 7 shows that respondents in the high exposure group ($M = 11.70$, $SD = 3.924$) compared to those in the low exposure group ($M = 9.48$, $SD = 2.891$) scored statistically and significantly higher on psychological distress, $t(98) = -2.993$, $p = .003$. Results indicated that there is a statistically significant difference in psychological distress by level of exposure to ACEs. Those that reported high exposure to ACEs also reported higher levels of psychological distress. As seen on Table 7, the mean value of psychological distress and low exposure to ACEs is 9.48 ($SD = 2.89$). The mean value of psychological distress for those with high exposure is 11.70 ($SD = 3.92$). Results indicated a statistical significant result of $F = 5.64$, $p < .05$. Additionally, those with low risk of ACEs also reported less psychological distress.

Table 6. Independent Samples Test

		Independent Samples Test								
		Levene's Test for Equality of Variances							t-test for Equality of Means	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
KESSLER6TOTAL	Equal variances assumed	5.642	.020	-2.993	88	.004	-2.225	.743	-3.702	-.748
	Equal variances not assumed			-3.095	87.463	.003	-2.225	.719	-3.654	-.796

Table 7. Group Statistics for High and Low Exposure Groups

Group Statistics					
	ace dichotimized into high and low	N	Mean	Std. Deviation	Std. Error Mean
KESSLER6TOTAL	low exposure	40	9.48	2.891	.457
	high exposure	50	11.70	3.924	.555

Conclusion

This chapter discussed the study's findings and notable trends collected among the researchers' sample. Researchers found a negative correlation between emotional intelligence and psychological distress. Those who reported low emotional intelligence also reported higher levels of psychological distress. Although this was not a statistically significant result, it supports the past research supporting emotional intelligence. It is important to highlight the statistically significant result found between psychological distress and participants who reported high exposure to ACEs. Although that finding was not the aim of this study, it is supportive of research discussed in Chapter 2. Further research needs to be conducted with larger sample sizes in order to provide more valid and reliable results. Although this sample was slightly under 100, the research question has potential in providing promising results that may contribute to the new pool of literature that supports emotional intelligence in the field of social work.

CHAPTER FIVE

DISCUSSION

The results of this study revealed that low emotional intelligence is associated with higher psychological distress which is strongly supported by the literature discussed in Chapter 2. Chapter 2 focuses on emotional intelligence and its relationship with improved mental health, life satisfaction and increased use of proper coping skills. Delhom et al. (2020) found that participants who had lower levels of emotional intelligence, suppressed their emotions, resulting in higher psychological distress. Delhom et al.'s (2020) research strongly relates to the results in the current study because participants who experienced high psychological distress also reported lower levels of emotional intelligence. These results may have stemmed from a lack of proper coping skills or low emotional regulation from participants, contributing to their psychological distress. Although there was not a statistical significance in the current study, the results were close to showing a significance which aims to support the research regarding emotional intelligence.

The statistical significance found in this study resulted from the participants' high exposure to ACEs reporting higher levels of psychological distress. These results are also heavily supported by past research as well. Research from Ross et al. (2020) also supports these data, revealing that those who experienced ACEs also experienced higher levels of chronic stress in

adulthood. Chronic stress is long-term; therefore, it makes sense as to why the participants of this study, which consists of all adults, reported psychological distress based on their higher exposure to ACEs in childhood. The purpose of this study was to examine the way emotional intelligence impacts the psychological distress of individuals with ACEs. It is evident that ACEs play a significant role in the psychological distress reported by participants in this study. Again, this reinforces the importance of emotional intelligent interventions to be used in the field of social work, in order to better combat the adversity that comes from ACEs in adulthood. However, this also brings up the topic of additional negative effects of ACEs. ACEs may not only impact one's psychological distress, but perhaps also impacts one's emotional intelligence. This leaves further implications for future research in the emotional intelligence and ACEs realm.

Additionally, it is important to consider the specific ACEs that the participants of this study mostly experienced. According to the frequencies conducted on SPSS for ACEs, participants in this study experienced ACEs 5, 7 and 8 the most. Approximately 42 participants reported yes to ACE 5 which was, "Did your parents or adults in your home ever hit, punch, beat or threaten to hurt each other?" 69 participants reported yes to ACE number 7: "Did a parent or adult in your home ever swear at you, insult you or put you down?" Lastly, 47 participants reported yes to ACE number 8: "Did a parent or adult in your home ever hit, beat, kick or physically hurt you in any way?" The highest reported ACE

was verbal abuse, not physical abuse, which sparks the question if verbal abuse in childhood has more prolonging negative effects in adulthood than physical abuse.

The ACEs questionnaire reinforces further analysis of the effects of ACEs. The literature has indicated time and time again that individuals who have experienced ACEs are susceptible to psychological distress in adulthood. Psychological distress may present itself in different forms such as inability to cope with distress, inability to maintain healthy social relationships, mental health disorders, or life dissatisfaction. These are all factors that contribute to one's emotional intelligence or is a result of low EI. Therefore, EI skills are significantly necessary in order to overcome distress that may arise from ACEs in adulthood.

Since ACEs occur in childhood, it is also important to explore how one's emotional intelligence in adulthood may be impacted by ACEs. When children experience trauma at a young age, they might not know how to properly process it, perhaps even using avoidant coping strategies. Delhom et al. (2018) discussed avoidant coping strategies as a way to lessen negative feelings at the moment of occurrence and not actually problem solve. Those habits may potentially roll over into adulthood, impacting the way the adult copes with distress. Children are not necessarily born with advanced critical thinking and problem-solving skills to be used at an early age, which is why ACEs may impact one's emotional intelligence in adulthood. Reinforcing the use of emotional intelligence skills in childhood and adulthood in order to mitigate the effects of

ACEs is what this study is about. Social workers can use emotional intelligence interventions to help clients who have experienced ACEs in order to improve their psychological distress and overall well-being.

Limitations and Implications

Researchers identified several limitations for the study. The first was the over representation of the Asian demographics. This does not accurately represent the demographics of the geographic region due to sampling methodology. Researchers collected participants using their social media and social circles would explain this over representation. Although the Asian populations are rarely included as a majority demographic, more documentation on the experiences of Asians is valuable in identifying potential disparities that may improve the provision of services. Furthermore, the inclusion of a Filipino category would be beneficial, acknowledging the cultural differences that accompany the needs of specific populations. Research into minority populations is essential when demonstrating and identifying alternative approaches with regards to care and sociocultural development. Another issue researchers identified was the underrepresentation of Caucasians in the sample. In the future, research must be conducted that is more inclusive and representative of the population. This would include the addition of a Native-American/Indigenous category. Moreover, future research can focus on increasing the number of respondents to collect a more diverse and inclusive representative sample population.

The next limitation can be found in the Kessler-6 responses. A researcher error only provided a portion of the available answers from the original survey set. While constructing the K6 on Qualtrics, researchers did not provide an option that reported the lack of psychological distress. This option would have been reported though a selecting a response reporting “Not at all.” As a result, the responses for the K-6 are slightly inflated, reporting the presence of psychological distress even if it was not experienced by the respondent. Researchers must be sure to provide a response for “Not at all” given that the K-6 is meant to measure psychological distress reported within the last two weeks. The lack of such a response inflates answers because it inhibits the participants ability to report their lack of psychological distress. It is vital future research provides answers that accurately portray the experiences of the categories measured.

Moreover, researchers analyzed emotional intelligence scores. Within this group of participants, emotional intelligence scores were also based on subjective responses. Therefore, participants could have scored themselves higher on emotional intelligence if they chose to. Additionally, the majority of participants in this study are college educated, which can also explain the higher levels of emotional intelligence reported.

Implications For Social Work Practice

As mentioned in the literature, emotionally intelligent literature provides instructions for a more resilient community. Individual growth and development

require an understanding of the mechanisms of emotional intelligence. These practices have the implications to assist clinicians in identifying potential areas of psychological distress that may be exacerbated by one's limited emotional intelligence.

Council of Social Work Education (CSWE, 2002) requires social workers to have competence in an understanding of Human Behavior and the Social Environment. This education bridges the practices of psychology and sociology, to enhance social worker understanding of how environments may impact one's homeostasis. Adverse Childhood Experiences are a clear indicator on why further education is necessary. Researchers found that those that experienced higher ACEs also experienced higher psychological distress. These results demonstrate the need for social workers to have competency on the impacts of early childhood traumas and stress. These experiences may not just have an impact on one's psychological well-being, but overall emotional intelligence as well. Our perception of the world is built off the foundation of childhood. Our experiences provide us with knowledge on how to conduct ourselves, how to behave and what we find acceptable. Through understanding how our perceptions can be altered by our experiences, we can begin with identifying what emotions accompany them. In the spirit of Cognitive Behavioral Therapy, identifying feelings precedes identifying the thoughts associated with them. One's thoughts will eventually lead to behaviors that impact the environment around them. A better understanding of emotional intelligence may not simply benefit

clinicians but clients as well, in regards to practicing such skills in a variety of ways.

Policy

A policy recommendation that aligns with our research would be expanding the education and screening of Adverse Childhood Experiences. Prioritizing the screening of such a category would have implications for the improvement of healthcare. Providing education on how our experiences impact our physical and mental well-being would hopefully bring more clients to receive mental health services. This study places an emphasis on enlightening communities to alternatives to previous generational cycles. The presence of these behaviors commonly prevents an open conversation surrounding mental well-being. Reducing stigma surrounding mental health services may begin with acknowledging the distress that accompanies the lack of such an understanding. Acknowledgment of ACEs provides an understanding of problems that go beyond the regular screenings of traditional healthcare. In order to obtain sufficient physical well-being, a person must have the mental stability/capacity to achieve such a goal. This requires maintenance, understanding, patience and self-awareness, all skills that can be learned through emotionally intelligent practices.

APPENDIX A
BRIEF EMOTIONAL INTELLIGENCE SURVEY (BEIS -10)

BEIS- 10

Appraisal of own emotions

1. I know why my emotions change

- ☐ Agree
- ☐ Neither
- ☐ Disagree

2. I easily recognize my emotions as I experience them

- ☐ Agree
- ☐ Neither
- ☐ Disagree

Appraisal of others' emotions

3. I can tell how people are feeling by listening to the tone of their voice

- ☐ Agree
- ☐ Neither
- ☐ Disagree

4. By looking at their facial expressions, I recognize the emotions people are experiencing

- ☐ Agree
- ☐ Neither
- ☐ Disagree

Regulation of own emotions

5. I seek out activities that make me happy

- ☐ Agree
- ☐ Neither
- ☐ Disagree

6. I have control over my emotions

- ☐ Agree
- ☐ Neither
- ☐ Disagree

Regulation of others' emotions

7. I arrange events others enjoy

- ☐ Agree
- ☐ Neither
- ☐ Disagree

8. I help other people feel better when they are down

- ☐ Agree
- ☐ Neither
- ☐ Disagree

Utilization of emotions

9. When I am in a positive mood, I am able to come up with new ideas

- ☐ Agree
- ☐ Neither
- ☐ Disagree

10. I use good moods to help myself keep trying in the face of obstacles

- ☐ Agree
- ☐ Neither
- ☐ Disagree

Survey Created by:

Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, C. J., & Dornheim, L. (1998). Development and validation of a measure of emotional intelligence. *Personality and Individual Differences*, 25(2), 167–177. [https://doi.org/10.1016/S0191-8869\(98\)00001-4](https://doi.org/10.1016/S0191-8869(98)00001-4)

APPENDIX B

KESSLER-6

Q1. During the past 30 days, about how often did you feel ...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...nervous?	1	2	3	4	5
b. ...hopeless?	1	2	3	4	5
c. ...restless or fidgety?	1	2	3	4	5
d. ...so depressed that nothing could cheer you up?	1	2	3	4	5
e. ...that everything was an effort?	1	2	3	4	5
f. ...worthless?	1	2	3	4	5

Survey Created by:

Kessler, R. C., Barker, P. R, Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E.,
Howes, M.J., Normand, S.L., Manderscheid, R. W., Walters, E. E.,
Zaslavsky, A. M. (2003). Screening for serious mental illness in the
general population. Arch Gen Psychiatry, 60(2), 184-9.

APPENDIX C

ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee



Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom.

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	<input type="checkbox"/>
Did you lose a parent through divorce, abandonment, death, or other reason?	<input type="checkbox"/>
Did you live with anyone who was depressed, mentally ill, or attempted suicide?	<input type="checkbox"/>
Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	<input type="checkbox"/>
Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	<input type="checkbox"/>
Did you live with anyone who went to jail or prison?	<input type="checkbox"/>
Did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="checkbox"/>
Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	<input type="checkbox"/>
Did you feel that no one in your family loved you or thought you were special?	<input type="checkbox"/>
Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	<input type="checkbox"/>
Your ACE score is the total number of checked responses	

Do you believe that these experiences have affected your health?



Not Much



Some



A Lot

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.

5/5/20

APPENDIX D

INSTITUTIONAL REVIEW BOARD ACCEPTANCE LETTER

November 19, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Expedited Review
IRB-FY2022-46
Status: Approved

Herbert ShonAriana Romero, Sean Panganiban
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
[San Bernardino, California 92407](#)

Dear Herbert ShonAriana Romero, Sean Panganiban:

Your application to use human subjects, titled "ADVERSE CHILDHOOD EXPERIENCES (ACES): THE ROLE OF EMOTIONAL INTELLIGENCE ON PSYCHOLOGICAL DISTRESS" has been reviewed and approved by the Institutional Review Board (IRB) of CSU, San Bernardino. The CSUSB IRB has weighed the risk and benefits of the study to ensure the protection of human participants. The study is approved as of November 19, 2021. The study will require an annual administrative check-in (annual report) on the current status of the study on --. Please use the renewal form to complete the annual report.

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. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

If your study is closed to enrollment, the data has been de-identified, and you're only analyzing the data - you may close the study by submitting the Closure Application Form through the Cayuse Human Ethics (IRB) system. The Cayuse system automatically reminds you at 90, 60, and 30 days before the study is due for renewal or submission of your annual report (administrative check-in). The modification, renewal, study closure, and unanticipated/adverse event forms are located in the Cayuse 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. Please note a lapse in your approval may result in your not being able to use the data collected during the lapse in the application's approval period.

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.

- **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.**

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risks and benefits to the human participants in your IRB application. If you have any questions about the IRBs decision please contact Michael Gillespie, the IRB 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. Please include your application approval number IRB-FY2022-46 in all correspondence. Any complaints you receive regarding your research from participants or others should 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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ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Joint Effort: Ariana Romero and Sean Panganiban

2. Data Entry and Analysis:

Assigned Leader: Ariana Romero

Assisted by: Sean Panganiban

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Joint Effort: Ariana Romero and Sean Panganiban

- b. Methods

Joint Effort: Ariana Romero and Sean Panganiban

- c. Results

Joint Effort: Ariana Romero and Sean Panganiban

- d. Discussion

Joint Effort: Ariana Romero and Sean Panganiban