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Understanding Interventions for Generational Trauma From the Experienced Counselors' Perspective

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Walden University

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Walden University

College of Psychology and Community Services

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Christina Cartagena

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Walden University
2026

Abstract

Understanding Interventions for Generational Trauma From the Experienced Counselors'

Perspective

by

Christina Cartagena

MS, University of Phoenix, 2020

BS, University of Phoenix, 2016

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

February 2026

Abstract

Healing generational trauma involves counselors' understanding and recognizing the symptoms of unhealthy coping mechanisms in adults who witnessed adverse emotional reactions as children. Generational trauma occurs when generations have trouble building healthy relationships and pass unhealthy coping mechanisms to future generations. There has been a reported increase in youth and adults seeking mental health services for generational trauma. The problem was that there was insufficient information about how counselors recognize and respond to the symptoms of generational trauma or what treatment methods or modalities to use to support patients. The purpose of this generic qualitative study was to explore the experiences of counselors who have more than three years of licensure and who understand the symptoms of attachment difficulties, adverse childhood experiences, and generational trauma to provide current information for the continuation of generational trauma. Bowlby's attachment theory framed the study. A purposeful criterion sample of ten participants participated in one-on-one, semi-structured interviews. Oral data were collected, transcribed, and analyzed using a thematic content analysis approach. The themes included interfamily generational trauma, traditional assessment and therapeutic approaches, barriers to treatment, and professional challenges and coping strategies. The information from this study may contribute to social change and the understanding of the social determinants of health by providing insights into counselors' strategies for treating and preventing the continuation of generational trauma.

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Dedication

I want to dedicate this study to my maternal grandmother, Florence Ruddy, who prophesied that I would one day become a doctor. She encouraged me to continue learning and attending college when I let her know that I would be the one to break the cycle of history repeating itself at 16 years of age. Second, my mother, Geraldine Brege, suffered from severe mental health difficulties. Although she had problems healing her past trauma experiences, my mother instilled the importance of education and was the first influence in my love for reading and learning. Third, my father, Marvin Brege, is a quiet yet hardworking man who taught me to persevere toward my goals even when things are challenging. Fourth, my sister, Brenda Brege, and her children inspired me to continue pursuing my education while building my practice. Fifth, my children. They are my inspiration to become a better version of myself. My children have taught me things about parenting and triggered traumatic childhood memories. Through those experiences and theirs, I realized that I needed to pursue this degree and work toward my career dreams for the future. May they understand the challenges and struggles that previous generations endured but learn from the strengths they developed to become resilient for future generations. Lastly, I would like to dedicate this study to my grandchildren and future generations. I hope this study will help their families prevent generational trauma, enabling them to develop healthy relationships.

Acknowledgments

I want to thank God for his blessings despite the challenging times, as I developed strengths throughout the process. I had to learn to let go and trust the process. Next, I would like to thank the staff at Walden University who provided support throughout this journey. I would like to acknowledge the ten participants who assisted in sharing their stories, as without them, I would not have been able to complete this study. I would especially like to thank my family and friends, who encouraged and supported me from near and far, including through social media, during my journey. Most importantly, I thank my husband, who cared for our daughter and the home while I obtained all my degrees and continued to expand my practice. My daughter, Joleena Cartagena, continued to check on me, provide hugs, and make me laugh. My parents, Marvin and Pearl Brege, listen to my hopes and dreams. My husband, daughter, and parents have been my cheerleaders in person, while others cheered me on through social media, and I appreciate them.

Table of Contents

List of Tables.....	vi
List of Figures	vii
Chapter 1: Introduction to the Study.....	1
Introduction	1
Background	1
Problem Statement	4
Purpose of the Study	7
Research Question.....	8
Theoretical and/or Conceptual Framework for the Study.....	8
Nature of the Study	11
Definitions.....	12
Assumptions	14
Scope and Delimitations.....	15
Limitations	15
Significance.....	16
Summary	17
Chapter 2: Literature Review	19
Introduction	19
Literature Search Strategy.....	20
Theoretical Foundation	20
Literature Review of Key Concepts	25

Adverse Childhood Experiences	25
Resilience	28
Screening.....	29
Mental Health Interventions	32
Counselors’ Experiences	34
Supervisor Role.....	35
The Gap in Trauma Competencies	41
Therapists’ Role	44
Connecting the Key Concepts	45
Connecting Gaps to Study Significance.....	51
Summary	52
Chapter 3: Research Method.....	55
Introduction	55
Research Design and Rationale.....	56
Role of the Researcher	57
Methodology	57
Triangulation	58
Participant Selection Logic	60
Instrumentation.....	63
Procedures for Recruitment, Participation, and Data Collection	63
Data Analysis Plan	64
Issues of Trustworthiness	65

Credibility.....	66
Transferability	66
Dependability	67
Confirmability	67
Ethical Procedures.....	68
Summary	68
Chapter 4: Results	70
Introduction	70
Setting	70
Demographics.....	71
Data Collection.....	74
Data Analysis	75
Evidence of Trustworthiness	76
Credibility.....	77
Transferability	77
Dependability	78
Confirmability	79
Ethical Considerations.....	80
Results	80
Main Theme 1: Interfamily Generational Trauma	80
Main Theme 2: Traditional Assessment and Therapeutic Approaches.....	86
Main Theme 3: Barriers to Treatment.....	89

Main Theme 4: Professional Challenges and Coping Strategies	93
Summary	102
Chapter 5: Discussion, Conclusions, and Recommendations.....	104
Introduction	104
Interpretation of the Findings.....	104
Early Attachment and Later Outcomes	105
Main Theme 1: Interfamily Generational Trauma	107
Main Theme 2: Assessment Methods and Approaches.....	112
Main Theme 3: Barriers to Treatment.....	114
Main Theme 4: Professional Challenges and Coping Strategies	117
Coping Strategies Identified in the Literature	120
Triangulation of Findings.....	121
Highlighting Gaps and Contradictions	122
Limitations of the Study.....	123
Recommendations	124
Implications	127
Intergenerational Trauma	128
Assessment Methods and Therapeutic Approaches	131
Barriers to Treatment.....	134
Professional Challenges and Coping Strategies	137
Conclusion.....	141
References	143

List of Tables

Table 1. Professional Backgrounds and Geographic Distribution of Study Participants ..72

Table 2. Main Themes, Subthemes, and Illustrative Quotes..... 97

List of Figures

Figure 1. Treatment of Generational Trauma by Experienced Counselors.....101

Figure 2. Counselors' Recommendations for Future Research and Clinical Practice102

Chapter 1: Introduction to the Study

Introduction

Generational trauma affects individuals and families by disrupting attachment, fostering unhealthy coping mechanisms, and perpetuating cycles of adversity across generations (Jamieson, 2018). Counselors often encounter clients whose symptoms stem from these experiences, yet research has provided limited insight into how experienced counselors recognize and respond to such trauma (Petion et al., 2022). Most studies have focused on new professionals, leaving a gap in understanding practices of those with greater expertise (Bailey, 2023; CDC, 2023; Galbally et al., 2023).

This study explored the perspectives of counselors with more than three years of licensure who have treated clients with generational trauma. Guided by Bowlby's attachment theory, this examination explored how counselors identify symptoms, address attachment difficulties, and implement strategies to support healing (Bowlby, 1982). By documenting their experiences, the study aimed to inform counselor training, supervision, and trauma-informed practice, contributing to efforts that prevent the continuation of trauma across generations.

Background

There are adults who, as children, heard traumatic stories from parents and previous generations related to their cultural histories, and subsequently experienced psychosocial adverse experiences and, in some situations, continuing racism (Siritsky, 2024). These adults include a disproportionate number of members of cultural groups, including Indigenous, refugees and immigrants, African Americans, and religious

minorities, which include Jews, Muslims, and Hindus (Jamieson, 2018). Intergenerational trauma refers to the collection of stories about the traumatic experiences of previous generations that have been passed down to the next generation (Petion et al., 2022). Traumatic experiences reported include children witnessing violent incidents, abuse, or family members who experienced mental health/substance use difficulties (CDC, 2023). Since the COVID-19 pandemic began, there has been an increase in chronic illnesses from 48% in 2019 to 58% in 2023 and an increase in mental health diagnoses from 31% in 2019 to 45% in 2023 (American Psychological Association, 2023). The CDC (2023) indicated that 1 in 6 adults experienced four or more types of ACEs, five of the 10 leading causes of death are associated with ACEs, and preventing ACEs could reduce the number of adults with depression by as much as 44%. One way to increase prevention is for adults to create safe, stable, and nurturing relationships and environments that foster positive childhood experiences (CDC, 2023).

Positive childhood experiences include ensuring the presence of protective factors. Authors at the Children's Trust of South Carolina (2020) explained that resilient parents build attachment and nurturing relationships, foster social connections, meet their children's basic needs, learn about parenting, understand how children develop, and cultivate their children's social and emotional skills. One protective factor involves building attachment and nurturing relationships (Children's Trust of South Carolina, 2020). Another protective factor is meeting the basic needs, which creates a bond that fosters a sense of safety and stability through the connection between a parent or caregiver and child (CDC, 2023). Bonding involves creating a unique emotional and

cognitive connection when a mother is pregnant, or caregivers begin to care for an infant/child, referred to as attachment (Galbally et al., 2020; Ramsauer et al., 2020). However, adults who did not have nurturing, resilient parents may have difficulty building attachment to their child due to unhealthy factors (CDC, 2023; Children's Trust of South Carolina, 2020; Galbally et al., 2020; Ramsauer et al., 2020). When a parent has a history of abandonment, loss, abuse, neglect, economic insecurity, and threats to survival, it becomes difficult to provide a loving environment, which becomes a cycle of generational trauma (Weatherstone et al., 2020).

The cycle of generational trauma occurs when a parent, often a mother, is healing from childhood trauma that resulted in poor attachment experiences from childhood (Weatherstone et al., 2020). The children, then, become the adults preparing for parenthood and may experience recurring memories from their childhood that interfere with their parenting as their children experience developmental milestones (Galbally et al., 2020; Ramsauer et al., 2020). Recurring memories are known as triggers, indicating that the individual has not fully healed and may struggle to move on from the trauma (Ehlers, 2010). Triggers prompt defensive reactions to memories and learned behaviors, such as anger, dissociation, avoidance, or isolation (DeAngelis, 2019). These reactions can become unhealthy coping mechanisms and may result in mental health or substance use issues such as depression, anxiety, intermittent explosive behavior, bipolar, schizoaffective disorders, and alcohol or drug use (DeAngelis, 2019). Generational trauma may also occur across various cultures or religions, and individuals may experience historical trauma due to racism or race-based trauma (Lee et al., 2021).

Counselors treating clients with generational trauma, historical trauma, or oppression may not recognize the specificity of symptoms that would help determine best practices with clients who present with relationship issues and difficulty managing coping mechanisms while overlooking the underlying problem (Bray, 2023; Lee et al., 2021). Bray concluded that counselor education and training did not provide sufficient information and detail about the various kinds of trauma, including generational trauma. Most existing research has focused on novice counselors, emphasizing their training needs and preparation for licensure renewal, while few studies have examined the practices of experienced counselors with more than three years of licensure (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023). Although researchers recommend trauma-informed training, narrative exposure therapy, and cultural awareness practices (Harris et al., 2020; Lely et al., 2019; Phipps and Thorne, 2019), a gap remains in understanding how seasoned counselors recognize and respond to generational trauma in practice.

Problem Statement

The problem addressed in this study is that there is insufficient information about how experienced counselors recognize and respond to the symptoms of generational trauma, as well as a lack of clarity regarding which treatment methods or modalities are most effective in supporting patients (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023). Most existing research has focused on novice counselors and their training needs, leaving a gap in understanding the practices, perceptions, and strategies of counselors with more than three years of licensure who treat clients experiencing

generational trauma (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023). This gap limits the ability of mental health professionals to provide effective trauma-informed care and contributes to ongoing challenges in breaking cycles of trauma across generations (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023; Harris et al., 2020; Lely et al., 2019; Mukhalalati and Taylor, 2019; Petion et al., 2022; Phipps and Thorne, 2019).

In South Carolina, counselors may not identify the symptoms of generational trauma and determine the best practices for clients who present relationship issues and difficulty with managing coping mechanisms (Children's Trust of South Carolina, 2024). South Carolina ranks 25th with high rates of mental illness and a low rate of access to care for adults, and as far as youth, the state ranks 35th (Children's Trust of South Carolina, 2024). The symptoms may have similarities to other sources of depression or health complications, which may contribute to a lack of accessibility to training due to location or lack of internet services (Bray, 2023; Lee et al., 2023; Live Healthy South Carolina Leadership, 2023). Counselors may seek additional training for clients who present symptoms they are not qualified to treat (Petion et al., 2022). However, Dunn et al. suggested more research using case examples for scenarios to practice that focus on the trainees' racial identities (Dunn et al., 2021). Although researchers have investigated this issue, there is a dearth of research that examined the perceptions and experiences of counselors who have successfully counseled clients who experienced generational trauma and information about which interventions they trained to use in the treatment process through clinical supervision. Given such, further research is warranted that examines how

experienced counselors who have counseled clients who experience generational trauma identify a framework for educating counselors in this area of practice (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023; Knight, 2018; Tan et al., 2021).

Petion, whom Bray interviewed (2023), indicated that a 2-year master's program could not cover the complexities of trauma. Newly licensed professional counselors may encounter clients with trauma and use essential evidence-based interventions for treatment, but without training and certifications, harm can occur due to inexperience. (Petion et al., 2022). They require licensed supervisors who provide primarily emotional, supportive, educational, and professional development to develop feelings of acknowledgment, validation, positive feedback, and constructive criticism (Sutton et al., 2022). However, Sutton et al. (2022) discussed the results that indicated that more experienced professionals require more staffing of cases and advice on case management and challenges with client responses. Therefore, supervisors need to become trauma-informed using the discrimination model of clinical supervision (Knight, 2018). Knight (2018) discussed the challenges that supervisors have, which include a lack of understanding of the nature of trauma and its effects on individuals, little familiarity with the principles of trauma-informed practice, little or no training in the supervisory role, and little time spent discussing trauma care.

Additionally, multicultural competence training programs have rarely addressed the roles of oppression or culture for clients who become traumatized by racial or ethnic microaggressions, which Dunn et al. (2021) sought to educate students about from a social justice perspective. They suggested that trainers may need to acknowledge their

unintentional microaggressions, be willing to learn from trainees, and provide specific clinical examples through role play to remove microaggressions (Dunn et al., 2021). Many supervisors in South Carolina may not understand the theories and principles of adult learning as they are not covered in the clinical supervision course. They learn to support the supervisee's professional skills by exploring theory and practice (SCLLR, 2024). The stories of counselors who have more than three years of experience treating generational trauma will assist in understanding if there is a need for a framework for training and if clinical supervisors can use a framework for additional requirements of training that focuses on the needs of those clients seeking help after generational trauma. (Bray, 2023; CDC, 2023; Petion et al., 2022; Stella & Taggart, 2020).

Purpose of the Study

There has been a reported increase in youth and adults seeking mental health services for generational trauma (Greenwood, 2024). The purpose of this qualitative study was to explore and document the experiences of licensed counselors with more than 3 years of professional practice in recognizing and treating generational trauma. Specifically, this study aims to understand how these experienced counselors identify symptoms of generational trauma, the strategies and interventions they implement to support clients, and the challenges they encounter in clinical practice. By capturing the perspectives of seasoned professionals, this research aims to inform counselor education, enhance trauma-informed care, and contribute to the development of effective interventions that break cycles of trauma across generations.

The gap in literature stems from the fact that there is insufficient information about how counselors recognize and respond to the symptoms of generational trauma or what treatment methods or modalities to use. (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023; Tan et al. 2021), A generic approach is appropriately aligned because I want to understand the stories and experiences of the challenges in treating generational trauma from counselors who have successfully counseled clients who display symptoms of generational trauma and which interventions they use in the treatment process (Galbally et al., 2023). The information from this study may help inform those who create training for counselors in assisting with healing attachment experiences in adults and an understanding of strategies to treat generational trauma.

Research Question

The research question for the study was: How do experienced counselors who have counseled clients who present symptoms of generational trauma describe the strategies implemented to support the treatment for patients?

Theoretical and/or Conceptual Framework for the Study

The theoretical framework for this study was informed by Bowlby's (1969) attachment theory. The theory proposed that early relationships shape emotional and social development (Bowlby, 1969). This theory was chosen as the framework for this study because it emphasizes the role of secure and nurturing relationships in promoting emotional health, understanding and addressing attachment patterns, improving interpersonal relationships, and enhancing overall well-being (Bowlby, 1982). Attachment theory for counselors served as the foundation for understanding ineffective

coping strategies and the underlying reasons for emotional difficulties by assessing the individual's history of development across the lifespan and guiding the direction of the treatment approach (Formella et al., 2024). Since complex trauma or developmental trauma are not yet recognized as a diagnosis and there are no established evidence-based practices, counselors typically use integrative approaches such as models from trauma-focused cognitive behavior therapy, schema therapy, dialectical behavior therapy, interpersonal therapy, cognitive-behavior therapy, family therapy, and emotion-focused therapy (Cobbett, 2022). These models facilitate the development of healthy emotional regulation, communication, thought reframing, interpersonal relationships, and trust (Diamond et al., 2021). Counselors must understand the attachment theory and how it relates to the trauma that individuals experienced as children, the role of ineffective coping strategies, and the reasons for emotional difficulty throughout the individual's life (Formella et al., 2024; Isobel et al., 2020). Bowlby's studies were seminal in examining parent-child interactions, highlighting the importance of early attachment and illuminating various directions for research in caregiving behaviors toward children (Bowlby, 1969).

Attachment theory is a key component of understanding the symptoms and behaviors of youth and adults who experience generational trauma (Bosmans et al., 2022; Johnson, 2020; Kobak & Bosmans, 2019; van der Oord & Trip, 2020; Waters et al., 2022). Counselors who may have training in Attachment theory understand the importance of healthy parent-child relationships that begin before birth (Bowlby, 1982). Specifically, infants learn a sense of security from their caregivers when they provide

warmth and affection (Ainsworth, 1969; Bowlby, 1940). The experienced counselor may administer questionnaires during the intake process to measure a client's attachment style and apply this information to the assessment by exploring the client's family history (Borja et al., 2019). Borja et al. (2019) indicated the importance of psychoeducation about attachment theory, which informs parents that healthy relationships from birth will decrease the difficulty in behavior modification, emotional regulation, and the development of positive relationships. Counselors need to understand the connections between attachment theory and the symptoms of attachment difficulties, the family's history, its cultural makeup, as well as any adverse experiences the child may have witnessed, to effectively treat generational trauma (Fawley et al., 2023). These connections are rooted in attachment theory and may involve various interventions, depending on the family's preference and the counselor's experience or training credentials (Ainsworth, 1969; Bosmans et al., 2022; Bowlby, 1940; Fawley et al., 2023).

The logical connections between Ainsworth (1969) and Bowlby (1969) work on the importance of attachment theory, understanding the symptoms of attachment difficulties in adults, and the evidence-based strategies counselors use to support their clients. The nature of this study involves combining clinical and empirical insights with scientific theory to capture the perceptions and experiences of counselors regarding the challenges of understanding and treating generational trauma. Research on the use of attachment theory is abundant. However, little is known about the experiences that counselors have with understanding the symptoms that connect to social and emotional development cross-culturally and how to treat attachment-related issues arising from

generational trauma. Additional knowledge can help provide new training for those in the mental health field, and the information can be applied to enhance the field and make it more transferable. The nature of the study will be discussed, including the research question and approach.

Nature of the Study

I utilized a generic approach to address the research question in this qualitative study. A generic approach was appropriate because it explored the experiences perceived by those who live them (Ellis and Hart, 2023). Using this design, asked a fundamental question of what counselors can learn about the issue or problem of healing from attachment experiences as children while treating generational trauma. I asked what, if there are any difficulties counselors experience in treating generational trauma. Ellis and Hart (2023) stated that the generic approach provides descriptive research data, including personal meaning for counseling and other social sciences. I wanted to know what counselors have experienced with generational trauma within the treatment process.

For my planned research design, I collected narrative data and conducted Zoom meeting interviews with counselors who are independently licensed in SC and have been in practice for over 3 years. The interviews employed a semi-structured format with open-ended questions, allowing for follow-up questions and adjustments as needed during the process. The interview guide used for all interviews consisted of questions that answered my research question. An interview guide typically includes a list of consistent topics throughout the interview and may require adaptation based on the interviewee's interactions (Busetto et al., 2020). This method was appropriate because it allowed

unique, firsthand responses to each participant's perspective of the experience. I used the participants' narrative responses to the interview questions as data points and analyzed the transcribed narrative data, converting it to written text, using thematic content analysis.

Definitions

The following definitions provided context for the study, ensuring that the terminology used was explained.

Adverse childhood experiences (ACEs): Three or more frightening experiences that children have endured affect them into adulthood (CDC, 2023).

Attachment: Attachment is defined as the deep emotional bond formed between an infant and their primary caregiver, which provides a secure base for exploration and shapes future social and emotional development (Ainsworth, 1969; Bowlby, 1969; McLeod, 2025).

Attachment difficulties: Problems in forming and maintaining healthy emotional connections with others (Alhusen et al., 2020; Epstriplet et al., 2022; Galbally et al., 2021; Oyetunji & Chandra, 2020; Tan et al., 2021).

Attachment style: The way people relate to others in relationships is related to how well they bond with others in early childhood (APA, 2024).

Behavior modification: A psychotherapeutic intervention used to reduce maladaptive behavior (Scott et al., 2023).

Bonding: Bonding is the process of creating a unique emotional and cognitive connection between a caregiver and child, which begins in pregnancy or early infancy

and serves as the foundation for attachment and healthy development (Galbally et al., 2020; Ramsauer et al., 2020).

Cognitive development: The growth in the thought process, such as perceiving, remembering, concept formulation, problem-solving, imaging, and reasoning (APA, 2024).

Coping mechanisms: Thoughts and behaviors that manage stressful experiences to reduce the stressor event (Algorani and Gupta, 2023).

Counselor: A trained and licensed person who assists individuals develop strategies to manage stressors (ACA, 2024).

Counseling: A professional relationship with individuals in achieving goals that they created (ACA, 2024).

Emotional regulation: The ability to control responses to feelings that may invoke negative thoughts (APA, 2024).

Evidence-based interventions: Therapeutic practices that have been empirically proven for treatment through research and clinical experiences (NIH, 2024).

Generational trauma: Traumatic reactions that affected defense mechanisms and were transmitted to the younger generations from fear-based survival messages (Deangelis, 2019).

Historical trauma: Refers to a complex and collective trauma that individuals experienced across generations by groups of people who share similarities in culture or subculture (ACF, n.d.).

Insecure attachment: Inconsistent responses from caregivers to children result in unmet needs such as understanding, comfort, and safety (Alan, 2023).

Microaggressions: Verbal or nonverbal behavior that communicates negative attitudes toward other individuals' differences from our own (APA, 2024).

Multicultural competence: The ability to understand, appreciate, and interact with individuals from diverse cultures or backgrounds (APA, 2024).

Psychoeducation: The process of providing information and resources that are taught by licensed professionals (APA, 2024)

Racism: A form of prejudice that involves adverse reactions toward a group of individuals (APA, 2024).

Secure attachment: A sense of safety and comfort provided to a child by caregivers is essential in developing a relationship (Bowlby, 1969).

Trauma: An emotional response to frightening events (APA, 2024).

Trauma-informed: A treatment approach focuses on what happened to the individual through recognizing the impact, signs, and symptoms, and refraining from traumatization (Menschner and Maul, 2016).

Triggers: This refers to a stressor that triggers an adverse emotional reaction stemming from a negative experience.

Assumptions

I assumed participants would be honest when sharing their experiences and perceptions. I also assumed that each participant could relate to the phenomenon of the

challenges in treating generational trauma and successful treatment strategies when encountering attachment-related issues in clients with generational trauma.

Scope and Delimitations

The purpose of this qualitative, generic design study was to investigate practices and document how experienced counselors described the symptoms of attachment difficulties, adverse experiences, and generational trauma to provide current information about the treatment modalities for the continuation of generational trauma. Eligible participants met specific sample criteria based on their experience of more than three years in treating generational trauma in South Carolina. Participants had a license in South Carolina and more than three years of independent licensure in the state. Also, participants could not be colleagues of mine. Each eligible participant needed to have experience in treating generational trauma and a willingness to share successful treatment strategies with attachment-related issues. The recruitment process involved advertising on professional websites. These web pages help licensed professional counselors connect, find training, jobs, internships, and networking opportunities. Therefore, recruitment captured licensed professional counselors and no other licensed professionals.

Limitations

The purpose of this qualitative, generic design study was to investigate how experienced counselors understood the symptoms of attachment difficulties, adverse childhood experiences, and generational trauma to provide current information about the treatment modalities for the continuation of generational trauma. Eligible participants met specific sample criteria based on their experience of more than three years in treating

generational trauma in South Carolina. Participants had an independent license in South Carolina for more than three years. Also, participants could not be colleagues of mine. Each eligible participant needed to have experience in treating generational trauma and be willing to share successful treatment strategies when encountering attachment-related issues. The recruitment process involved advertising on professional websites. These web pages help licensed professional counselors connect, find training, jobs, internships, and networking opportunities. Therefore, recruitment captured licensed professional counselors and no other licensed professionals.

Significance

This research contributes to the mental health field to enhance the field of becoming more transferable in understanding the counselor's experiences in treating clients who have experienced generational trauma and which interventions they have used throughout the treatment process (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023; Tan et al., 2021). This research will support future leadership roles, particularly in mentoring new therapists as licensed supervisors, who aim to develop an agency that serves as a learning facility for new counselors in the area. The study findings may contribute to agencies in South Carolina, such as the Department of Mental Health, the Department of Social Services, the Juvenile Justice System, Head Start Programs, and school districts, as well as partnerships with universities in providing internship opportunities through my private practice.

The Social and Community Context Determinant relates to the social and community context, aiming to increase social and community support for relationships

with others. This can reduce negative impacts, such as incarceration, addiction, bullying, or a lack of support from others. Interventions aim to enhance prevention, support, health, and well-being (CDC, 2022). Integrating generational trauma content into counselor education programs, workshops, and continuing education will broaden the definition of trauma to increase best practices. Other researchers will learn about the perceptions of counselors. This research will provide a voice and a glimpse into the experiences counselors have had with generational trauma symptoms with clients. Decision makers and lawmakers may advocate for the need for mental health coverage for insurance companies to include the need for referrals for additional treatment sessions that will focus on generational trauma as a long-term treatment process.

Summary

Recognition of generational trauma for counselors will assist in determining best practices for clients who demonstrate difficulty in regulating emotions, coping mechanisms to manage them, and contribute to providing additional training for counselors and preventative measures to decrease generational trauma. This study aimed to raise awareness of the need for training to recognize symptoms of generational trauma. Moreover, this study examined counselors' experience in treating these symptoms. If the professionals who develop accredited counseling programs, national counselor exams, licensing boards, and licensed supervisor standards understand that additional training can decrease the potential for overlooking the underlying issue, clients can begin to heal, and the transmission of generational trauma can be reduced. To achieve the goals of this study, Chapter 2 introduces the literature review of attachment, adverse childhood

experiences, resilience, screening, mental health interventions, counselors' experiences, supervisor role, supervisors' level of expertise, the gap in trauma competencies, therapists' role, and how it is essential to understand how they influence one another. Chapter 3 will discuss the research design and its connection to the problem statement, which justifies the reason for this study and the qualitative research method. Chapter 3 discusses instrumentation, recruiting participants, data analysis, and ethical considerations.

Chapter 2: Literature Review

Introduction

Building on the foundational concepts and context established in Chapter 1, Chapter 2 provides a comprehensive review of the existing literature on generational trauma, attachment theory, counselor education, and cultural responsiveness. This chapter critically examines key studies, theoretical frameworks, and current debates in the field, highlighting knowledge gaps and areas of ongoing inquiry. By situating the present study within the broader scholarly landscape, Chapter 2 lays the groundwork for understanding the experiences and strategies of counselors working with generational trauma and further justifies the need for research that addresses both clinical and systemic challenges.

Generational trauma has been shown to disrupt attachment, foster unhealthy coping mechanisms, and perpetuate cycles of adversity across families (CDC, 2023; Lee et al., 2021). Bowlby's attachment theory provides a lens for understanding these dynamics, emphasizing the crucial role of secure caregiver-child relationships in shaping resilience and emotional regulation (Bowlby, 1969; Ainsworth, 1969). While research has expanded on trauma-informed practices and counselor training, most studies focus on novice professionals, leaving limited insight into how experienced counselors recognize and respond to generational trauma (Bailey, 2023; Bray, 2023; Dunn et al., 2021). This review examines existing scholarship on trauma, attachment, counselor education, and cultural responsiveness, highlighting the need for further exploration of seasoned counselors' strategies to inform supervision frameworks and strengthen trauma-informed practice.

Literature Search Strategy

I conducted a comprehensive literature review using the following databases and websites: Academic Search Complete, Healthcare.gov, Wiley, and the American Psychological Association. Search items used with each database included (*Parenting, Adverse Childhood Experiences, Attachment, Intergenerational trauma, Dissociation, fetal attachment, father's experience, qualitative, mother's experiences, mother's experiences, mental health, pediatric traumatic stress, counseling, supervision, training programs, resilience, adult learning theories, interventions, training requirements, and differences in doctorate programs for education.*). When searching for articles on these terms, I used filters to find peer-reviewed research published from 2019 to 2024. I reviewed and organized articles in an annotated bibliography format. Then, I used the findings from this literature search to conduct a comprehensive and critical literature analysis. Building on the comprehensive literature search strategy outlined above, the following section introduces the theoretical foundation that frames this study and guides the interpretation of its findings.

Theoretical Foundation

Having established the broader theoretical foundation for this study, it is important to highlight the specific framework that most directly informs the research focus. Among the various theories considered, attachment theory stands out for its relevance to understanding how trauma is transmitted across generations and how early relationships shape emotional and social development. The following section provides a

detailed exploration of attachment theory, outlining its key concepts and explaining its significance as the guiding lens for this investigation.

The theoretical foundation for this study is attachment theory, which helps to understand how trauma reactions and emotions are transmitted from parents to children (Zagoria et al., 2024). This theory served as the conceptual framework for this study because attachment theory provides the foundation for understanding the development of ineffective coping strategies and the underlying aspects of emotional difficulties (Bowlby, 1982). Clinicians need to understand and recognize individuals who present with anxiety or avoidance patterns because each type of insecurity uses different coping strategies (Sauer et al., 2019). Mary Ainsworth (1970s), John Bowlby (1960s), and Henry Harlow (1950s) are among the authors who explored attachment between infants and mothers or caregivers (Allen, 2023). However, the topic has been intensely studied in many research studies since then, including attachments during pregnancy, early life, and relationships (Gregory et al., 2018). Gregory et al. (2018) described the attachment process as having an enormous impact on mental health and well-being throughout the lifespan. As explained by Tan et al. (2021), there is difficulty with maternal attachment when the mother's mental illness affects the mother's ability to interact with their infant healthily.

Other researchers found an association between depression and attachment in mothers who demonstrated subdued states of mind and had higher levels of postpartum parenting stress (Galbally et al., 2023). Depressive symptoms include dissociation, avoidance, and withdrawal or isolation. Galbally et al. (2021) argue that parenting begins

from conception in developing a relationship between the two and examines the role of intergenerational transmission of attachment. In Alhusen et al. (2020), the study discussed perinatal depression as one of the most common complications of pregnancy, affecting about 7%-20% and 35%-40% among low-income and minority women. A qualitative study included 603 participants who found 71 of those women fulfilled all criteria for PTSD after birth; of those, 41 had probable comorbid depression and PTSD, 28 of the 71 had bonding difficulties, and there was no difference between mothers who had younger or older infants in bonding, depression, or PTSD. Epstriplet et al. (2022) found the importance of investing in infant mental health through educating and training practitioners in healthy and culturally sensitive ways to support minority and low socioeconomic status women.

Relationships with caregivers early in life can trigger later memories of self and others, including expectations of oneself and others, which are shaped by attachment experiences and contribute to the development of self-esteem (Bianciardi et al., 2020). Attachment-based security refers to an individual's confidence in their caregiver's emotional availability and accessibility in providing emotional comfort to address the infant's needs (Sagone et al., 2023). These actions involve touch and eye contact between the mother and baby (Crowell, 2022; Kuboshita et al., 2020). Insecure attachment develops when there are inconsistencies or unpredictable responses to an infant (Tsappis et al., 2022). Bianciardi et al. (2020) found that those mothers who developed anxious attachment may experience the pregnancy and their fetus as challenging and think they will become inadequate in parenting. Anxious attachment involves an individual's

thoughts of challenges as complex to face alone and always require closeness, love, and support (Griffin, 1994; Sagone et al., 2023). Avoidant attachment is characterized by difficulty with others and a lack of trust, which can be beneficial in preventing rejection (Bartholomew, 1990; Sagone et al., 2023). Trombetta et al. (2021) conducted a systematic review of sixteen out of nineteen studies, discussing the association between prenatal attachment and parent-to-infant attachment. Three studies identified a negative association between antenatal attachment and postpartum bonding disorders (Trombetta et al., 2021). There is a need to assess attachment security during pregnancy, as suggested by researchers for future clinical implications for mothers with lower incomes (Ramsauer et al., 2020).

Researchers Sagone et al. (2023) studied romantic relationships, and an individual with stable and close relationships reported higher scores in psychological well-being. The researchers (Sagone et al., 2023) discussed attachment theory as the ability to form emotional bonds with others, which provides a positive view of oneself, effective emotional regulation, and higher self-esteem. (Lagarto and Duaso, 2021) found that fathers want to be part of prenatal care but often lack support, suggesting that more resources could help them contribute to their infants' development throughout their childhood. A father's presence in an infant's life is vital for the two to attach but is rarely the focus of direct services (Hamil et al., 2021). Hamil et al. (2021) found a theme from a fathers and Babies Intervention group that wanted to include unmarried fathers, have tension with the baby's mother, co-parenting, primary caregivers, or have a stepfather status as this group focused on married fathers. Other researchers found that antenatal

father attachment and partnership quality support encourage expectant fathers to actively engage in a positive relationship with the mother and fetus throughout the baby's life (Knappe et al., 2021).

The development and stability of attachment in fathers may come from their partner's attachment level toward their baby (Trombetta et al., 2021). Olsavsky et al. (2020) found that father-infant interaction at 9 months postpartum predicted a greater likelihood of secure attachment to father in toddlerhood, but only if fathers followed the baby's lead during father-infant interaction was low to moderate. Olsavsky et al. (2020) also found that fathers who followed their infant's lead in play are more likely to have secure attachment. Fernandes et al. (2021) discovered that the combination of both parent's influences on attachment security in children ages 3-5 years old indicates the value of including both parents in developing emotional regulation. Peng et al. (2024) investigated peer attachment. They found that a child who develops into adolescence and has a good relationship with his or her father has an essential level of father-child attachment, which increases confidence, courage, and communication skills. Therefore, a father's involvement in his or her child's life provides a protective factor in emotional development (Peng et al., 2024). This theory is relevant to my research due to exploring the experiences of counselors who understand the importance of attachment throughout the lifespan, parent-child interactions, extended family relationships, support networks, and the patterns of difficulties in emotional regulation for the individual and his or her family.

In comparison to secure attachment, Alan (2023) described insecure attachment as providing inconsistent responses from caregivers to children, resulting in a lack of security, and modified negative attention-seeking behavior, such as increased crying to obtain the caregiver's attention, even if ignored and unloving, or the child becoming withdrawn and quiet. Alan (2023) stated that children's modified attachment behaviors can develop into negative, problematic attention-seeking behaviors. Bowlby (1969;1982) hypothesized that behavior becomes modified based on feedback received from various systems in the desire to achieve a goal of reestablishing a sense of security but reinforced negatively. The child may struggle to regulate emotions and develop positive relationships with others due to an underdeveloped sense of security (Galbally et al., 2021a; and Galbally et al., 2021b). This behavior becomes problematic later in the child's life, with behaviors such as attending school and developing relationships with peers and teachers (Demirtas-Zorbaz and Ergene, 2019). The school system or parent may request therapeutic services where the family undergoes an assessment to determine the best treatment plan for the home, school, and community (Demirtas-Zorbaz and Ergene, 2019).

Literature Review of Key Concepts

Adverse Childhood Experiences

Bowen's (1978) family system theory (Bowen, 1978) first described the concept of generational trauma. According to Bowen, the theory describes differentiation as varying levels that can become unhealthy, leading the next generation to unconsciously learn emotional reactions, attitudes, beliefs, and behaviors. Petion et al. (2022) believed

that researchers continue to study how generational trauma is experienced and what treatment interventions to use. Petion et al. suggested that professional counselors have an increased knowledge of the symptoms to identify in treating clients who present with trauma and family difficulties from generational trauma. Generational trauma can be overlooked through assessment, diagnosis, and treatment planning, especially for clients who are from other cultures and who have experienced oppression in society (Bray, 2023). However, trauma-informed training for counselors may become triggered if they assess their own ACE scores (Felter et al., 2022). Therefore, Felter et al. (2022) suggested that supervisors need to understand their roles as supportive toward supervisees in monitoring empathy-based stress and allow for safe self-disclosure of challenges without fear of consequences.

Counselors need to understand the connection between adverse childhood experiences, generational trauma, and externalizing problems for children that will assist in distinguishing behavior and trauma-related symptoms by integrating trauma screenings along with behavioral assessments (Frawley et al., 2023). Adverse childhood experiences or ACEs involve four or more traumatic experiences, such as divorce, abusive experiences such as neglect or physical abuse, a parent having mental health or substance use issues, and domestic violence (Mortimore et al., 2021). Traumatic events in childhood before the age of 18 years are classified as ACEs (Mortimore et al., 2021). Howell et al. (2021) reviewed 20 years of ACE research and identified interventions that can address intergenerational effects by focusing on the historic and interconnected systems that continued the trauma over generations. Galbally et al., 2023 reported that

researchers found that a mother's early life experiences associated with trauma and neglect predict emotional well-being, mental health, and the experience of transitioning into the role of motherhood. Therefore, the involvement of general practitioners is important in screening during prenatal and postpartum care (DeNatale et al., 2023).

Researchers have found that risk factors for exposure to ACEs include low socioeconomic status and ethnic/racial minority communities, due to increased difficulties in obtaining resources for each household (Kia Keating et al., 2019). Questionnaires provided in clinics or doctors' offices can screen for ACEs that children have experienced. Kia-Keating et al. (2019) found that half the parent-infant dyads were at intermediate risk levels as the infants experienced one ACE. Biaciardi et al. (2020) found that assessing ACEs early can help decrease risk factors and provide the necessary resources or referral sources for families. One study found that participants, who were interviewed via phone, were more forthcoming in their assessments of various measures, such as ACEs and attachment style, compared to those in in-person interviews (Biaciardi et al., 2020). In another study, one-third of women reported experiencing moderate to severe trauma during their childhood, and fifty-three first-time mothers experienced depression (Gabally et al., 2021). Finally, another study focused on mothers at risk of early attachment disturbances and their interactions with infants after completing an ACE assessment and attachment style screenings (Tan et al., 2021). Therefore, this research suggests the need for screening measures to assess risk factors and relates to determining whether counselors utilize ACE assessment/attachment style screenings in their practice during the interview process.

Resilience

Resilience is the ability to recover from life's difficulties (Cook, 2021). There are scales to measure resilience, such as the Resilience for Adults, Hilda Survey, Resilience to Adverse Community Experiences to Violence, and Wagnild and Young's Scale (Boyd et al., 2021; Cook, 2021; Etile, 2021; and Hernandez et al., 2023). Cook (2021) noted that the Resilience Scale for Adults (RSA) assessed six aspects of resilience: self-perception, planned future, social competence, structured style, family cohesion, and social resources. Etile et al. (2021) used the Hilda Survey, in which individuals' responses were observed and measured. Boyd et al. (2021) used a 10-item scale, the Resilience to Adverse Community Experiences to Violence (RACV), to measure exposure to violence. Wagnild and Young's 25-item scale comprised five components: self-confidence, equanimity, perseverance, personal satisfaction, and feeling happy alone (Hernandez et al., 2023). According to Kumar and Kumar (2020), resilience encompasses social, psychological, cultural, and coping factors.

The healthcare field, as well as school counselors, can measure resilience for at-risk individuals. According to Cook (2021), psychiatric and pediatric nurses can administer a resilience scale for adults. Boyd et al. (2021) provided questionnaires for adolescents that measured parent-adolescent relationships, school climate, and mental health when parents were present. Hernandez et al. (2023) suggested that future health professionals understand the importance of mental health for themselves and others. However, recently, researchers have cautioned professionals in using the resilience framework to adapt to the exposure of systemic racism, material conditions of suffering,

disadvantage, adversity, violence, and trauma (Suslovic and Lott, 2023). Larez et al. (2022) suggested understanding the historical traumas that individuals and professionals serve to begin the healing process. Individuals who have social support, cultural networks, a positive view of themselves, and coping techniques lead to an increase in physical and psychological responses to stress (Kumar and Kumar, 2020). Therefore, engaging in a clearer understanding of the disadvantages, grief, and loss individuals have experienced is vital (Suslovic and Lett, 2023). Research about resilience is relevant to my study in interviewing counselors about their understanding of the grief process that individuals experience as they heal.

Screening

There is a need to assess attachment security during pregnancy, and researchers have suggested that mothers with lower incomes may benefit from early intervention (Ramsauer et al., 2020). Trombetta et al. (2021) found that regular screening processes and preventative programs at an early stage of pregnancy can increase prenatal attachment and influence parent-child relationships after birth. Ainsworth et al. (1978) identified four dimensions of maternal behavior associated with infant attachment security: sensitivity, acceptance, cooperation, and accessibility. (“Frontiers | Pre-natal Attachment and Parent-To-Infant Attachment: A ...”) Clinical assessments for attachment during pregnancy and after birth with both parents included How I Feel About My Baby Now Questionnaire (FAB), Avant's questionnaire of mother-infant attachment behaviors, Maternal Attachment Inventory (MAI), Maternal Post-natal Attachment Scale (MIBS), Post-partum Bonding Questionnaire, Father-Infant Attachment Inventory, Pictorial

Representation of Attachment Measure (PRAM), and Pre-natal and Post-natal Bonding Scale (PPBS) (Trombetta et al., 2022). The following paragraph explains each assessment in more detail.

The following questionnaires are used to measure attachment before and after birth with parents: the How I Feel About My Baby Now Questionnaire (FAB), developed by Leifer (1977), is a parent-to-infant self-report that measures paternal and maternal feelings of affection toward the child. Avant's questionnaire of mother-infant attachment behaviors (Avant, 1982) was an observational method that looked for maternal behaviors (emotional, proximity, and caring behaviors) during interactions with the child. Maternal Attachment Inventory (MAI), Müller (1994), is a mother-to-infant attachment, a self-report of maternal activities and feelings that indicate affection. According to Condon & Corkindale (1998), the Mother-Infant Bonding Scale (MIBS) is a mother-to-infant self-report that describes the mother's feelings toward the infant, such as loving, resentful, neutral, feeling nothing, joyful, disliked, protective, disappointed, and aggressive. Post-partum Bonding Questionnaire, Brockington (2001), is a scale to assess impaired bonding, rejection, anger, anxiety about care, and risk of abuse. Mother-to-Infant Bonding Scale (MIBS), Taylor et al. (2005), the assessor will describe the mother's feelings toward the infant as presented, such as loving, resentful, neutral, feeling nothing, joyful, dislike, protective, disappointed, and aggressive. The Post-partum Bonding Questionnaire—16 items (PBQ-16), developed by Reck et al. (2006), is a mother-to-infant attachment self-report that measures maternal feelings, cognition, and behaviors during interactions with the child. The Father-Infant Attachment Inventory (FIAI), developed by

Hjelmstedt and Collins (2008), is a father-to-infant self-report of 26 items that measure paternal feelings of affection. Pictorial Representation of Attachment Measure (PRAM), van Bakel et al. (2013) is a parent-to-infant attachment projective method questionnaire that included parental non-verbal representations of feelings of attachment and connectedness to the child. Pre-natal and Post-natal Bonding Scale (PPBS), Paternal Post-natal Attachment Scale (PPAS), Condon et al. (2008), a scale that assessed the father's patience and tolerance, pleasure in interaction, and affection and pride. Cuijlits et al. (2016) is a mother-to-infant attachment self-report that measured paternal feelings toward the child.

Other screenings included assessing adverse childhood experiences or ACEs. When COVID-19 emerged, it led to high levels of stress worldwide, and researchers found that families experienced increased ACEs (Calvano et al., 2024). However, social distancing measures prevented screenings of ACEs or abuse assessments due to the restrictions placed around the world, as evidenced by 164 patients at a 4-12 month well child visit with infant/parent dyads had 4.6% scored three or more ACEs and 23.2% scored four or more ACEs since birth and were eligible for preventable services (Kia-Keating et al., 2019). Another study focused on mothers at risk of early disturbances in attachment to and interaction with infants after completing an ACE assessment and attachment-style screenings (Tan et al., 2021).

Screening for ACEs early in life calls for the need for both prenatal and postpartum checkups. The difficulty in screening for ACEs stemmed from healthcare providers hesitating to administer screening measures due to fear of blame, criticism, and

social work involvement (De Natale et al., 2023). Chaplo et al. (2024) found that healthcare providers played a critical role in disrupting the harmful effects of trauma through early identification and screening. Mental health professionals may conduct additional screenings when clients demonstrate externalizing behavior symptoms, including child behavior checklists for various age ranges or Calocus assessment (Frawley et al., 2023). However, Frawley et al. (2023) mentioned that without understanding children's trauma symptoms, there is a need for information for treatment. Thus, there is a need for trauma screeners such as CPSS (Child PTSD Symptom Scale) or PEARLS (Pediatric ACEs and Related Life Events Screener) (Foa et al., 2001; Koita et al., 2018). The screening research assists in interviewing counselors to determine which screenings they use during the assessment and treatment planning process.

Mental Health Interventions

Bailey (2023) found that there was an awareness to increase perinatal mental health services, but providers lacked psychoeducational training for primary care staff. In 2023, McKinny recognized a growing need to equip OB-GYN providers with training and tools for screening, triage, and referral to mental health services. Rados et al. (2020) found that an increase in mental health problems has had a more significant effect on the bonding of older infants than younger ones. In addition, there was also a need to include culturally appropriate ways to support infant development in parent education programs for all cultures and socioeconomic statuses (Estriplet et al., 2022). However, providers who assessed postnatal psychological distress following prenatal distress assessed for anxiety and stress and then referred for services, which reduced depressive symptoms

(Obrochta et al., 2020). Studies have assessed parenting intervention programs, such as the postnatal bear program, which promoted reflection on parenting roles, perceptions of improved interactions, and increased understanding of their infants to foster secure attachment (Tan et al., 2021). In one pilot study, researchers found that participants who participated in a parent intervention program decreased depressive symptoms at 36 weeks of gestation (Alhusen et al., 2021). Another parental intervention program, called FAB (Fathers and Babies), was one of the few that specifically catered to fathers. Hamil et al. (2021) found that barriers to including fathers in programs included lack of invitation, life balance difficulties, and the partner discontinuing services. Therefore, fathers need to be included in future studies and intervention measures.

Addressing intergenerational trauma through the strengths-based intervention of ACEs focused on the numerous, historical, and interconnected systems across time (Howell et al., 2021). Working through trauma takes time and can become costly if one does not have insurance or limited coverage. Gregory et al. suggested attachment-based parenting interventions that are accessible, short-term, and cost-effective. Bellhouse et al. (2023) referred to the following programs that offered no focus on addressing generational trauma and attachment difficulties: Family Foundation Program, Growing as a Couple and Family Program, Towards Parenthood Program, Stress Management Program, CBT Program, and Mentalization-Based Therapy, which was a critical component in adaptation to parenthood and treatment. Haynes-Thoby et al. (2023) suggested building collaborative counseling relationships that reflected strength-based,

culturally relevant, and trauma-informed services for African American women with histories of domestic violence.

Identifying generational trauma involved gathering information about family history, relationship dynamics, and family interactions with each other and others (Bray, 2023). Bray (2023) interviewed a few counselors for her article and described interventions that they use, such as genograms, the ABC model, retelling their stories, guided imagery work, the miracle question, communication with the use of “I” statements, boundary setting, the empty chair technique, and case management. Chang et al. (2022) studied time-limited dynamic psychotherapy, a time-sensitive, interpersonal approach that emphasized attachment, interpersonal relationships, and experiential-affective aspects of the change process. Future research would become beneficial to gather clinicians’ perceptions of the strengths and weaknesses of the model (Chang et al., 2022). Finally, Duffey (2024) suggested using creativity in counseling, such as media, literature, movies, photography, and music, to increase the client's and the clinician's creative and experiential learning. Researching evidence-based interventions used to address the symptoms of generational trauma will add to this study with the interviews with counselors, which ones each use.

Counselors’ Experiences

Bray (2023) interviewed one therapist who discussed the difficulty that counselors have if they have not experienced generational trauma to understand the challenges clients face. Researchers focused on the lack of knowledge among newly licensed counselors (Bray, 2023; Duffy, 2024; Dunn et al., 2021; Felter et al., 2022; Petion et al.,

2022). However, one researcher explored the lived experiences of eight African American female college students and the effects of generational trauma on them and found that the participants felt belonging to an emotionally disconnected family that avoided conversations about generational trauma (Petion et al., 2022). Chiang et al. (2022) conducted a quantitative study examining the effects of increased training in the time-limited dynamic psychotherapy model, which yielded positive results. Horton et al. (2022) found that all 13 participants reported increased understanding of trauma through role-plays and learning to apply theory to practice. Two studies from a group of researchers focused on implementing attachment-based interventions and exploring emotions in welfare settings. However, perceived barriers to implementing these interventions included a lack of leadership and support, poor coordination with referral sources, and insufficient policy support (Nielson et al., 2020; Santens et al., 2020). Few studies captured the experiences of counselors in treating the symptoms of generational trauma, and my research adds to the counseling field.

Supervisor Role

A supervisor's role includes mentor, teacher, consultant, continuation of training in the field, enabling supervisees to meet the profession's needs by applying theories of attachment and learning for security in working relationships (Stella and Taggart, 2020). Dunn et al. (2021) found that most trainees were white and experienced difficulties with adverse emotional reactions and awareness of heightened microaggressions. Duffy (2024) encouraged counselor educators to prepare students to participate in challenging, sensitive, and traumatically painful discussions by assigning them to visit museums

focused on histories other than their own culture. Another role for a supervisor is to learn from the supervisee by allowing feedback to create safety and shared power, which assist in recognizing limitations (Dunn et al., 2021). Moore et al. (2021) suggested that school counselors focus on the experiences of males of color in educational settings and help them thrive. Horton et al. (2022) believed that integrating role-plays into trauma training increased understanding of complexity and self-competence, self-efficacy, and emotional intelligence, both online and in person.

Petion et al. (2021) reported incorporating generational trauma-informed care into counseling programs. Role-play observations and activities as a group are an excellent way to practice interventions (Horton et al., 2022). Frawley et al. (2023) determined that emphasizing trauma-informed care with children in identifying trauma symptoms with the use of screening tools. Therefore, the practice will contribute expertise and support for school counselors, teachers, and administrators in the school district while providing school-based mental health services (Beasley and Norris, 2021). As Beasley and Norris (2021) specified, school counselors have various duties, while clinical mental health counselors focus on individuals' cognitive and emotional needs. Thus, providing training or workshops to school districts adds to professional development and gatekeeping (Killian et al., 2023; Sofyan et al., 2024). The role of the consultant involved being available and accessible to supervisees long after the training phase ended, as they may forget what they learned due to preoccupation with clients' responses and trying to fit the individual into the interventions they learned (Santens et al., 2020). Therefore, the importance of relationships that support and provide resources is discussed (Nielson et

al., 2020). Research on the supervisor's role in counseling will contribute to my study of whether participants have become supervisors.

Supervisors' Level of Expertise

A supervisor who invests in continuing his/her training increases the level of expertise in the field. Therefore, the supervisor must remain up to date on CACREP, or The Council for Accreditation of Counseling and Related Educational Programs (Home-CACREP, 2024), set minimal standards for counseling training programs within educational institutions through self-assessment and peer evaluations that become incorporated into plans, reviews, and research in the improvement of counselor education. The NBCC, or the National Board for Certified Counselors (NBCC/National Board for Certified Counselors & Affiliates, n.d.), provides certification testing for candidates who demonstrate mastery of counseling knowledge and skills obtained from a CACREP program toward state licensure. In July 2024, CACREP updated its standards to promote a unified professional counselor identity and describe the preparedness of entry-level graduates as counseling practitioners, while doctoral-level graduates are prepared for counselor education, supervision, research, and advanced practice (Council for Accreditation of Counseling and Related Educational Programs, 2024). Updated standards require that counselor education faculty hold a doctoral degree in counselor education or a related field and have experience teaching, while field supervisors must have at least 2 years of experience in counseling supervision (Council for Accreditation of Counseling and Related Educational Programs, 2024). In 2016, CACREP's standards required site supervisors to have at least 2 years of professional experience and relevant

training in counseling supervision (Council for Accreditation of Counseling and Related Educational Programs, 2015). The Credentialing and Education (CCE) program provides an Approved Clinical Supervisor (ACS) program that offers a four-and-a-half-hour or forty-five-hour training course addressing training and education requirements (Director of Certification and Credentialing Services, 2021).

In Tran's (2024) study, five themes emerged in supervisory dyads in counseling: relational, therapeutic space, security, mirror for practice, and attachment with self-awareness. Gordon (2022) explored the use of experiential learning in supervision, utilizing supervision models such as clinical supervision, collaborative action research, lesson study, collegial support groups, and the potential for reflection between supervisors and teachers to identify necessary changes. Although researchers have found mixed results when applying attachment theory to supervision, McKibben et al. (2023) found that a relational bond is critical to successful supervision. McIntyre and Sanstag (2021) found that therapeutic attachment security plays a vital role in enhancing self-awareness and alliance. However, if the attachment is underdeveloped, there is a chance of insecurity in the supervision relationship (McIntyre and Santag, 2021). Soni et al. (2021) considered the implications of relationships, understanding of cultures, and ways to use activities in supervision to foster openness and discussion of issues related to racism and inclusion. McKibben et al. (2023) suggested that attachment theory is a clinical concept that has been applied in a pedagogical context, and future quantitative research may clarify an understanding of attachment dynamics in relationships in clinical supervision. Stella and Taggart (2020) studied attachment learning and reflective

supervision, which were reversible when a relationship developed with a secure individual, resulting in an earned secure attachment.

Therefore, negative self and insecure attachment models can be reversed depending on the supervisor's use of adult learning theories (Stella and Taggart, 2020). Sellberg et al. (2022) found that continuous development and support in supervision provided constructive dialogue, professionalism, and the ability to solve problems under challenging situations. Huet and Casanova (2022) focused on understanding the learning process of Doctoral supervisors and found that learning and understanding occurred through self-reflection and discussion within the relationship among teaching, learning, and acquiring knowledge. Broad et al. (2022) investigated doctoral programs that prepare students to become supervisors, but no agreed-upon, culturally responsive teaching method has been identified for developing supervision skills. A state-licensed counselor supervisor with a higher-education PhD will learn about the Adult Learning Theory Framework (Stoltz, 2024). Without knowing the adult learning theory framework, state-licensed supervisors may have little teaching training (Mukhalati and Taylor, 2019).

PhD students whose discipline focused on Adult Learning Theories understood how adults learn, and they designed training programs that equipped them with the skills needed to apply to their counseling careers (Stoltz, 2024). Alexander Kapp developed the term andragogy, which was linked to Knowle's Adult Learning Theory, and these ideas have guided the development of adult teaching strategies (Mukhalalati and Taylor, 2019). Knowles (1978) described pedagogy as dependent on the teacher and on the observation of simple skills learned through lectures, assigned readings, quizzes, memorization, and

exams. In contrast, andragogy moves from dependence toward maturity in self-direction, developed experience, and a readiness to learn independently and to apply acquired knowledge to the careers for which they are trained (Knowles, 1978). Hodge et al. (2022) wrote an editorial discussing the challenges of understanding adult learning and conducted a survey of theories to determine whether adult learning theory is dependable for training others in professional environments and for educational research. The results found that adult learning theories have expanded the boundaries through the complexity and creativity of adult learners (Hodge et al., 2022). The adult learning theory considers the needs of adults by incorporating factors such as prior experiences, responsibilities, and personal motivations through transformative learning that is self-directed, project-based, active, cooperative, collaborative, discovery-oriented, elaborative, social, and individualized (Stoltz, 2024).

Institutions offer two types of doctoral degrees, one in education and the other in Philosophy. Foster et al.'s (2023) study results suggested a difference between the Doctor of Education (EdD) and the Doctor of Philosophy (PhD), requiring clarity on which professional skills the student will enhance. The Ed.D. is geared toward those working in education, offering options for a final project, while the PhD focuses on more research and requires a dissertation as the final project (Foster et al., 2023). Pyhalto et al. (2022) found that PhD supervisors perceived their supervisory competence as high, supported by their professors and by the activities they engaged in to develop supervisory competencies. Another suggestion included guidelines and implementation training that align with the supervisor's needs, development activities that align with these needs, and

a commitment to research-informed development work to enhance best practices. Warren et al. (2022) found that doctoral student supervisors should provide developmentally appropriate support by engaging in ongoing evaluation and employing effective strategies. The study also suggested that student supervisors need tools and techniques to meet the needs of counselors and clients (Warren et al., 2022). The supervisor's level of expertise will contribute to this study by assessing whether the counselor felt prepared to work with symptoms of generational trauma and what they wished they had learned more about.

The Gap in Trauma Competencies

Although the Council for Accreditation of Counseling and Related Educational Programs (CACREP) ensures that candidates have met the requirements, gaps remain in trauma competencies (Felter et al., 2022). Few researchers have focused on trauma as a core issue in counseling and the impact of historical and generational trauma on family counseling (Lee et al., 2023). Petion et al. (2022) found that generational-informed counselor training is nonexistent, with few assessments or evidence-based interventions. The master's programs do not cover the complexities of trauma, such as historical and generational trauma, and use a Western viewpoint (Bray, 2023). Dunn et al. (2020) reported that white trainees showed enhanced multicultural awareness over time, but further training did little to enhance awareness in other competencies. Counselors lacking cultural competency may not recognize cultural biases and lack ethnocultural empathy (Duffey, 2022).

Historical trauma may occur when a group of individuals experiences similar physical and emotional pain from racism or harassment for generations (Lee et al., 2021). Kidron et al. (2019) studied the transmitted trauma of Holocaust descendants and used the trauma as a badge of honor, which is an emotional vulnerability but is considered a strength. When families practice normalizing and validating the events that occurred as a result of survival or resilience, they can inadvertently perpetuate the maladaptive effects of the transmitted trauma by accepting the tragedy (Kidron et al., 2019). Reese et al.'s (2022) study found that adverse family experiences can negatively impact the health of the relationship between parents and children. Brooks Holliday et al. (2020) acknowledged that researchers have studied more marginalized communities, and they have noticed that there are also symptoms of traumatic stress and PTSD. Therefore, therapists must have an awareness of an individual's history of trauma and cultural implications of trauma and understand the power disparities in relationships and oppression (Knudson-Martin et al., 2019).

It is also crucial for counselors practicing in South Carolina to be aware of the state's history for effective cross-cultural counseling (Morris, 2014). South Carolina was one of the thirteen colonies and had various cultures settle, such as Native Americans, Europeans, and enslaved Africans, who were mainly brought into the Charleston ports (Bennett, 2017). Many of the descendants of these individuals still reside throughout the state, where they have endured centuries of abuse and unethical medical treatment (Morris, 2014; Knudson-Martin et al., 2019). Therefore, there is a need for awareness of

power differentials and to create an environment of safety and trustworthiness (Harris et al., 2020; Day-Vines et al., 2020).

A health assessment report from South Carolina indicated that over the past 3-5 years, mental health needs have increased due to a lack of access to services, and individuals would benefit from interventions that addressed trauma and other adverse life events (Simmer et al., 2023). In 2020, 57% of South Carolina's adults had an increase in mental health symptoms (Children's Trust of South Carolina, 2020). Many of them also have chronic diseases and reported more than four adverse childhood experiences (Children's Trust of South Carolina, 2020). As of this year, South Carolina ranks 25th in high rates of mental illness and a low rate of access to care (Mental Health America, 2024). The lack of access included limited internet access for telehealth, inadequate transportation for office visits, high service costs due to coverage limitations, a shortage of licensed therapists, and restricted access to training, particularly in rural areas (Simmer et al., 2023). As a result, individuals may encounter barriers to obtaining mental health services (Children's Trust of South Carolina, 2017).

Counselors need to understand the cultures of individuals who live in the communities that they serve, which includes the history of the state, and any barriers clients may experience in obtaining therapeutic services (Children's Trust of South Carolina, 2017; Day-Vines et al., 2020; Harris et al., 2020; Knudson-Martin et al., 2019; Simmer et al., 2023). An indication that counselors are not prepared to serve vulnerable clients and understand the potential to harm them involves seeking resources through independent literature searches, conferences, or workshops (Petion et al., 2022). Frawley

et al. (2023) encourages counselor education programs to provide preparation to deliver trauma-sensitive and developmentally appropriate child mental health interventions, such as Play Therapy or Trauma-Focused Cognitive Behavior Therapy (TF-CBT). Petion et al. (2022) indicated that counselor education programs must incorporate trauma training to reduce the potential to harm clients due to a lack of sufficient training. The research found that the lack of cultural competency is addressed by evaluating participants' interviews on their knowledge and training in trauma care within their counselor education programs.

Therapists' Role

Therapists must search for external training and evidence-based trauma treatments when collaborating with clients who have experienced generational and historical trauma (Lee et al., 2023). Therapists also need to capture cultural experiences by participating in activities that focus on historical and current events, such as visiting museums, art galleries, reading news reports, and engaging with the communities in which they live and work (Duffy, 2023). Bray (2023) believed that the therapist's role involved bringing trauma into the client's consciousness by acknowledging the experiences, thereby empowering them. However, therapists must also become mindful of Eurocentric, individualist theoretical approaches, such as person-centered and cognitive-behavioral therapy, by learning more about African-centered theories, including traumatic stress and sociocultural and womanist theories (Petion et al., 2023). Killian et al. (2023) encouraged therapists to self-monitor their multicultural and social justice counseling competencies, identifying areas of strength and opportunities for growth in professional development.

With Haynes-Thoby et al. (2023), therapists became advocates when they recognized stereotypes and biases that impact racism, sexism, and classism. Finally, according to Nielson et al. (2019), developing a professional network for support in practice is crucial to avoid burnout. The therapist's role is relevant in this study to assess the counselor's motivation to become trained in trauma care for those who have experienced generational trauma.

Connecting the Key Concepts

As demonstrated by the results, the experiences and strategies described by licensed mental health professionals directly addressed several gaps and contradictions identified in the literature review. While previous research often focused on novice counselors and lacked consensus on effective interventions for diverse populations, this study provided insights from experienced practitioners working in a variety of clinical settings. The findings revealed not only the practical approaches counselors used to address intergenerational family trauma but also highlighted the importance of trauma-informed training, ongoing supervision, and culturally responsive care, and they highlighted the literature's noted inconsistencies and deficiencies by capturing the voices of seasoned professionals and examining their real-world practices. This study helped to fill the gap regarding effective, culturally competent interventions and offers evidence that can inform counselor education and future research. Thus, the discussion that follows will interpret these findings, considering the previously identified gaps, demonstrating how this research advances understanding and addresses unresolved questions in the field.

Past generations have experienced trauma from their childhood and have affected future generations by retelling their traumatic experiences. Researchers have studied these two topics extensively and found that trauma from parents put their children at risk for disrupted brain development and increased risk later in life for health problems, behavioral difficulties, or death (Howell et al., 2021). Sixty-four percent of adults in the United States have experienced four or more ACEs before age eighteen (CDC, 2023). Twenty-five percent of mothers have difficulty healing from their childhood experiences while attaching to their infant (Bianchiardi et al., 2023). Trauma experiences and coping mechanisms involved the inability to regulate emotions, the inability to manage stress, and the development of unhealthy relationships (Alhusen et al., 2020). Prevention addresses trauma from adverse childhood experiences by understanding the symptoms and strategies to use in teaching coping techniques for regulating emotions, managing stress, and developing healthy relationships (Bailey, 2023).

The purpose of this study was to explore the stories of counselors who have counseled clients for more than three years who experienced generational trauma and the interventions they use in the treatment process. In this chapter, I will discuss my literature search strategy and theoretical foundation for the study, present a review of the relevant literature, and examine the existing research on ACEs and mental health. Then, I summarized the main themes found in the literature and further discussed how my research fills the existing knowledge gap, contributing to a deeper understanding of counselors' experiences in understanding symptoms and treating attachment-related issues arising from generational trauma. Additional knowledge can help provide new

training for those in the mental health field, and the information can be applied to enhance the field and make it more transferable.

Supervision during the practicum and internship is an essential aspect of counselor development (Sofyan et al., 2024). Sofyan et al. (2024) suggested that further research could focus on the emotional and social aspects of understanding counselors' experiences and perceptions during supervision. Master's counseling programs require the inclusion of disaster, trauma, and crisis in the curriculum, while other trauma courses remain as electives, which impacts the lack of best practices (Horton et al., 2022). Horton et al. (2022) suggested that counseling educators consider incorporating experiential learning practices, such as role-play scenarios, into online or hybrid courses to enhance understanding, comfort, and confidence in trauma counseling. Another aspect of having a learning experience through supervision and role-play scenarios is the additional knowledge that supports school counselors who experience high-stress levels due to multiple responsibilities (Beasley and Norris, 2021). Beasley and Norris (2021) suggested that future studies focus on the contribution of school-based clinical counselors' presence and whether the stress levels decrease with the additional support in place.

Adverse Childhood Experiences begin as three or more trauma situations in children that affect individuals long into adulthood (CDC, 2023). These experiences become unresolved and transmitted to the next generation when triggered in the attachment system (Alhusen et al., 2020). Unresolved trauma from parents puts their children at risk for disrupted brain development and increased risk later in life for health problems, behavioral difficulties, or death (Howell et al., 2021). Referring to Bianciardi

et al. (2023), 25% of mothers have difficulty attaching to an infant and healing from intergenerational trauma during the perinatal period. Providing an Adverse Childhood Experiences (ACE) screening tool can help assess potential risk factors, support the infant, prevent exposure, build resilience, and strengthen parental capacity (Mortimore et al., 2021).

When attachment in the perinatal and infant stages is close and secure with the caregiver, there is an increase in social and cognitive development (De Natale et al., 2023). Concerning Alan (2023), attachment behavior is one component of a more extensive attachment system that provides a sense of security when he cries, thereby expressing his needs. Sixty-four percent of adults in the United States had experienced adverse childhood experiences before they turned eighteen, and 17.3% had four or more types of ACEs (CDC, 2023). Addressing trauma before a mother has a child could prevent health concerns, decrease risk factors, and save billions of dollars around the world (McKinney, 2023). Otherwise, the trauma experiences and coping mechanisms become passed on to the next generation, which involves the inability to regulate emotions, the inability to manage stress, and develop unhealthy relationships (Alhusen et al., 2020). Prevention addresses the trauma from adverse childhood experiences by teaching coping techniques for regulating emotions, managing stress, and developing healthy relationships (Bailey, 2023).

Researchers have studied the effects of maternal ACEs before birth and throughout childhood and adolescence, which impact future generations (Howell et al., 2021). Healing attachment experiences of generational trauma in complex families

includes the need for psychoeducation in perinatal mental health to reduce depressive symptoms and improve maternal-fetal attachment (Bianciardi et al., 2020). As reported by Galbally et al. (2022), addressing the barriers to treatment for perinatal and postpartum clients can provide interventions in healing adverse childhood experiences to decrease early experiences of maltreatment and dysfunction in the family. As determined by Alan (2023), it is stated that modified attachment behaviors can lead to negative, problematic attention-seeking behaviors. Therefore, perinatal and postpartum mental health are essential to explore the reasons for mothers to attach to their infants and understand their experiences from childhood trauma (Bianciardi et al., 2023). Mothers must bond with their children, and fathers must actively engage in relationships with their partner and fetus during pregnancy (Knappe et al., 2021).

Medical professionals can refer pregnant or postpartum women who demonstrate mental health risk factors or symptoms that will benefit the mother, fetus, and infant (Obrochta et al., 2020). As specified by Bianciardi et al. (2020), an attachment interview, ACE assessment, and abuse conducted during pregnancy can provide insight into risk factors for difficulty in attaching to the fetus and after birth. Thoby et al. (2023) suggested furthering anti-racist practices and illuminating how racism, sexism, and classism increase African American risks and can address a professional's socialization, stereotypes, and biases. However, parents or caregivers may fear being blamed, criticized, or judged by their medical team (De Natale et al., 2023). To address these fears, counseling professionals can support community stakeholders by engaging in multicultural education, with a focus on skill acquisition and knowledge (Dunn et al.,

2021). Therefore, there is a need to measure multicultural and social justice counseling competence (Killian et al., 2023).

Killian et al. (2023) developed the Multicultural and Social Justice Counseling Competencies Inventory (MSJCC-I) to evaluate educators and supervisors. Fetter et al. (2022) suggested providing trauma-informed care that provides a more healing-centered, holistic, and individualized approach to vulnerable individuals, families, and communities counselors serve. Providing trauma-informed frameworks that offer ongoing support for counselors will facilitate the development of collaborative partnerships with other stakeholders, including child welfare agencies, other educators, medical professionals, and first responders, in their consulting and psychoeducational roles (Fetter et al., 2023). When working with children in schools, it is crucial to recognize trauma symptoms and how they may relate to traumatic experiences (Frawley et al., 2023). Frawley et al. (2023) suggested that teachers have professional development on the impact of trauma, which can affect children's behaviors. Lecetal (2023) suggested utilizing evidence-based trauma treatments with a trauma-informed sociocultural attuned family framework to address the impact of generational trauma that included utilizing evidence-based trauma treatments with a trauma-informed sociocultural attuned family framework to address the impact of generational trauma that included sociocultural factors. Haynes-Thoby et al. (2023) encouraged supporting African American women by advocating for efforts to address the historically rooted issues that sustain systems of multiple oppressions, especially those who experience relational violence. These efforts can also help medical professionals recognize the need to refer patients to mental health

services when they exhibit risk factors (Haynes-Thoby et al., 2023). The results can provide insight into the perceptions and experiences of counselors who have experienced generational trauma, as well as the treatment methods they employ (Bray, 2023; Dunn et al., 2021; Petion et al., 2022).

Although researchers have investigated this issue, the topic has not been explored in this way: I have not found research that examined the perceptions and experiences of counselors with more than three years of experience who have counseled clients experiencing generational trauma, as well as the interventions they use in the treatment process. Given this, further research is warranted that examines the perceptions and experiences of counselors who have counseled clients experiencing generational trauma, as well as the interventions they use in the treatment process (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023; Tan et al., 2021).

Connecting Gaps to Study Significance

The persistent gaps and contradictions in the literature, such as limited research on experienced counselors, inconsistent approaches to culturally responsive care, and a lack of consensus on effective interventions for generational trauma, underscore the critical need for further investigation. By directly addressing these deficiencies, this study contributed meaningful insights into the lived experiences and strategies of licensed mental health professionals who treat interfamily generational trauma. The significance of this research lies in its potential to inform counselor education, enhance trauma-informed practice, and guide the development of culturally competent interventions. Ultimately, by filling these gaps, the study advances understanding in the field and

supports the creation of more effective, equitable, and responsive mental health services for individuals and families affected by generational trauma.

Summary

In conclusion, researchers have extensively studied attachment theory and its impact on individuals throughout their lives (Allen, 2023; Gregory et al., 2018). Researchers have discovered a link between attachment difficulties and depression (Bianciardi et al., 2020; Bianciardi et al., 2023; Galbally et al., 2021; Galbally et al., 2023). They have found that fathers also have an important role in developing attachments for infants and children (Knappe et al., 2021; Lagarto and Duaso, 2022; Tsappis et al., 2022). Finally, attachment even forms in professional relationships (Nielsen et al., 2022; Santens et al., 2020; Stella and Taggart, 2020). However, attachment difficulties lead to adverse childhood experiences that lead to unhealthy relationships from generational trauma (Bowen, 1978; Howell et al., 2021; Mortimor et al., 2021). Therefore, symptoms can become overlooked if counselors do not have trauma-informed training that focuses on generational and historical trauma (Bray, 2023; Petion et al., 2022).

Counselors assess the clients' strengths for resilience factors, but researchers encourage caution when using the framework to adapt to various traumas endured (Larez et al., 2022; and Suslovic and Lott, 2023). Screening for adverse childhood trauma and resilience from pregnancy to adulthood assists with having a better understanding of the individual's story and the best treatment plan according to the goals of therapy (Kumar and Kumar, 2020; Larez et al., 2021; Suslovic and Lott, 2023; Tan et al., 2021).

Researchers have consistently indicated that new counselors often lack knowledge about generational trauma and its treatment (Bray, 2023; Duffy, 2024; Dunn et al., 2021; Felter et al., 2022; Petion et al., 2022). Therefore, supervisors must prepare supervisees to become independent therapists by engaging in purposeful training experiences (Duffy, 2024; Dunn et al., 2021; Horton et al., 2022; Moore et al., 2021). However, when therapists seek alternative resources through literature, conferences, and workshops, they indicate gaps in trauma competencies (Petion et al., 2022). Thus, therapists must find ways to self-monitor, engage in additional training opportunities, and develop professional support networks (Killian et al., 2023; Nielson et al., 2019).

Researchers need to capture the perceptions and experiences of counselors who have more than three years of experience in treating those who have generational and historical trauma symptoms and how they address these underlying issues throughout the treatment process to apply the information in enhancing the field and becoming more transferable (Bray, 2023; Chiang et al., 2022; Duffy, 2024; Dunn et al., 2021; Felter et al., 2022; Horton et al., 2022; Petion et al., 2022; Nielson et al., 2020; Santens et al., 2020). In addition, the need to capture the perceptions and experiences of counselors working with their state-licensed supervisor and the level of expertise the supervisor had (Hodge et al., 2022; Makhalati and Taylor, 2019; Stella and Taggart, 2020; Stoltz, 2024). This study assessed the counselor's understanding of attachment throughout the client's lifespan, ACE assessment/attachment style screenings, knowledge of the grief process, interventions used, preparedness for practice without a licensed supervisor, and trauma care training.

This concludes the literature review, which has examined key concepts including attachment theory, adverse childhood experiences, resilience, screening, mental health interventions, counselors' experiences, supervisor roles, gaps in trauma competencies, and therapists' roles. The chapter highlighted the current state of research, identified gaps in counselor training and trauma-informed practice, and established the foundation for the study's methodology. The following chapter will present the research design and methods used to explore the experiences of counselors treating generational trauma.

Chapter 3: Research Method

Introduction

This chapter outlines the research methodology used to investigate the experiences of counselors treating generational trauma. It details the qualitative design, participant selection, data collection procedures, and analysis strategies that guided the study. Generational trauma is a complex phenomenon studied qualitatively and quantitatively. However, few researchers have studied counselors' experiences in treating the symptoms of generational trauma. For this study, I investigated how experienced counselors who have counseled clients presenting symptoms of generational trauma describe the strategies they implement to support treatment for patients (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023; Tan et al., 2021). A generic approach was adopted because I aimed to understand the meanings of generational trauma from counselors' perspectives and how they address the phenomenon (Bray, 2023; Broad et al., 2022; Hodge et al., 2022; Stoltz, 2024). The gap in the literature stems from the lack of qualitative research exploring the lived experiences of counselors who recognize and respond to the symptoms of generational trauma, as well as the treatment methods used (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023; Tan et al., 2021). The information from this study may help direct counselors' training in understanding the connection between attachment theory and the symptoms of generational trauma to healing attachment experiences in complex families and understanding how they treat generational trauma (Bray, 2023). This chapter discussed the research methodology,

participants, sampling, data collection procedures, and analysis. I also reviewed trustworthiness and ethical guidelines.

Research Design and Rationale

The research method was a qualitative, generic design that allowed investigation into the issue or problem (Ellis and Hart, 2023). The research question was, how do experienced counselors who have counseled clients who present symptoms of generational trauma described how the strategies implemented support the treatment for patients? A generic approach was appropriate because it required a design that involved firsthand experiences described by individuals within a real-world context (Ellis and Hart, 2023). This design asked a fundamental question of what we can learn about the issue or problem adults have with healing from attachment experiences from childhood, while treating generational trauma. Ellis and Hart stated that the generic approach provides descriptive research data, including personal meaning for counseling and other social sciences. Intergenerational trauma and attachment experiences have been studied in the past, but not from the perspectives of experienced counselors who have collaborated with clients who experienced these symptoms. Little is known about how counselors recognize and respond to the symptoms of generational trauma or what treatment methods or modalities to use (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023; Tan et al., 2021). I wanted to know what counselors have experienced with generational trauma within the treatment process. The process allowed my research to identify the lived experiences of counselors who treat generational trauma.

Role of the Researcher

The role of the researcher was crucial when applying a generic approach, as I had an important responsibility to disclose that I am a licensed professional counselor with private practice and provide supervision to LPCs. I did not include current or past supervisors or colleagues in this study. The generic approach comprises the researcher and is considered the primary instrument in conducting interviews and analyzing data (Clark and Veale et al., 2018). It required developing interview questions, conducting interviews, interpreting the data, performing the analysis, and identifying and managing biases to address potential issues. Additionally, the responsibility was to use a journal during the interview to facilitate reflection and reduce biases. Finally, I initiated a review with my chair of the initial interview transcript and audio, which were conducted and peer-reviewed to avoid potential biases and increase credibility.

Methodology

The research method employed a generic, qualitative, exploratory design that posed a fundamental question about what we learned from the issue or problem. How do experienced counselors who have counseled clients who present symptoms of generational trauma describe how the strategies implemented support the treatment for patients? Ellis and Hart (2023) stated that the generic approach provided descriptive research data, including personal meaning for counseling and other social sciences. I interviewed willing participants who met the detailed study criteria explained in this section, after receiving approval from Walden University's Institutional Review Board (IRB). I conducted in-depth, semi-structured interviews with all respondents, which

provided an opportunity to share firsthand knowledge about their experiences of understanding and treating generational trauma. This section included the interview sample, instrumentation, data collection, and analysis.

This study employed a generic qualitative approach that emphasized the co-construction of meaning between the researcher and participants. While descriptive rigor was maintained in presenting counselors' lived experiences, the analysis extended beyond description to offer interpretive insights that situate these experiences within trauma-informed counseling frameworks and rural equity contexts. Bracketing was used to acknowledge and set aside the researcher's assumptions, while reflexivity documented the influence of positionality on interpretation. This dual emphasis ensured that participant voices were honored in Chapter 4 through descriptive themes, while Chapter 5 advanced interpretive analysis to explore broader implications for counselor training, supervision, and social change.

Triangulation

Triangulation was employed in this study to enhance credibility, trustworthiness, and validity of the findings. Data source triangulation was achieved by recruiting 10 licensed mental health professionals from diverse geographic regions and clinical settings, with various credentials, to ensure a range of perspectives on generational trauma. Methodological triangulation involved collecting data through semi-structured interviews and supplementing these with field notes taken during and after each interview. Theory triangulation was employed by interpreting the findings through the lens of Bowlby's attachment theory and comparing the results with existing literature on

trauma and counseling (Bowlby, 1982). Analyst triangulation was addressed through peer debriefing with committee members, who reviewed interview transcripts and thematic findings to minimize bias and confirm accuracy. Finally, secondary data triangulation was employed by integrating primary interviews with secondary sources, such as the CDC, ACEs reports, and APA trauma-informed practice guidelines, to contextualize and validate the study's results. These triangulation strategies collectively strengthened the study's dependability, confirmability, and overall rigor.

To enhance the credibility and validity of the findings, secondary data triangulation was employed. This involved comparing and contextualizing primary interview data with external sources, including published reports, scholarly studies, and national statistics. By integrating these secondary sources, the study ensured that participants' lived experiences were not interpreted in isolation but validated against broader systemic evidence.

Having established the broader theoretical foundation for this study, it was important to highlight the specific framework that most directly informed the research focus. Among the various theories considered, attachment theory stood out for its relevance to understanding how trauma was transmitted across generations and how early relationships shape emotional and social development. The following section provides a detailed exploration of attachment theory, outlining its key concepts and explaining its significance as the guiding lens for this investigation.

Participant Selection Logic

The target population for this study included counselors who have more than three years of experience collaborating with clients demonstrating symptoms of generational trauma. The purpose of this study was to explore the stories of counselors with more than three years of experience who understand the symptoms and how to treat generational trauma. The criteria for participation include more than three years of experience as a fully licensed professional counselor and the ability to recognize the symptoms of generational and historical trauma. Purposeful sampling identified 10 counselors with more than 3 years of experience and over 3 years of licensure. I recruited the counselors using purposeful convenience sampling, as described by Ellis and Hart (2023), from a convenient location within online professional groups; all these organizations had indicated their willingness to post the flyer to recruit participants for this study.

The interviews followed a semi-structured format with 10 participants to achieve saturation and maximize variation within the sample, thereby exploring the experiences of fully licensed counselors with more than 3 years of experience practicing professional counseling techniques. In general studies, the sample sizes are small, but larger sample sizes provide a breadth of discovery, but not in-depth on the topic (Ellis and Hart, 2023). Researchers found limitations in other studies that included small sample sizes and limited generalizability, lack of ethnic diversity and socio-economic diversity, particularly low-income ethnic minority women residing in rural and deprived areas, and experiences (Alhusen et al., 2020; De Natale et al., 2023; Galbally et al., 2022; Kia-Keating et al., 2019; Tan et al., 2021).

In comparison to recent generic research about ACEs, one study included 12 participants and suggested replicating in another geographic area with a more comprehensive assessment of ACEs that provides for community violence, perceived racism, poverty, homelessness, bullying, and other environmental stressors (Larson, 2021). A second study, which included six African American participants, suggested that future research should also consider rural areas to explore the connection between parent-adolescent attachment and its influence on adulthood (Winton, 2023). Another study included eight participants and indicated that future research could benefit from a better understanding of the impact of trauma on maternal mental health and parenting (Campbell, 2022). A fourth study had twenty-five participants (5 male and 20 female) and three supervisors (Nielsen, 2019). A fifth study conducted focus groups with twelve physiotherapists (Sellberg et al., 2022). Finally, the last research study recruited four supervisory dyads who were provisionally licensed with licensed supervisors and had been licensed for less than three years (Pyhalto et al., 2024). Thus, the decision was made to include 10 counselors with more than 3 years of experience and a license held for over 3 years.

Miles and Huberman (1994) described qualitative data analysis as data reduction, data display, and conclusion drawing/verification. Data reduction involved summarizing, clarifying, selecting, and transforming (Miles and Huberman, 1994). Clark and Braun (2023) describe data display as creating matrices, developing charts or graphs, developing diagrams or maps, and presenting data in tabular format. Drawing conclusions or verification involved pattern matching, an explanation with comparison

and contrasts (Clark and Braun, 2013). The first and second codes assigned symbolic meaning to the gathered information (Saldana, 2013). In Vivo coding uses words or short phrases from the participant as codes and is placed in quotation marks (Braun & Clark, 2006). Braun and Clark (2006) describe simultaneous coding as a method for assigning more than one code when the data suggest multiple meanings. Thematic analysis provided patterns from the gathered data.

Thematic analysis was conducted on data generated from the interviews and the researcher's analysis. Thematic analysis was appropriate because the patterns provided insight into the meaning of the keywords used by participants (Naeem et al., 2023). Manual coding and analysis software helped to identify these themes. According to Naeem et al. (2023), thematic analysis involved six steps: creating transcripts and familiarizing oneself with the data, identifying keywords, selecting codes, developing themes, conceptualizing themes through the interpretation of keywords, codes, and themes, and creating a conceptual model. The thematic analysis allowed first-level coding to decide which data to analyze in more depth for emergent meanings to focus on what participants experience and their treatment strategies when they encounter attachment-related issues in generational trauma during the treatment process. Guest et al. (2020) suggested using a simple base-and-run-length method to determine the added information threshold. I assessed new themes in half of the interviews, identified unique themes, and then used two additional interviews to identify any new themes, adding those to the existing list (Guest et al., 2020). After that, I divided the number of new themes by the unique themes, and if the result was not below 5%, I repeated the process (Guest et

al., 2020). When I reached 5%, I considered this the saturation point. I also asked my two committee chairpersons to review the themes to ensure saturation has been met.

Additional information on data saturation is discussed in Chapter 4.

Instrumentation

The data collection instrument included open-ended interview questions that I created based on the conceptual framework located in Appendix C. The interviews were semi-structured and explored the perceptions of understanding the symptoms of generational trauma and which treatment interventions are used. I prepared interview questions that covered key concepts from the literature on attachment, adverse childhood experiences, resilience, screening tools, mental health interventions, counselors' experiences, the supervisor's role, supervisors' level of expertise, the gap in trauma competencies, and the therapist's role. I inquired about internal and external factors, including resources and support that may contribute to difficulties during the treatment process, as well as questions about their training.

Procedures for Recruitment, Participation, and Data Collection

I recruited using the flyer on the following organization's websites and social media: Helping Professionals Connect, The South Carolina Counseling Association, The South Carolina Mental Health Counselors' Association, and Facebook Counseling Groups. I followed the same steps with each participant during the collection phase. I emailed each participant, thanked them for their interest in the study, and asked them to complete demographic questions. I asked whether they are fully licensed, have been in practice for at least 3 years, and have experience treating generational trauma. When the

potential participant responded to that email, the letter of consent and a time and date for an interview were requested. The participant returned an email stating, "I consent to participate in the study," and their time. I sent a Zoom invite for the interview. I provided an informed consent form in accordance with the Walden IRB outline. I developed a semi-structured interview that included primary questions in the script, along with follow-up probes as needed, to explore responses. Interviews lasted about 45 to 60 minutes. I audio-recorded each participant's interview to ensure their verbatim responses were accurate. Zoom meetings were more convenient for the researcher and the participant.

I followed the interview protocol by stating the research's purpose, the use of video recording, and explaining how the response contributed to the research. I provided each participant with a copy of the transcripts for feedback on their responses. I then explained the data analysis process and informed the participants that each would be contacted to confirm the themes from the interviews that had been accurately interpreted. Following this, a closing statement was made to the participants, informing them that they would receive a copy of the interview transcripts. To ensure credibility, all interview transcripts were verified and cleaned for verbatim accuracy by reviewing each transcript alongside the original audio recording and correcting any discrepancies. Finally, I debriefed my committee chair to ensure no biases are presented in the questioning.

Data Analysis Plan

Qualitative data analysis involved a systematic and in-depth review of data, categorizing them and further breaking down the categories if they are too large (Ravitch

and Carl, 2021). Data analysis involved seven steps (transcribed, coded, summarized, compared, integrated, combined concepts to form a theory, and generalized); many researchers stop at step five if they do not wish to develop a theory (Rubin & Rubin, 2012). Zoom provided a transcription of the audio recording, and I reviewed and listened to it to ensure accuracy and become familiar with the data. I manually organized and coded the raw interview data using deductive coding (Miles and Huberman, 1994). I coded the data line by line, identifying words or phrases that gave raw data meaning. Then, I assigned codes to the categories based on the literature and attachment theory, focused on identifying patterns and themes in the participants' experiences. After that, I summarized the themes and organized them into categories. Next, I compared the data with the themes. Ultimately, I employed themes to analyze the data and address the research questions.

Issues of Trustworthiness

Trustworthiness was essential in establishing credibility and reliability in qualitative research designs (Ahmed, 2024). According to Ahmed (2024), the elements of trustworthiness involved credibility, transferability, dependability, and conformability. Research credibility involved establishing rigor, saturation, triangulation, respondent feedback, and maintaining recordings throughout the study. To apply the components of trustworthiness, such as credibility, transferability, dependability, and confirmability, I employed reflective journaling, audit trails, and debriefing, which were practices designed to reduce bias and ensure accurate interpretation of data. I used hand coding to ensure the research's credibility, carefully documented codes, categories, and themes that

described the resilience phenomenon in detail, and demonstrated the reflection of the raw data.

Credibility

Credibility involved spending time with participants by building rapport and trusting relationships (Ahmed, 2024). I developed trusting relationships during the interview process. Ahmed (2024) stated that reflexivity involved acknowledging personal biases and preconceptions. I avoided bias by maintaining neutrality and objectivity in my descriptive language when interpreting data and presenting results (Johnson et al., 2020). I demonstrated reflexivity by remaining honest and transparent in my training as a mental health consultant, a licensed professional counselor, and a supervisor candidate, while also drawing on personal connections to the topic.

Transferability

Transferability involved thoroughly describing the study's environment, participants, and procedures to enhance the transferability of the findings (Ahmed, 2024). I described the environment in which I conducted the interview, the participants, the body-language observations made during the interview, and the overall mood. I also provided a thorough description of the interview questions. According to Ahmed (2024), sampling strategies encompass the methods used and the criteria for participant selection. I described the process of recruiting study participants and the criteria for licensed professional counselors who have practiced in various geographic areas for more than 3 years, and may include licensed supervisors.

Dependability

Dependability was ensured through methodological documentation and audit trails. According to Ahmed (2024), methodological documentation included detailed research procedures and decisions made during the study. Auditing trails involved documenting research decisions, changes, and data analysis processes to ensure traceability (Ahmed, 2024). I documented each step of my research process to enable others to replicate the study. According to Ellis and Hart (2023), researchers need to keep clear and accurate records that describe the process in detail to produce credibility, such as maximizing variation, comparisons of interviews, going back to the participants with the findings to provide explanations, and keeping transcripts and recordings for reference until the study is complete. Throughout the process, I maintained a record of the decisions made during the study.

Confirmability

Confirmability was ensured through peer debriefing and reflexive journaling. According to Ahmed (2024), peer debriefing involves feedback from peers or experts to validate interpretations and minimize personal biases. I met with my chair members and provided transcripts of the audio recordings and the results to verify accuracy. I wrote journal entries of my thoughts, biases, and reflections throughout the study. I used reflexive journaling, which included documenting personal thoughts, biases, and reflections throughout the study (Ahmed, 2024). Reflexive journaling included documenting personal thoughts, biases, and reflections throughout the study (Ahmed, 2024). I checked and reviewed the accuracy of the interview (Ahmed, 2024).

Ethical Procedures

According to the IRB, ethical considerations included providing informed consent, consent forms, confidentiality statements, assurances that the participant's information would remain anonymous, and debriefing with chair members. Ethical considerations in research included voluntary participation, informed consent, confidentiality, and potential for harm. According to Bhandari (2023), all participants are eligible to participate in a study. I provided a statement asking participants whether they would like to continue with the study after explaining the potential risks, including psychological, social, physical, and legal harms. The signed informed consent provided information about the study's benefits, risks, funding, and IRB approval (Bhandari, 2023). According to Bhandari (2023), anonymity involves not collecting personal identifying information. I provided participants with pseudonyms, such as counselors 1, 2, 3, etc. Confidentiality will be ensured by taking steps to minimize threats to data privacy, including locking signed forms and notes in a file cabinet and password-protecting files on the computer (Bhandari, 2023).

Summary

I used a generic qualitative research design to answer the question: What are the experiences of counselors and their treatment strategies when they encounter attachment-related issues in generational trauma during the treatment process? Data from qualitative interviews assisted in discovering the knowledge of counselors' experiences in treating generational trauma symptoms in adults. The data collection tool consisted of semi-structured interviews with individuals who met the specific sample criteria based on

responses to an online screening survey, which included demographic information, years licensed, and whether the counselor was also a licensed supervisor. I invited the participants who met the criteria set by the screening tool to an online video conference. To better understand the difficulties in treating attachment difficulties related to symptoms of generational trauma, and the treatment strategies they have used. I asked open-ended questions during interviews. Additionally, I took steps to uphold ethical standards and protect human subjects. Lastly, I transcribed and analyzed the interview data, drawing thematic conclusions through careful interpretation of the interviewee responses. This concludes the description of the research methodology, including the qualitative design, participant selection, data collection, and analysis procedures. The next chapter will present the study's results, highlighting the key findings that emerged from interviews with experienced counselors who treat generational trauma.

Chapter 4: Results

Introduction

This chapter presents the findings of the qualitative study, detailing the experiences and perspectives of licensed counselors in treating generational trauma. The results are organized around key themes that emerged from the interviews, providing insight into assessment methods, therapeutic approaches, barriers to treatment, and professional challenges encountered in clinical practice. The purpose of this qualitative generic design study was to investigate the practices and document how experienced counselors in South Carolina describe their experiences with clients with symptoms of attachment difficulties, adverse childhood experiences, and generational trauma to provide current information about the treatment modalities for those with the continuation of generational trauma (Bailey, 2023; Bray, 2023; CDC, 2023; Galbally et al., 2023; Tan et al., 2021). To understand the practices that experienced counselors use to treat generational trauma, I conducted qualitative interviews that explored how experienced counselors understand, assess, and treat generational trauma in clinical practice. The research question answered by this study was: How do experienced counselors who have counseled clients who present symptoms of generational trauma describe the strategies implemented to support the treatment for patients?

Setting

I conducted this research using Zoom interviews. Although the original scope of the study was limited to South Carolina, with permission, I also invited licensed mental health professionals from various geographic areas of the United States and

internationally to participate. Using Zoom, I was able to include licensed mental health professionals from a wide range of geographic locations, including various states across the United States and Kenya. Participants worked in diverse clinical settings, including private practices, hospitals, community mental health centers, addiction treatment facilities, and educational institutions. The virtual setting enabled flexible scheduling, allowing me to reach a broad, diverse sample of experienced counselors, social workers, and psychologists.

Demographics

To protect participants' privacy and confidentiality, demographic information was reported here in aggregate. All participants in this study were licensed professional practitioners with more than three years of experience. My original scope for the study included licensed professional counselors in South Carolina. However, when I posted my flyer on the following professional websites and social media platforms: Helping Professionals Connect, The South Carolina Counseling Association, The South Carolina Mental Health Counselors' Association, and Facebook Counseling Groups. I received an overwhelming response from many licensed professionals in various geographic areas, as well as only a couple in South Carolina. In the end, I had ten licensed mental health professionals from Tennessee, West Virginia, Maryland, Missouri, South Carolina, Louisiana, Georgia, Florida, Arizona, Idaho, Rhode Island, and Kansas. Other licenses and credentials held include licensed supervisor, licensed addiction counselor, licensed master 's-level psychologist, licensed master social worker, certified school counselor and school psychologist, board-certified supervisor, certified clinical trauma practitioner,

certified clinical Christian trauma practitioner, national counselor certification, and trauma-focused cognitive behavioral therapy certification. Other certifications held by the participants include EMDR (Eye Movement Desensitization and Reprocessing), play therapy, Parent-Child Interaction Therapy (PCIT), career development, Global Development Facilitator, Dialectical Behavior Therapy, and Acceptance and Commitment Therapy.

Participants worked in diverse clinical settings, including private practices, hospitals, community mental health centers, addiction treatment facilities, educational institutions, and public health clinics. Years of professional experience range from recent licensure to over 25 years in the field. Participants included practitioners from different cultural backgrounds, including African American, Kenyan, and those working with culturally diverse populations. It is important to highlight that there were all licensed professionals in various geographic areas who met the criteria and self-reported that they have treated generational trauma, not only in South Carolina.

Table 1 below provides an overview of the professional backgrounds and geographic distribution of the study's participants. The table summarizes the types of licenses and certifications held by each counselor as well as their practice locations. The table highlights the diversity of the sample, showing that participants included licensed professional counselors (LPCs), licensed clinical social workers (LCSWs), licensed marriage and family therapists (LMFTs), and other specialized certifications such as trauma practitioners, school counselors, and supervisor credentials. Additionally, Table 1 indicates the range of practice environments represented in the study, including private

practices, community mental health centers, hospitals, addiction treatment facilities, educational institutions, and public health clinics. Participants were drawn from various states across the United States, as well as from Kenya.

Table 1

Professional backgrounds and geographic distribution of study participants

License/certification	Practice location	Clinical setting
Licensed professional counselor (LPC)	South Carolina	Private practice
Licensed clinical social worker (LCSW)	Tennessee	Community mental health center
Licensed marriage and family therapist (LMFT)	Maryland	Hospital
Certified school counselor	Georgia	Educational institution
Board-certified supervisor	Florida	Addiction treatment facility
Trauma practitioner	Arizona	Public health clinic
EMDR certification	Idaho	Private practice
Play therapy certification	Rhode Island	Community mental health center

License/certification	Practice location	Clinical setting
Parent-child interaction therapy (PCIT)	Kansas	Hospital
Global development facilitator	Kenya	Educational institution

Note. This table summarizes the types of licenses and certifications held by each counselor, their practice locations, and the clinical settings represented in the study. Participants included LPCs, LCSWs, LMFTs, school counselors, supervisors, and trauma practitioners from various states and one international location.

Data Collection

I collected data for this study through semi-structured interviews with 10 licensed mental health professionals, including counselors, social workers, and psychologists. Participants were recruited using purposeful criterion sampling. to ensure diversity in professional background, geographic location, and clinical experience. Interviews were conducted virtually via Zoom, allowing flexible scheduling and the inclusion of participants from various states and Kenya. Many participants were in different time zones. Each interview followed an interview guideline that included open-ended questions designed for detailed responses about their experiences treating clients who presented generational and historical trauma, their assessment methods, therapeutic approaches, and any professional challenges. Participants provided consent, and interviews were audio-recorded to ensure accuracy. The audio recordings were

automatically transcribed using Zoom technology to create a transcript. The drafts were cleaned by ensuring the monitoring of the analysis when I deleted words or questions from the transcripts. I maintained field notes during and after each interview to capture relational details and first impressions. The transcribed interviews served as the primary data source for a thematic analysis. During interviews, it was not uncommon for participants to comment on personal stress levels and emotional challenges experienced by counselors in their work with generational trauma. However, many described their work as rewarding and emphasized the need for boundaries and support systems. These counselors suggested the need to seek personal therapy, supervision, set boundaries, balance work and life, practice self-care, engage in ongoing training, celebrate client progress, and cultivate mindfulness. These factors will be discussed in detail later in this chapter as they relate to treating generational trauma.

Data Analysis

I analyzed the interview transcripts using thematic content analysis. This process involved coding participant responses, identifying recurring patterns, and organizing them into themes that reflected counselors' experiences with generational trauma. I conducted manual data analysis using thematic content analysis to examine the transcribed interviews and identify recurring patterns and themes related to the topic of generational trauma in clinical practice. After each interview was transcribed, I began the coding process by using open coding and apriori coding to identify key concepts and experiences described by participants that had been noted as relevant in the literature. I then grouped into broader categories that reflected major areas such as the definitions of

generational trauma and historical trauma, assessment methods, therapeutic approaches, cultural and contextual factors, professional challenges, and coping strategies. I focused on both similarities and differences across participants' responses who stressed cultural and contextual factors. Reflexivity was maintained throughout the analysis to account for my bias. The findings will provide details of the analysis and recommendations for clinical practice, training, and supervision in trauma counseling. Table 1 illustrates the codes and their corresponding categories.

Evidence of Trustworthiness

Establishing trustworthiness is crucial in qualitative research to ensure that the findings are robust, meaningful, and accurately reflect participants' experiences. To ensure the trustworthiness and rigor of this qualitative research, I employed several strategies, including credibility, transferability, dependability, and confirmability. This study addresses four key criteria of trustworthiness: credibility, transferability, dependability, and confirmability. Credibility refers to the confidence in the accuracy and authenticity of the data and interpretations. Transferability concerns the extent to which findings can be applied to other contexts or groups. Dependability addresses the consistency and reliability of the research process over time. Confirmability ensures that the results are shaped by the participants' perspectives rather than researcher bias or preconceptions. The following sections describe how each of these criteria was systematically addressed throughout the research.

Credibility

The credibility of this study is supported by several methodological strengths. I collected data through in-depth interviews with licensed and experienced mental health professionals, including counselors, social workers, psychologists, and trauma practitioners from diverse geographic regions and clinical settings. Participants held recognized credentials and brought a wide range of expertise, enhancing the trustworthiness of their perspectives. I employed rigorous qualitative methods, including thematic analysis and the use of direct quotations, tables, and figures, to present the findings transparently. (Dissertation Interviews 1 to 10 October 2025 [Unpublished raw data], 2025). All interview transcripts were verified and cleaned to ensure verbatim accuracy, supporting the credibility and trustworthiness of the findings.

Credibility was established by triangulating primary interview data with secondary sources, including CDC ACEs prevalence reports, APA trauma-informed practice guidelines, and prior scholarly studies on counselor training and supervision. This use of secondary data analysis (SDA) ensured that participants lived experiences were not interpreted in isolation but validated against broader systemic evidence. By comparing counselor narratives with national data, the study demonstrates confidence in the truth of the findings and strengthens internal validity.

Transferability

Transferability refers to the extent to which the findings of this qualitative study may be applicable to other contexts, settings, or populations. I found a diverse set of participants in this research, including licensed counselors, social workers, psychologists,

and trauma practitioners from multiple geographic regions (various U.S. states and Kenya), diverse clinical backgrounds, and various practice settings. The presence of diversity enhances the potential for transferability (Dissertation Interviews, 1-10 October 2025 [Unpublished raw data], 2025). The inclusion of professionals with diverse credentials and extensive experience further supports the relevance of the findings across various mental health environments. Detailed descriptions of the study's methodology, participant demographics, and clinical settings are provided to enable readers to assess the degree of similarity between the research context and their own (Dissertation Interviews, 1-10 October 2025 [Unpublished raw data], 2025). This transparency allows practitioners and researchers to make informed judgments about the applicability of the results to their specific circumstances.

Transferability was enhanced by situating participant narratives within national and cultural contexts. For example, counselors' reports of difficulty recognizing attachment symptoms were supported by epidemiological data on ACEs prevalence. This contextualization enables readers to understand how the findings may be applied beyond the immediate sample, particularly in rural and culturally diverse settings. By connecting lived experiences to systemic data, the study provides a foundation for applying insights to similar populations and practice environments.

Dependability

Dependability in qualitative research refers to the consistency and reliability of the study's processes and findings over time. The dependability of this study is supported by a transparent and systematic approach to data collection and analysis. I conducted in-

depth interviews with licensed mental health professionals from diverse geographic regions and clinical settings, following a consistent interview protocol (Dissertation Interviews, 1-10 October 2025 [Unpublished raw data], 2025).

I employed thematic analysis to identify and organize key themes, utilizing direct quotations, tables, and figures to enhance transparency and facilitate the auditability of the analytic process. I provided detailed documentation of the methodology, participant demographics, and coding procedures, enabling readers to assess the rigor and replicability of the research (Dissertation Interviews, 1-10 October 2025 [Unpublished raw data], 2025).

Dependability was addressed through a consistent methodological approach. Semi-structured interviews provided a stable framework for data collection, while thematic content analysis ensured systematic coding of participant responses. SDA contributed to dependability by offering external benchmarks against which primary findings were compared. This process demonstrates that the results are not idiosyncratic but reflect patterns that can be replicated in similar contexts.

Confirmability

Confirmability was supported by transparent documentation of the analytic process. Primary data (counselor interviews) and secondary data (published reports, statistics, prior studies) were clearly distinguished before integration. Each secondary source was ethically cited, allowing readers to trace the analytic process and verify conclusions. SDA ensured that interpretations were grounded in documented evidence

rather than researcher bias, demonstrating that findings are derived from participants' voices and corroborated by external data.

Ethical Considerations

All secondary sources were ethically cited and distinguished from primary interview data. SDA was used to amplify and contextualize participants' experiences, not to overshadow or diminish their narratives. The analytic process was documented through comparative narrative blocks and coding matrices, ensuring transparency in the application of SDA. This responsible use of data reflects adherence to ethical research standards and reinforces the study's integrity.

Results

This chapter presented the findings of the qualitative study, organized around four key themes that emerged from interviews with licensed counselors: interfamily generational trauma, traditional assessment and therapeutic approaches, barriers to treatment, and professional challenges and coping strategies. Each theme was illustrated with direct quotes from participants, providing depth and authenticity to the analysis.

Main Theme 1: Interfamily Generational Trauma

Interfamily generational trauma emerged as a main theme across participant interviews. All 10 participants described generational trauma as a pattern of emotional, relational, and behavioral disruptions that originated in earlier generations and continued to influence family functioning over time. Participants reported that generational trauma was rarely the result of a single event, rather, it involved repeated adverse experiences

and unaddressed emotional wounds that were transmitted within family systems. When asked about the meaning of generational trauma, P5 stated,

So, that generational trauma of abandonment, abuse, neglect... also not being present with their child has gone on for many, many years, even before my patient ever been thought of, because if they go back, their parents may have experienced the same thing as well, too.

This quote highlights how patterns of trauma, such as abandonment, abuse, and neglect, can persist across generations, often unnoticed until explored in therapy.

This understanding of generational trauma provides a foundation for exploring the specific ways it manifests within families, which are further detailed in the following subthemes. Four subthemes were identified within this theme: types of trauma, mechanisms, transmission mechanisms, and manifestations that are most transmitted across generations. The subtheme, types of trauma examines the range of adverse experiences most transmitted across generations.

Subtheme 1.1: Types of Trauma

One of the subthemes that emerged from the analysis is the types of traumas experienced and transmitted within families. Ten out of 10 Counselors identified a range of traumatic experiences that were commonly transmitted across generations. These included childhood abuse, neglect, parental mental health challenges, substance use, domestic violence, abandonment, and chronic instability in the home. Several participants also described cultural and racial trauma as significant contributors, particularly among clients from marginalized communities. Counselors noted that these experiences often

co-occurred, creating complex trauma histories that shaped clients' emotional development. Participants emphasized that many clients were unaware that their current struggles were rooted in longstanding family patterns, as these traumatic experiences had become normalized within the family system.

Six of the 10 participants described generational trauma as being transmitted through repeated family patterns. When asked about the definition of generational trauma, p4 described how trauma took different forms across generations but remained connected through unresolved emotional responses,

Generational trauma involves repeated experiences, such as abuse or neglect, that were passed down because family members did not know how to process their emotions and instead transferred anger or unhealthy coping behaviors to their children.

This quote illustrated how trauma was not limited to specific events but rather reflected ongoing relational patterns that shaped emotional development across generations.

These accounts highlight how different types of trauma are not only experienced individually but also perpetuated across generations, shaping family dynamics and emotional health. Recognizing the specific types of trauma present in a family system is essential for effective assessment and intervention, as it allows counselors to tailor strategies that address both the immediate and long-term impacts of generational trauma. Having identified the various types of trauma that occur across generations, it is crucial to explore the mechanisms by which these traumatic experiences are transmitted within families, shaping patterns of behavior and emotional responses over time.

Subtheme 1.2: Transmission Mechanisms

Six of the 10 participants described specific mechanisms through which trauma was transmitted across generations. These mechanisms included behavioral modeling, silence around traumatic experiences, family secrecy, and the intergenerational transfer of guilt and shame. Participants emphasized that trauma transmission often occurred unintentionally, particularly when caregivers had not processed their own childhood experiences. Participants indicated that children learned emotional responses and coping strategies by observing caregivers' behaviors, a process commonly described as modeling. In addition, participants reported that the avoidance of discussing traumatic experiences contributed to the continued transmission of trauma across generations. Family secrets related to abuse, addiction, or loss were also identified as factors that shaped family dynamics and limited emotional processing. P7 explained how trauma continued in families until it was openly acknowledged,

The trauma continued because it was passed down through behaviors and not talking about what happened, and it kept repeating until someone realized the pattern and decided to change it.

This response reflected how avoidance and lack of communication contributed to the perpetuation of trauma within family systems.

Subtheme 1.3: Manifestations in Clients

Five out of 10 Counselors reported that generational trauma manifested in clients through a range of emotional, behavioral, and relational difficulties. Common presentations included emotional dysregulation, anxiety, depression, dissociation,

avoidance, and difficulty forming or maintaining healthy relationships. These manifestations were often observed across the lifespan and were reported to emerge in both individual and family contexts. Participants noted that clients often struggled with trust, boundaries, and communication, reflecting attachment patterns learned in childhood. Several counselors described clients who repeated family cycles, such as choosing partners with similar traits to their parents or reenacting the same parenting behaviors they once experienced. P4 described how this trauma history was reflected in clients' emotional awareness,

Many of my clients could not identify their emotions and described feeling numb or overwhelmed because those emotional experiences were never acknowledged or modeled in their families.

This quote illustrates how early family environments shape clients' emotional functioning and contribute to ongoing difficulties with emotional regulation and expression. In the following section, I will explore the ways in which generational trauma can be interrupted, whether through therapeutic intervention, increased awareness, or shifts in family dynamics, and highlight the factors that foster resilience in individuals and families. By understanding both the barriers and the pathways to healing, clinicians and clients alike can work toward breaking the cycle of trauma and building a foundation for lasting well-being.

Subtheme 1.4: Interruptions and Resilience

Despite the challenges associated with generational trauma, counselors identified several factors that helped interrupt the cycle and foster resilience. Six out of ten

Participants emphasized that the insights gained through therapy were a critical turning point for many clients, allowing them to recognize patterns and make intentional changes. Supportive relationships, whether with partners, mentors, or community members, also played a significant role in promoting healing. Counselors described clients who developed healthier coping strategies, improved emotional regulation, and increased self-awareness as they progressed through treatment. P1 described how reframing trauma history supported healing,

When clients began to understand that the trauma did not originate with them, it often reduced self-blame and allowed them to approach their experiences differently. This quote demonstrated how insight and contextual understanding facilitated emotional processing and supported intentional change within families.

In sum, interfamily generational trauma is characterized by the repetition of adverse experiences, maintained through modeling, silence, and the intergenerational transmission of guilt and shame. Understanding interfamily generational trauma is crucial for clinicians and researchers because it highlights how unresolved trauma can shape family dynamics, emotional health, and identity across generations. It also underscores the importance of trauma-informed assessment and intervention strategies that address both current and inherited wounds. Having established the pervasive impact of interfamily generational trauma and its transmission across generations, it is essential to consider how counselors identify and address these complex patterns in clinical practice. The following theme explores the assessment methods and therapeutic approaches

employed by experienced counselors, highlighting the tools and strategies that support effective intervention for generational trauma.

Main Theme 2: Traditional Assessment and Therapeutic Approaches

Main Theme 2 described the assessment methods and therapeutic approaches used by experienced counselors to identify and treat generational trauma in clinical practice. Nine out of 10 Counselors reported using a variety of assessment tools, including standardized measures like the ACEs Questionnaire, PHQ-9, and Beck's Depression Inventory, as well as genograms and open-ended clinical interviews. When discussing standardized assessment tools used in practice, P10 stated,

I almost always use the ACEs, the 10-question ACEs, as part of assessment with most clients.

This response illustrates how standardized tools were commonly incorporated into initial clinical assessments.

The first subtheme focused on the standardized assessment tools participants used to assess generational trauma in clinical practice.

Subtheme 2.1: Standardized Tools

The subtheme standardized tools refers to the use of formal, validated assessment instruments by counselors to identify and measure symptoms of generational trauma in clients. These include ACEs Questionnaire, PHQ-9, and Beck's Depression Inventory, as well as genograms and open-ended clinical interviews. Such tools provide a structured and objective way to evaluate trauma exposure, symptom severity, and family patterns,

which is essential to evaluate trauma exposure, symptom severity, and family patterns, which is essential for developing effective treatment plans. P 10 explained,

I almost always use the ACEs, the 10-question ACEs. Assessment with basically everybody. P5 stated,

Genograms help my clients see the patterns they didn't realize were there.

Standardized tools are a critical component of trauma assessment for counselors working with generational trauma.

They provide structure, objectivity, and consistency, helping counselors identify trauma symptoms, family patterns, and risk factors that might otherwise be missed. The use of these tools supports accurate diagnosis, effective treatment planning, and communication among professionals. While standardized tools such as the ACEs Questionnaire, PHQ-9, and Beck's Depression Inventory provide counselors with structured and objective measures to identify trauma exposure and symptom severity, they are only one part of a comprehensive assessment process. To gain a deeper understanding of a client's unique experiences and the complex dynamics within their family system, counselors often supplement these tools with clinical interviews and family mapping techniques, such as genograms.

Subtheme 2.2 Clinical Interviews and Family Mapping

Clinical interviews allow counselors to explore clients' narratives in their own words, uncovering the context, meaning, and emotional impact of traumatic events that may not be fully captured by standardized assessments. Family mapping, including the use of genograms, helps visualize patterns of relationships, trauma, and resilience across

generations, enabling both counselors and clients to identify recurring cycles and points of intervention. Seven of the 10 participants described using clinical interviews and family mapping techniques to explore family history and relational patterns. P5 stated,

Genograms help my clients see the patterns they didn't realize were there.

This is significant because it encapsulates how clinical interviews and family mapping can reveal hidden intergenerational patterns, empower clients with new understanding and lay the groundwork for meaningful therapeutic change.

While clinical interviews and family mapping techniques such as genograms allow counselors to visualize family relationships and uncover recurring patterns of trauma across generations, these insights serve as a foundation for selecting appropriate therapeutic interventions.

Subtheme 2.3: Evidence-Based Modalities

Once counselors have identified the unique dynamics and challenges within a client's family system, they can tailor treatment using evidence-based modalities. Therapeutic approaches ranged from evidence-based modalities such as CBT, DBT, and EMDR to creative and somatic interventions like art therapy, music therapy, and mindfulness. Eight out of ten participants reported using evidence-based therapeutic modalities when treating generational trauma. P 10 stated,

CBT, number one, is what I use the most of.

Family systems work and culturally adapted interventions were also highlighted as essential for addressing generational trauma in diverse populations.

While these assessment and therapeutic approaches provide a structured foundation for trauma-informed care, their effectiveness is often shaped by the context in which they are delivered. The following theme examines the barriers to treatment that clients and counselors encounter, revealing the multifaceted challenges that can impede access to and engagement with trauma-focused services.

Main Theme 3: Barriers to Treatment

Barriers to treatment emerged as a main theme, encompassing stigma, shame, financial constraints, limited access to care, cultural mismatches, and systemic challenges. All ten participants identified barriers that limited access to or engagement in trauma-focused treatment. When discussing barriers related to access to care, P3 stated:

We had a 6-month waitlist for trauma therapy in this area, and many families stopped trying to access services because of the delay.

This response illustrates how the limited availability of services and long waitlists functioned as barriers to accessing trauma-focused treatment.

When describing barriers to treatment, participants frequently referred to stigma and shame as obstacles to disclosure and help-seeking.

Subtheme 3.1 Stigma and Shame

Stigma and shame often prevent individuals and families from seeking help, as clients may fear judgment or bringing dishonor to themselves or their loved ones.

When discussing stigma and shame as barriers to treatment, P 7 explained,

A lot of my clients are afraid to even talk about what happened in their family because they don't want to bring shame or attention to themselves.

This response illustrated how stigma and shame functioned as barriers to disclosure and help-seeking for individuals experiencing generational trauma.

In addition to stigma and shame, participants reported financial constraints as a barrier that limited access to treatment.

Subtheme 3.2: Financial Constraints

This reluctance is compounded by financial constraints, with limited resources and inadequate insurance coverage making it difficult for many to access specialized trauma therapy. Participants reported that financial constraints limited clients' ability to access and sustain treatment for generational trauma. Several participants described how the lack of services, inadequate insurance coverage, and extended wait times served as barriers to ongoing engagement in care. When discussing barriers related to service availability and cost, P3 explained,

We have a six-month waitlist for trauma therapy in this area, and many families just give up.

This response illustrates how prolonged wait times and limited availability for services functioned as financial and structural barriers to accessing trauma-focused treatment.

In addition to financial constraints, participants reported limited access to care as a barrier to treatment for generational trauma.

Subtheme 3.3: Limited Access to Care

Geographic and systemic limitations further restrict access, especially in rural areas where long waitlists and a shortage of qualified professionals can discourage engagement and lead families to abandon their search for support. Cultural and language

barriers also play a significant role, as therapy may not align with clients' beliefs or linguistic needs, resulting in discomfort or resistance to participation. Participants reported that limited access to care restricted clients' ability to engage in trauma-focused treatment, particularly when services were not culturally or contextually aligned with client needs. When discussing access-related barriers, P 5 explained,

Some families don't feel comfortable with therapy because it doesn't fit their cultural beliefs or language.

This response illustrated how limited access to culturally and linguistically responsive services functioned as a barrier to treatment engagement for individuals experiencing generational trauma.

In addition to access-related barriers, participants described systemic and institutional challenges that hindered treatment engagement.

Subtheme 3.4: Systemic and Institutional Challenges

Systemic and Institutional challenges, overwhelming paperwork, and complex referral processes can cause clients to become "lost in the system," impeding effective treatment. Participants reported that systemic and institutional challenges created barriers to treatment engagement. Several participants described how complex procedures, referral processes, and administrative demands limited clients' ability to navigate care systems. When discussing systemic and institutional barriers, P2 explained,

The paperwork and referrals are overwhelming. People get lost in the system.

This response highlights how administrative complexity and institutional processes can function as barriers to treatment engagement, hindering clients' ability to successfully navigate service systems.

In addition to systemic and institutional challenges, participants reported family dynamics and resistance as barriers to treatment engagement.

Subtheme 3.5: Family Dynamics and Resistance

Finally, family dynamics and resistance to acknowledging trauma within the household can hinder progress, as some parents may be unwilling to admit there is a problem or may struggle to involve the entire family in therapy. Participants reported that family dynamics and resistance within households limited engagement in treatment for generational trauma. Several participants described how their reluctance to acknowledge trauma, lack of family support, or difficulty involving multiple family members interfered with the treatment process. When discussing family-level barriers to treatment, P8 explained,

It's hard to get the whole family on board. Sometimes parents don't want to admit there's a problem.

This response illustrates how family-level resistance and reluctance to acknowledge trauma functioned as barriers to treatment engagement for individuals and families experiencing generational trauma.

Together, these subthemes illustrate the complex landscape of obstacles that both clients and counselors must navigate in the treatment of generational trauma. As counselors navigate systemic, cultural, and personal obstacles, they face unique

professional challenges that require resilience and adaptive coping strategies. The final theme explores these professional challenges, and the strategies counselors employ to sustain their well-being and effectiveness in trauma-focused practice.

Main Theme 4: Professional Challenges and Coping Strategies

Mental health professionals working with generational trauma encounter challenges, including emotional strain, secondary trauma, and burnout. Several participants described the need for coping strategies to manage the emotional demands of trauma-focused clinical work. When discussing professional challenges and coping strategies, P2 explained

I found myself going for personal therapy because of burnout.

This response illustrated how exposure to trauma-focused clinical work contributed to emotional exhaustion and prompted counselors to seek personal coping strategies to maintain professional functioning.

One professional challenge described by participants involved emotional strain associated with working with generational trauma.

Subtheme 4.1: Emotional Strain

Emotional strain refers to the psychological and emotional toll experienced by counselors during the process of addressing generational trauma. For counselors, emotional strain is associated with the demands of trauma-focused clinical work. Counselors frequently encounter secondary trauma and burnout due to ongoing exposure to clients' traumatic stories, high caseloads, and the complexity of generational trauma cases. The emotional intensity of supporting clients through their healing journey can

lead to compassion, fatigue, and exhaustion. These strategies are essential for maintaining resilience and effectiveness in trauma-focused practice.

Participants reported emotional strain as a professional challenge associated with working with clients experiencing generational trauma. Several participants described the emotional demands of trauma-focused clinical work and the effects of sustained exposure to clients' traumatic experiences. When discussing emotional strain related to clinical practice, P2 stated,

I found myself going for personal therapy because of burnout.

This response illustrated how ongoing emotional demands contributed to emotional strain and prompted counselors to seek personal coping strategies to manage professional stress.

In summary, emotional strain as a barrier to treatment encompasses the psychological challenges faced by counselors, highlighting the need for supportive interventions, supervision, and self-care to sustain effective trauma-informed care. The next subtheme includes secondary trauma.

Subtheme 4.2: Secondary Trauma

The term secondary trauma refers to the emotional and psychological impact that counselors experience because of exposure to the clients' traumatic stories and experiences. In the context of generational trauma, counselors often work with clients who have endured complex, multigenerational patterns of abuse, neglect, and adversity. Repeating exposure to these narratives can lead to symptoms like those experienced by the clients themselves, such as anxiety, emotional exhaustion, and even burnout. Participants reported professional challenges related to the emotional demands of treating

generational trauma and described coping strategies used to manage those demands. Several participants discussed relying on peer support and collegial consultation as part of their coping process. When discussing coping strategies and professional support, P5 explained,

I have a wonderful staff that I work with, and we are always talking about cases to get them out. So, when we go home, it's at work, we go home, we go home.

This response illustrated how peer support and collegial discussion functioned as coping strategies that supported emotional regulation and boundary-setting for counselors working with generational trauma.

The repeated exposure to these narratives can lead to symptoms similar to those experienced by the clients themselves, such as anxiety, emotional exhaustion, and even burnout.

Subtheme 4.3: Burnout

Burnout is a prominent subtheme in the professional challenges faced by counselors treating generational trauma. Burnout refers to the emotional, mental, and physical exhaustion that results from prolonged exposure to demanding and emotionally intense clinical work. For counselors, burnout often arises from high caseloads, repeated exposure to clients' traumatic stories, and the complexity of generational trauma cases. The emotional intensity of supporting clients through their healing journey can lead to compassion fatigue, decreased effectiveness, and even withdrawal from the profession.

Participants reported professional challenges associated with treating generational trauma, including emotional strain, secondary trauma, and burnout. Several participants

described the emotional demands of trauma-focused clinical work and the need to engage in coping strategies to sustain professional functioning. When discussing professional challenges related to burnout, P2 stated,

Burnout is real. I found myself going for personal therapy because of burnout. This response illustrated how sustained exposure to trauma-focused clinical work contributed to burnout and prompted counselors to seek personal coping strategies to manage emotional demands associated with their professional roles.

Burnout is a professional challenge for counselors working with generational trauma. It is characterized by emotional exhaustion and reduced effectiveness, but can be managed through personal therapy, supervision, peer support, self-care, and maintaining healthy boundaries. These strategies are crucial for maintaining resilience and delivering effective trauma-informed care. Ongoing professional development and participation in support groups were also identified as vital strategies for maintaining resilience and effectiveness in trauma-focused practice. Professional challenges in trauma work are challenging and multifaceted, but clinicians employ a variety of coping strategies to maintain their own well-being and effectiveness. Addressing these challenges through supervision, self-care, and ongoing education is crucial for maintaining a trauma-informed practice. In summary, this study's results provide a comprehensive understanding of how experienced counselors recognize and respond to generational trauma. By integrating participant voices and thematic analysis, this chapter highlights the complexity of trauma work and the importance of flexible, culturally competent, and evidence-based interventions. The following chapter will interpret these findings in

relation to existing theory and literature, discuss their implications for practice and policy, and offer recommendations for future research.

Having presented the key themes that emerged from the interviews—including interfamily generational trauma, assessment and therapeutic approaches, barriers to treatment, and professional challenges—it is helpful to summarize these findings visually. The following tables and figures provide an overview of the major themes, participant characteristics, and the integrative strategies counselors employ in treating generational trauma.

Table 1 provides an overview of the professional backgrounds and geographic distribution of the study's participants. It summarizes the types of licenses and certifications held by each counselor, along with their practice locations. This diversity in credentials and settings enhances the credibility and transferability of the study's findings. Specifically, Table 1 shows that participants included licensed professional counselors (LPCs), licensed clinical social workers (LCSWs), licensed marriage and family therapists (LMFTs), and other specialized certifications, such as trauma practitioners, school counselors, and supervisor credentials. The table also highlights the range of practice environments, including private practices, community mental health centers, hospitals, addiction treatment facilities, educational institutions, and public health clinics. Participants represented various states across the United States, as well as one international participant from Kenya.

By presenting this information, Table 1 demonstrates the breadth of experience and perspectives among the counselors interviewed, supporting the study's aim to capture

a wide range of approaches and insights into treating generational trauma. Table 2 provides a concise summary of the key themes and codes identified during the thematic analysis, along with illustrative quotes from participants. This table captures the core experiences and insights of counselors treating generational trauma. Figure 1 visually depicts the multifaceted strategies used by experienced counselors. It synthesizes the core elements of trauma-informed practice, showing how different approaches and support systems are integrated in clinical work. Figure 2 highlights recommendations for future research and clinical practice based on the study's findings.

Table 2*Main Themes, Subthemes, and Illustrative Quotes*

Main theme	Subtheme	Illustrative quote
Interfamily Generational Trauma	Types of Trauma	“Each generation has different things that they faced. Some things are passed on from generation to generation...” (P3)
	Transmission Mechanisms (Modeling, Silence, Family Secrets, Guilt/Shame)	“It’s trauma that you see... Kind of passed down... Parents... grandparents are... Abusive, or substance, or whatever...” (P7)
	Manifestations in Clients (Emotional Numbness, Anxiety, Repeating Patterns) Interruptions and Resilience	“Most of them have been through therapy most of their whole life. Especially if it's generational...” (P4) “When they actually start realizing... this wasn’t my fault... they can control their future. I think it’s rewarding.” (P7)
Assessment & Therapeutic Approaches	Standardized Tools (ACEs, PHQ-9, Beck’s, Genograms)	“I almost always use the ACEs, the 10-question ACEs. Assessment with basically everybody.” (P10)
	Clinical Interviews & Family Mapping	“Genograms help my clients see the patterns they didn’t realize were there.” (P5)
	Evidence-Based Modalities (CBT, DBT, EMDR, Creative/Somatic Interventions)	“CBT, number one, is what I use the most of. DBT I use a lot of as well...” (P10)
Barriers to Treatment	Stigma and Shame	“A lot of my clients are afraid to even talk about what happened in their family because they don’t want shame...” (P7)
	Financial Constraints	“Most of my clients can’t <u>afford weekly sessions, and</u>

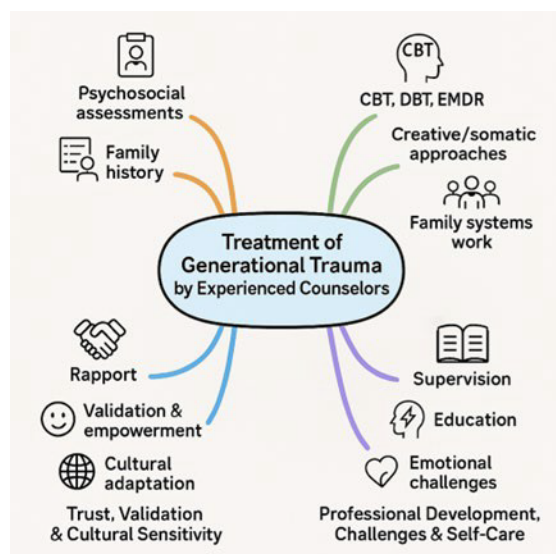
		insurance doesn't always cover trauma therapy." (Results)
	Limited Access to Care	"We have a six-month waitlist for trauma therapy in this area, and many families just give up." (P3)
	Cultural and Language Barriers	"Some families don't feel comfortable with therapy because it doesn't fit their cultural beliefs or language." (P5)
	Systemic and Institutional Challenges	"The paperwork and referrals are overwhelming. People get lost in the system." (P2)
	Family Dynamics and Resistance	"It's hard to get the whole family on board. Sometimes parents don't want to admit there's a problem." (P8)
Professional Challenges & Coping Strategies	Emotional Strain	"I found myself going for personal therapy because of burnout." (P2)
	Secondary Trauma	"We are always talking about cases to get it out. So when we go home, it's at work, we go home, we go home." (P5)
	Burnout	"Burnout is real. I found myself going for personal therapy because of burnout." (P2)
	Continuing Education	"Engage in ongoing training, celebrate client progress, and cultivate mindfulness." (Results)

Note. This table summarizes the main themes, subthemes, and representative quotes identified during thematic analysis of interviews with licensed mental health professionals. Quotes are paraphrased for clarity and grouped under their respective themes. CBT = Cognitive Behavioral Therapy; DBT = Dialectical Behavior Therapy; EMDR = Eye Movement Desensitization and Reprocessing; ACEs = Adverse Childhood Experiences.

While Table 2 provides a concise summary of the key themes, codes, and illustrative participant quotes identified during the thematic analysis, Figure 1 presents a visual representation of the multifaceted strategies experienced counselors employ to treat generational trauma. This figure synthesizes the core elements of trauma-informed practice, highlighting the integration of assessment tools, therapeutic modalities, and support systems described by participants.

Figure 1

Treatment Approaches for Generational Trauma by Experienced Counselors

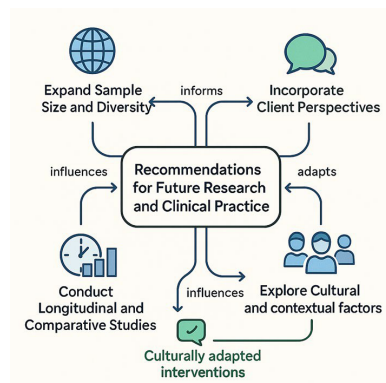


Note: This figure illustrates the multifaceted strategies used by experienced counselors to treat generational trauma, as identified in qualitative interviews.

While Figure 1 illustrates the multifaceted strategies employed by experienced counselors in treating generational trauma, Figure 2 shifts the focus to recommendations for future research and clinical practice. This next figure highlights key areas for ongoing inquiry and improvement, including expanding sample diversity, incorporating client perspectives, and adapting interventions to cultural and contextual factors.

Figure 2

Counselors' Recommendations for Future Research and Clinical Practice



Note: This infographic presents a mind map with four main branches: Expand Sample Size and Diversity (blue, globe icon), Incorporate Client Perspectives (green, speech bubble icon), Conduct Longitudinal and Comparative Studies (blue, clock and chart icons), and Explore Cultural and Contextual Factors (blue, cultural icons; green for culturally adapted interventions). Arrows with labels indicate relationships between nodes. Color coding distinguishes research recommendations (blue) from clinical practice improvements (green).

Together, these tables and figures visually reinforce the key findings from the interviews, highlighting the diversity of counselor backgrounds, the integrative strategies used in treating generational trauma, and recommendations for future research and practice. These visual summaries complement the narrative results, providing a clear overview of the study's major themes and implications. The following summary synthesizes these findings and sets the stage for the discussion in the next chapter.

Summary

In this chapter, I presented the results of a qualitative study that examined the perspectives of licensed mental health professionals on generational trauma in clinical practice. I collected data through semi-structured interviews with ten participants,

including counselors, social workers, and psychologists from diverse geographic regions and backgrounds. I used thematic content analysis to identify key patterns and insights across interviews and to extract five themes from the data. In summary, the results provide a comprehensive understanding of how experienced counselors recognize and respond to generational trauma. This concludes the presentation of the study's results, summarizing the key themes and insights gained from interviews with experienced counselors treating generational trauma. The next chapter will interpret these findings in relation to existing theory and literature, discuss their implications for practice and policy, and offer recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This chapter interprets the study's findings in relation to Bowlby's attachment theory and the existing literature on generational trauma. It discusses the implications of the results for clinical practice, counselor education, and policy, addresses the study's limitations, and offers recommendations for future research and social change. The purpose of this study was for me to explore the experiences of counselors with more than three years of licensure in recognizing and treating generational trauma. In Chapter 4, I presented the results of thematic analysis, highlighting four major themes: interfamily generational trauma, assessment methods and approaches, barriers to treatment, and professional challenges and coping strategies. The major themes also have subthemes, which I will discuss what each means and contribute to the understanding of the broader phenomenon. These findings provided insight into how counselors identify attachment difficulties, adverse childhood experiences, and unhealthy coping mechanisms, as well as the strategies they employ to support healing. In this chapter, I interpret the findings in relation to Bowlby's attachment theory and the existing body of literature. The discussion also addresses the study's limitations, offers recommendations for practice, policy, and future research, and considers the broader implications for social change.

Interpretation of the Findings

The results of this study support Bowlby's (1969) attachment theory as it is fundamental for understanding the practitioners' client relationships, especially for children. Consistent with the attachment theory, the data from this study demonstrated

that attachment is a compilation of how early attachment experiences, such as secure, insecure, anxious, avoidant, and disorganized, shape emotional regulation, self-esteem, and relationship patterns. The findings from the interviews strongly align with practitioners' use of core concepts from attachment theory, as established in the literature. Attachment theory was originally developed by Bowlby (1969, 1982) and expanded by Mary Ainsworth (1978). It has been found that early relationships with caregivers lay the foundation for future emotional regulation, self-esteem, and interpersonal functioning.

Early Attachment and Later Outcomes

Interview participants repeatedly emphasized how disruptions in early attachment, such as neglect, abuse, or parental absence, lead to symptoms like anxiety, depression, and difficulties in forming healthy relationships. This is consistent with Bowlby's assertion that insecure or disorganized attachment in childhood increases vulnerability to emotional and relational difficulties in adulthood Ainsworth et al., 1978 and Bowlby, 1982). Participant 4 stated, "Attachment theory is that when you are younger, you have formed your attachments. So, really, it starts at birth.... If your mom really doesn't want you, and she's even contemplating, oh, listen, let me give it up...you are not connecting with that child, so while you are...Going through this pregnancy, you are dumping. So many hormones and um, chemicals into this baby, that this baby is gonna be born with trauma."

Mental health professionals in the study reported using attachment theory to inform their assessments and interventions, particularly with children and families. They stressed the importance of building trust, pacing trauma work, and helping clients

understand how family patterns influence current relationships. This mirrors therapeutic approaches such as attachment-based family therapy (Diamond et al., 2016) and trauma-informed care, which integrate attachment theory principles to promote healing and resilience.

Clinicians reported using a range of assessment tools to identify generational trauma and its impact. The ACEs questionnaire, PHQ-9, GAD-7, Beck's Depression Inventory, and trauma checklists were frequently mentioned. Many practitioners emphasized the importance of comprehensive psychosocial assessments and open-ended interviews to uncover family history and trauma patterns. This highlights the need for both standardized and individualized approaches to assessment in trauma-informed care.

Evidence-based therapies such as cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), and eye movement desensitization and reprocessing (EMDR) were commonly used, alongside person-centered, narrative, and motivational interviewing approaches. Creative modalities, which include art therapy, music therapy, mindfulness, and body awareness, were also integrated. Building trust and pacing trauma work were emphasized as essential for effective treatment. These findings suggest that clinicians utilize a diverse toolkit, tailoring interventions to meet the needs and readiness of individual clients.

The expression and coping with trauma were found to be shaped by culture, socioeconomic status, and community norms. Participants stressed the importance of cultural competence and adapting interventions to fit clients' backgrounds and beliefs.

Differences in trauma presentation and coping strategies across cultures were noted, underscoring the need for clinicians to be culturally sensitive and responsive.

Main Theme 1: Interfamily Generational Trauma

One of the central findings of this study was the theme of Interfamily generational trauma refers to the transmission of trauma and its psychological, emotional, and behavioral effects within families across multiple generations. Within this theme, several subthemes were identified: types of trauma, transmission mechanisms, manifestations in clients, and interruptions and resilience. Each of these subthemes provides important insights into the complexity of generational trauma. The theme of interfamily generational trauma emerged as a central finding in this study, highlighting the pervasive impact trauma transmitted across generations within families. This theme encompasses the ways in which emotional, relational, and behavioral disruptions are perpetuated, often shaping the lived experiences of both clients and their families. To further understand the complexity of generational trauma, it is essential to examine the specific types of trauma that counselors identified as being most transmitted from one generation to the next.

Subtheme 1.1: Types of Trauma

A prominent subtheme that emerged under the broader category of interfamily generational trauma was the variety of trauma types experienced and transmitted across generations. Counselors described how clients often presented with histories of childhood abuse, neglect, parental substance use, and exposure to domestic violence as traumas that were not isolated incidents but recurring patterns within family systems. These findings are consistent with previous research, which suggests that adverse experiences in one

generation can have a profound impact on the emotional and behavioral development of subsequent generations. Having identified the various types of trauma that occur across generations, it is crucial to explore the mechanisms by which these traumatic experiences are transmitted within families, shaping patterns of behavior and emotional responses over time.

The variety of trauma types identified by counselors, such as childhood abuse, neglect, parental substance use, and domestic violence, reflects findings in the literature that adverse experiences in one generation profoundly shape the emotional and behavioral development of subsequent generations. This aligns with Bowen's Family Systems Theory, which describes how unhealthy emotional reactions and behaviors are unconsciously learned and perpetuated across generations. Studies by Petion et al. (2022); Galbally et al. (2023) further support the notion that trauma histories are often complex and multifaceted, requiring nuanced assessment and intervention.

Subtheme 1.2: Transmission Mechanism

A critical aspect of understanding interfamily generational trauma lies in examining how traumatic experiences are passed from one generation to the next. The subtheme of transmission mechanisms focuses on the pathways through which trauma is perpetuated within families, often shaping emotional responses, coping strategies, and relational patterns over time. Counselors in this study frequently observed that parents who had not resolved their own childhood trauma unintentionally reenact similar patterns with their children, whether through modeling behaviors, maintaining silence around painful events or passing down feelings of guilt and shame. By exploring these

mechanisms, we gain insight into the processes that sustain cycles of trauma and identify opportunities for therapeutic intervention. Understanding the mechanisms through which generational trauma is transmitted, such as modeling, silence, family secrets, and the intergenerational transfer of guilt and shame, is essential; it is equally important to examine how these processes manifest in clients' emotional, behavioral, and relational responses.

The transmission of trauma through modeling, silence, family secrets, and guilt/shame is well-documented in attachment theory and family systems research. Bowlby (1969, 1982) and Ainsworth (1978) emphasized that children internalize behaviors and emotional responses modeled by caregivers, which can result in maladaptive coping mechanisms and difficulties in forming healthy relationships. The literature also highlights the role of secrecy and unspoken trauma in perpetuating cycles of adversity (Bowen, 1978; Felter et al., 2022), reinforcing the importance of open communication and therapeutic intervention.

Subtheme 1.3: Manifestations in Clients

This transmission of generational trauma occurs through mechanisms such as modeling, silence, secrecy, and the intergenerational transfer of guilt and shame. Counselors in this study reported that generational trauma manifested in clients through a range of emotional, behavioral, and relational difficulties. Common presentations included emotional numbness, anxiety, and difficulty forming or maintaining healthy relationships. Participants noted that clients often struggled with trust, boundaries, and communication, reflecting attachment patterns learned in childhood. Several counselors

described clients who repeated family cycles, such as choosing partners with similar traits to their parents or reenacting the same parenting behaviors they once experienced. Others observed that clients carried a pervasive sense of fear, shame, or hyper-responsibility that originated from earlier generations.

In the following section, I will explore the ways in which generational trauma can be interrupted, whether through therapeutic intervention, increased awareness, or shifts in family dynamics, and highlight the factors that foster resilience in individuals and families. Manifestations of generational trauma, such as emotional numbness, anxiety, depression, and relational difficulties, are consistent with research linking adverse childhood experiences (ACEs) to insecure attachment and increased vulnerability to mental health challenges (CDC, 2023; Galbally et al., 2023; Petion et al., 2022). These symptoms are often misinterpreted as individual pathology rather than as the result of interfamily trauma, underscoring the need for trauma-informed assessment and intervention strategies (Bray, 2023).

Subtheme 1.4: Interruptions and Resilience

Despite the challenges associated with generational trauma, counselors identified several factors that helped interrupt the cycle and foster resilience. Participants emphasized that the insights gained through therapy were a critical turning point for many clients, allowing them to recognize patterns and make intentional changes. Supportive relationships, whether with partners, mentors, or community members, also played a significant role in promoting healing. Counselors described clients who developed healthier coping strategies, improved emotional regulation, and increased self-

awareness as they progressed through treatment. Several participants highlighted cultural strengths, spirituality, and community traditions as sources of resilience that helped clients reframe their experiences and build new patterns.

Literature supports the idea that awareness, validation, and trauma-informed interventions can disrupt cycles of generational trauma and foster resilience. Bowlby's attachment theory posits that secure relationships and emotional support are critical for healing and resilience (Bowlby, 1969; Diamond et al., 2021). Studies by Bray (2023) and Dunn et al. (2021) emphasize the importance of supportive relationships, cultural strengths, and community resources in promoting recovery and enabling individuals to make lasting, positive changes that benefit future generations.

Bowlby's theory is thus central to understanding interfamily generational trauma: it explains how attachment disruptions in one generation affect the next, perpetuating cycles of trauma and emotional difficulty. The literature further suggests that interventions grounded in attachment theory—such as family therapy, psychoeducation, and trauma-informed care—can help families recognize and interrupt these cycles, fostering resilience and healing (Diamond et al., 2021; Bray, 2023; Dunn et al., 2021; Petion et al., 2022). While understanding the transmission of trauma across generations is essential, it is equally important to examine how counselors identify and assess these complex patterns in clinical practice. This leads to the next theme, which explores the assessment methods and therapeutic approaches employed by experienced counselors in addressing generational trauma.

Main Theme 2: Assessment Methods and Approaches

Accurate assessment is the cornerstone of effective intervention for generational trauma, enabling clinicians to identify both overt and subtle patterns that perpetuate adversity across the family. Assessment methods and approaches are central to the effective identification and treatment of interfamily generational trauma. Literature consistently emphasizes the importance of using both standardized tools and open-ended clinical interviews to capture the complexity of trauma histories and their impact across generations. To begin understanding how clinicians evaluate generational trauma, the standardized tools they employ as foundational elements of their assessment process.

Subtheme 2.1: Standardized Tools

A central component of clinicians' assessment process involves the use of standardized tools which provide structured and validated methods for identifying trauma-related symptoms and patterns in clients. Standardized measures such as the Adverse Childhood Experiences (ACEs) Questionnaire, PHQ-9, GAD-7, and Beck's Depression Inventory are widely used to quantify trauma exposure and assess symptoms of depression and anxiety. These tools offer a structured approach to identifying risk factors and assessing symptom severity, which is essential for developing effective treatment plans (CDC, 2023; Galbally et al., 2023). The ACEs Questionnaire is highlighted in the literature as a predictor of both mental and physical health outcomes, and its use is recommended for screening generational trauma in clinical settings (CDC, 2023).

However, several counselors acknowledged that standardized tools sometimes fall short in capturing the complexity of trauma in culturally diverse families, requiring adaptation and clinical judgment. Assessment findings were used to guide intervention choices, with counselors integrating family systems work, CBT, or creative modalities based on the client's unique history and needs. While these approaches provide a structured foundation for trauma-informed care, their effectiveness is often shaped by the context in which they are delivered. While standardized tools offer structured methods for identifying trauma, clinicians also rely on clinical interviews and family mapping techniques to gain deeper insight into clients' histories and relational patterns.

Subtheme 2.2: Clinical Interviews and Family Mapping

In addition to standardized tools, clinicians utilize clinical interviews and family mapping techniques to explore clients' personal histories and uncover patterns of trauma across generations. Genograms are visual tools that map family relationships and trauma events across generations. The literature supports their use for identifying patterns of dysfunction, attachment disruptions, and the transmission of trauma within families (Bowen, 1978; Bray, 2023). Open-ended clinical interviews allow clinicians to elicit detailed narratives about childhood experiences, family dynamics, and trauma history. This qualitative approach is essential for understanding the context and meaning of trauma for each individual and family (Ellis and Hart, 2023).

The literature underscores that assessment should not only focus on symptom checklists but also explore attachment patterns and family history, as these are foundational to understanding generational trauma (Bowlby, 1969; Ainsworth, 1969;

Borja et al., 2019). Assessments that include attachment style questionnaires and exploration of early relationships help clinicians connect presenting symptoms to underlying generational patterns. Beyond gathering family histories and relational patterns, clinicians also implement a range of evidence-based modalities to address the complex effects of generational trauma and support client healing.

Subtheme 2.3 Evidence-Based Modalities

To address the complex effects of generational trauma, clinicians employ a variety of evidence-based modalities that are supported by research and clinical experience. Application of therapeutic approaches, including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), and creative/somatic interventions to address generational trauma. As highlighted in the literature review, national guidelines from the American Psychological Association (APA) and studies by Diamond et al., (2021) and Bray (2023) emphasize the importance of integrating multimodal approaches for complex trauma, including generational trauma. These approaches are supported by empirical evidence demonstrating their effectiveness in improving emotional regulation, reducing distress, and fostering resilience in clients who have experienced multi-generational patterns of adversity. The next theme explores the barriers that can impede both assessment and treatment in generational trauma work.

Main Theme 3: Barriers to Treatment

A major theme that emerged from the experiences of counselors in this study was the presence of significant barriers to treatment for generational trauma. These barriers

are multifaceted, encompassing individual, familial, cultural, and systemic challenges faced by individuals and families seeking help. Counselors described how stigma and shame, financial constraints, limited access to care, cultural and language mismatches, and institutional obstacles often prevent individuals and families from seeking or benefiting from trauma-informed services. In addition, family dynamics and resistance to acknowledging trauma within the household can further hinder the process.

Understanding these barriers is essential for developing strategies that promote equity, improve service delivery, and support long-term healing and resilience for those affected by generational trauma. Among the various barriers identified, stigma and shame emerged as particularly significant obstacles that often prevent individuals and families from seeking help for generational trauma.

Subtheme 3.1: Stigma and Shame

Literature consistently highlights that feelings of shame, guilt, and fear of judgment prevent individuals from seeking help for generational trauma. This is especially pronounced in families where trauma is a taboo subject, leading to secrecy and silence. Studies such as Bray (2023) and Petion et al. (2022) emphasize that stigma can discourage disclosure and engagement with mental health services.

Subtheme 3.2: Financial Constraints

The cost of therapy, lack of insurance, or inadequate coverage can make treatment inaccessible for many families. Literature from Galbally et al. (2023) and Mental Health America (2024) documents how financial barriers disproportionately affect those with chronic trauma histories.

Subtheme 3.3: Limited to Care

Geographic location, lack of transportation, and limited availability of specialized trauma services are frequently cited as barriers, particularly in rural and underserved areas. The CDC (2023) and Simmer et al. (2023) report that individuals in these regions often face long waitlists and inadequate access to qualified professionals.

Subtheme 3.4: Cultural and Language Barriers

Mismatch between clients' cultural backgrounds and available services can hinder engagement. Dunn et al. (2021) and Haynes-Thoby et al. (2023) highlight the importance of culturally competent care and the challenges faced by minority populations in accessing trauma-informed services.

Subtheme 3.5: Systemic and Institutional Challenges

Long waitlists, bureaucratic hurdles, and fragmented care systems can discourage individuals from pursuing or continuing treatment. The literature points to the need for integrated care models and streamlined referral processes (Bray, 2023, and CDC, 2023).

Subtheme 3.6: Family Dynamics and Resistance

Some families may resist acknowledging trauma or participating in therapy due to secrecy or fear of disrupting family norms. Bowen (1978) and Bray (2023) discuss how family systems can perpetuate cycles of trauma by discouraging open communication and help-seeking.

The barriers to treatment not only affect clients and families but also have significant implications for the professionals providing care. As counselors navigate systemic, cultural, and personal obstacles, they face unique professional challenges that

require resilience and adaptive coping strategies. The final theme explores these professional challenges, and the strategies counselors employ to sustain their well-being and effectiveness in trauma-focused practice.

Main Theme 4: Professional Challenges and Coping Strategies

Professional challenges are a well-documented aspect of trauma-focused clinical work. The literature highlights that mental health professionals working with interfamily generational trauma often experience emotional strain, secondary trauma, and burnout. One of the most immediate and pervasive professional challenges described by counselors working with generational trauma was emotional strain, which often emerged as a direct consequence of the intense and complex nature of trauma-focused clinical work.

Subtheme 4.1: Emotional Strain

Emotional strain refers to the psychological and emotional toll experienced by counselors during the process of addressing generational trauma, often resulting from ongoing exposure to clients' traumatic stories, high caseloads, and the complexity of trauma-focused clinical work. Ongoing exposure to clients' traumatic stories, high caseloads, and the complexity of generational trauma cases can lead to compassion fatigue and emotional exhaustion (Bray, 2023; Dunn et al., 2021; Felter et al., 2022). Closely related to emotional strain is the experience of secondary trauma, which counselors described as the emotional and psychological impact resulting from repeated exposure to clients' traumatic stories and experiences.

Subtheme 4.2: Secondary Trauma

Secondary trauma refers to the emotional and psychological impact that counselors experience because of exposure to their clients' traumatic stories and experiences, often leading to symptoms like those experienced by the clients themselves. The experience of secondary trauma among counselors working with generational trauma is well-documented in the literature. Research on vicarious trauma and compassion fatigue highlights that repeated exposure to traumatic stories can lead to symptoms like those experienced by the clients themselves, including anxiety, emotional exhaustion, and burnout. Bowlby's attachment theory and subsequent studies emphasize that the emotional bonds formed in therapeutic relationships can make counselors particularly susceptible to absorbing the distress of those they help (Bowlby, 1969; Stella and Taggart, 2020). Furthermore, Felter et. al., (2022) and Bray (2023) discuss the importance of supervision, peer support, and self-care practices in mitigating the effects of secondary trauma, underscoring the need for trauma-informed organizational policies and ongoing professional development. These findings from literature reinforce the significance of secondary trauma as a professional challenge and validate the coping strategies described by counselors in this study.

A lack of trauma-specific training is another significant challenge. Many professionals report that their graduate education provided only basic preparation, requiring them to seek out additional trauma-informed training independently (Bray, 2023; Petion et al., 2022). The literature also emphasizes the importance of regular supervision and peer consultation, as complex trauma cases often require collaborative problem-solving and emotional support (Stella and Taggart, 2020; Dunn et al., 2021).

Furthermore, the cumulative effects of emotional strain and secondary trauma often contribute to the development of burnout among counselors working with generational trauma.

Subtheme 4.3: Burnout

Burnout is a significant professional challenge for counselors working with generational trauma, characterized by emotional, mental, and physical exhaustion that results from prolonged exposure to demanding and emotionally intense clinical work. The phenomenon of burnout among counselors working with generational trauma is widely recognized in literature. Research on trauma-focused clinical work highlights that prolonged exposure to emotionally intense cases, high caseloads, and repeated engagement with clients' traumatic stories can lead to emotional exhaustion, reduced effectiveness, and even withdrawal from the profession. Studies by Bray (2023) and Felter et al. (2022) emphasize that burnout is a cumulative outcome of ongoing emotional strain and secondary trauma, underscoring the need for organizational support, supervision, and self-care practices to sustain counselor well-being. Furthermore, Stella and Taggart (2020) and Dunn et al. (2021) discuss the importance of regular supervision, peer consultation, and continuing education as protective factors against burnout, reinforcing the significance of these strategies as described by counselors in this study. Given the prevalence of burnout among counselors working with generational trauma, it is essential to consider the coping strategies that have been identified in the literature as effective in sustaining professional well-being and resilience.

Coping Strategies Identified in the Literature

A substantial body of literature highlights a range of coping strategies that counselors employ to mitigate the effects of emotional strain, secondary trauma, and burnout, thereby sustaining their well-being and effectiveness in trauma-focused practice. The coping strategies include personal therapy, supervision and peer support, self-care practices, continuing education, and support groups. Clinicians often seek therapy for themselves to process emotional strain and countertransference (Felter et al., 2022). Regular supervision, case consultation, and team debriefing are crucial for managing complex cases and for sharing the burden (Stella & Taggart, 2020; Dunn et al., 2021). Setting boundaries, engaging in exercise, practicing mindfulness, and following other self-care routines are recommended to maintain well-being (Nielson et al., 2019; Killian et al., 2023). Participation in peer support groups provides validation and empowerment (Nielson et al., 2019).

Regular supervision, case consultation, and team debriefing are crucial for managing complex cases and sharing the burden (Stella & Taggart, 2020; Dunn et al., 2021). Regular supervision, case consultation, and team debriefing are crucial for managing complex cases and sharing the burden (Stella & Taggart, 2020; Dunn et al., 2021). Setting boundaries, engaging in exercise, mindfulness, and other self-care routines are recommended to maintain well-being (Nielson et al., 2019; Killian et al., 2023). Setting boundaries, engaging in exercise, mindfulness, and other self-care routines are recommended to maintain well-being (Nielson et al., 2019; Killian et al., 2023). Pursuing ongoing training and professional development helps clinicians stay current and build

resilience (Bray, 2023; Dunn et al., 2021). Participation in peer support groups provides validation and empowerment (Nielson et al., 2019). The literature emphasizes that addressing these professional challenges through supervision, self-care, and ongoing education is crucial for maintaining a trauma-informed practice and preventing burnout (Stella and Taggart, 2020; Dunn et al., 2021; and Felter et al., 2022). Having explored the professional challenges and coping strategies employed by counselors in trauma-focused practice, it is important to consider how these lived experiences align with broader patterns and evidence. The following section uses triangulation to validate and contextualize the study's findings, integrating participant narratives with secondary data sources and national trends.

Triangulation of Findings

The experiences of counselors in this study consistently revealed challenges in recognizing attachment difficulties and treating generational trauma. These findings are reinforced by national data: the CDC (2023) reports that 1 in 6 adults experienced four or more ACEs, which have been shown to relate to depression, anxiety, and relational difficulties. By triangulating participant narratives with epidemiological evidence, this study demonstrates that the difficulties counselors encounter are not isolated but reflect systemic public health concerns.

Similarly, participants' reliance on integrative interventions such as trauma-focused CBT, schema therapy, and DBT aligns with APA trauma-informed practice guidelines (2023), which recommend multimodal approaches for complex trauma. This convergence strengthens the credibility of the findings and situates counselors' strategies

within broader evidence-based frameworks. While triangulation strengthens the credibility and contextual understanding of the study's findings, it also highlights several gaps and contradictions between recommended practices and the lived experiences of counselors. The following section highlights these discrepancies, underscoring areas where further attention and improvement are needed.

Highlighting Gaps and Contradictions

Despite alignment with national guidelines, participants emphasized significant training gaps. Counselors reported that graduate programs provided limited preparation for generational trauma, forcing them to seek supervision and certifications independently. This contradicts APA recommendations for trauma-informed supervision, which emphasize embedding trauma-specific competencies into counselor education. Secondary sources echo this gap: Bray (2023) and Petion et al. (2022) concluded that two-year master's programs cannot adequately cover trauma complexities, leaving new counselors underprepared. The contradiction between national recommendations and actual training experiences highlights a systemic disconnect between policy and practice.

Additionally, participants described cultural and historical trauma as compounding factors, particularly among African American and immigrant populations. While Lee et al. (2021) documented similar findings, the lack of consistent cultural competence training in counselor education programs underscores a critical gap. This contradiction between counselors' lived realities and the limited scope of multicultural training programs reveals the need for systemic reform. Recognizing these gaps and contradictions underscores the importance of critically evaluating the study's scope and

methodology. The following section addresses the limitations of this research, considering factors that may influence the interpretation and generalizability of the findings.

Limitations of the Study

The strengths of my study include its diversity and the expertise of the mental health professionals who provide rich qualitative data. The study included licensed counselors, social workers, psychologists, and trauma practitioners from diverse geographic locations and clinical settings. The use of open-ended interviews allowed for detailed exploration of clinical experiences, strategies, and perspectives. The study discussed transparency and reflexivity, which discusses its methodology, participant demographics, and limitations, enhancing credibility. The interviews provide actionable recommendations for training, supervision, and trauma-informed care.

However, there are limitations to my study, which include sample size and diversity. The study is based on 10 interviews, which may not fully represent the diversity of counselors' experiences, backgrounds, and practice settings. The data relies on counselors' self-reported experiences, which may be influenced by personal bias, selective memory, or social desirability. Findings may not be generalizable to all counselors, settings, or populations, especially outside the United States or in non-English-speaking contexts, due to the qualitative and context-specific nature of the study. As Participant 3 emphasized: 'Yes, to be self-aware and remember to always go for personal therapy... Yes, that it's different from one culture to another and different beliefs.'

The research focuses solely on counselors' views and strategies, without direct input from clients, limiting understanding of how interventions are perceived and experienced by those receiving care. These limits understanding of how interventions are perceived and experienced by those receiving care. As participant 4 described: "Most of them have been through therapy most of their whole life. Especially if it's generational. They probably started because of some social workers coming in and pulling them out of the house, right? They know, oh, how are you feeling today? Oh, that's not an emotion. Well, I don't know how that feels. Because I don't even know what an emotion is. All I know is I'm numb. Or, I'm scared, I don't know where I'm going, you know?" Acknowledging these limitations provides important context for interpreting the study's findings and highlights areas where future research and practice can be strengthened. The following section advances the field of generational trauma treatment.

Recommendations

Based on the strengths and limitations identified in this qualitative study, several recommendations can be made to inform future research on generational and historical trauma in clinical practice. These recommendations aim to address gaps in the current literature, enhance the generalizability and depth of findings, and foster a more comprehensive understanding of trauma treatment across diverse populations and settings. The following suggestions are based on insights from participant interviews and the challenges encountered during the research.

To strengthen trauma-informed care in rural communities, counselor training frameworks should begin with a thorough needs assessment to identify local gaps in

supervision, trauma competencies, and cultural responsiveness. Secondary data (Knight, 2018; and SCLLR, 2024) from national reports and recent studies confirms that rural counselors often face unique barriers, including limited access to specialized training, professional isolation, and lack of culturally relevant resources as well as supervisors often lack trauma-informed expertise and adult learning theory.

Training programs should therefore incorporate core modules on generational trauma, attachment theory, and evidence-based interventions, while also addressing rural-specific challenges such as telehealth delivery, stigma, and the integration of local cultural values. Interactive workshops, including role-play scenarios and case studies tailored to rural populations, can help counselors develop practical skills in screening, assessment, and intervention. Integrating trauma-informed supervision models and peer consultation opportunities will further support professional growth and reduce isolation among rural practitioners. Ongoing continuing education, resource toolkits, and peer support groups are essential for sustaining best practices and adapting to emerging needs.

Future research should focus on evaluating the effectiveness of these rural-specific training frameworks, exploring the impact of telehealth and technology-based interventions and identifying strategies to enhance cultural competence and retention among rural mental health professionals. Collaboration with universities, local agencies, and policymakers will be crucial for securing funding, expanding internship opportunities, and advocating for systemic changes that enhance access to high-quality mental health care in rural settings. Future studies could include a larger and more diverse group of counselors from various regions, backgrounds, and practice settings to

enhance generalizability and capture a wider range of experiences. The study is based on interviews with ten counselors from various regions and backgrounds. While this provides a range of perspectives, it may not fully represent the diversity of counselors' experiences, especially in underrepresented regions or practice settings.

Researchers can include the voices of clients who have experienced generational trauma to better understand their perceptions of treatment strategies and outcomes, providing a more holistic understanding. This research focuses solely on counselors' views and strategies, without direct input from clients, and limits understanding of how interventions are perceived and experienced by those receiving care.

Future researchers can conduct longitudinal research to assess the long-term effectiveness of various therapeutic approaches and compare the efficacy of different modalities (e.g., CBT, EMDR, family systems) in treating generational trauma. Longitudinal research is needed to assess the long-term effectiveness of different therapeutic approaches for generational trauma. Comparative studies examining the efficacy of various modalities (e.g., CBT, EMDR, family systems therapy) will help identify best practices for diverse populations.

Researchers can investigate how cultural, socioeconomic, and community factors influence both the experience and treatment of generational trauma and develop culturally adapted interventions. Findings from this qualitative study may not be generalizable to all counselors, settings, or populations, especially outside the United States or in non-English-speaking contexts. Cultural and contextual differences can significantly shape both the experience and treatment of generational trauma.

In summary, addressing the limitations identified in this study will enhance the depth, applicability, and impact of future research on generational and historical trauma. By expanding sample diversity, incorporating client perspectives, conducting longitudinal and comparative studies, and exploring cultural and contextual factors, future investigations can provide a more comprehensive understanding of trauma and its treatment. These steps will not only strengthen the evidence base for clinical practice but also ensure that interventions are relevant and effective for diverse populations and settings. The preceding recommendations are designed to address the key challenges and gaps identified in this study, as well as to align with best practices and current literature in the field. Implementing these recommendations has the potential to enhance trauma-informed care, improve counselor training, and increase access to effective interventions for generational trauma. In the following section, the broader implications of these findings and recommendations are discussed, with a focus on their significance for clinical practice, counselor education, policy development, and future research.

Implications

The findings of my qualitative study have important implications for clinical practice, professional training, research, and policy in the field of trauma care. By exploring the perspectives and experiences of licensed mental health professionals working with generational and historical trauma, this research highlights both the challenges and opportunities present in current trauma-informed practice. In the following section, I will discuss how these insights can inform improvements in therapeutic approaches, counselor education, organizational support, and systemic policy,

ultimately aiming to enhance outcomes for individuals and communities affected by trauma.

Researchers are encouraged to build upon the findings of my study by designing projects that address their limitations and expand the scope of trauma research. By prioritizing diverse samples, integrating client perspectives, conducting longitudinal and comparative studies, and exploring cultural and contextual influences, future research can contribute to more effective, equitable, and culturally responsive trauma interventions. The field will benefit from collaborative efforts that bridge gaps between theory and practice, ensuring that trauma-informed care evolves to meet the needs of all individuals and communities. Having considered the broader implications of this study for clinical practice, education, and policy, it is essential to begin by examining the foundational concept of intergenerational trauma. The following theme explores how trauma is transmitted across generations and its impact on individuals and families.

Intergenerational Trauma

Intergenerational trauma refers to the transmission of the psychological, emotional, and behavioral effects of traumatic experiences from one generation to the next. This phenomenon is not limited to those who directly experienced trauma; rather, its impact can be observed in children, grandchildren, and even further descendants, often manifesting as attachment difficulties, unhealthy coping mechanisms, and persistent cycles of adversity within families. The implications of intergenerational trauma are profound, influencing not only individual mental health but also family dynamics, community well-being, and the effectiveness of clinical interventions. Recognizing and

addressing these patterns is essential for mental health professionals, educators, and policymakers seeking to break cycles of trauma and foster resilience across generations.

My study highlights several key points about the future impact of interfamily generational trauma. Interfamily generational trauma can persist across generations, affecting emotional and relational health for years to come. Without intervention, symptoms may worsen in children and families, making early, trauma-informed support essential to break negative cycles. Community and culturally responsive approaches are vital for long-term healing, and collaboration among professionals and families is necessary to build resilience. Mental health professionals must recognize that trauma can be transmitted across generations, influencing client symptoms and family dynamics. Effective treatment should address not only individual symptoms but also family systems and cultural context.

Connection to Results

My study found that counselors consistently described how trauma is perpetuated within families through mechanisms like modeling, silence, and the transmission of guilt and shame. Interviewees noted that “children imitate what they see,” and that attachment difficulties often begin at birth and are shaped by early relationships. Thematic analysis revealed that breaking these cycles requires interventions such as family therapy, psychoeducation, and paradigm shifts in understanding trauma.

Connection to Literature

This implication is supported by Bowlby’s attachment theory, which posits that early relationships shape emotional and social development (Bowlby, 1982). The

literature further demonstrates that disruptions in early attachment, caused by trauma in previous generations, can lead to cycles of adversity and increased vulnerability to mental health challenges (Ainsworth, 1969; Bowlby, 1982; CDC, 2023; Galbally et al., 2023; Petion et al., 2022).

Explicit Link

Taken together, both the lived experiences of counselors in this study and foundational research in attachment theory indicate that addressing intergenerational trauma requires a trauma-informed, family-centered approach. This means clinicians should use comprehensive assessments that explore family history and attachment patterns, and interventions that target both individual and systemic factors.

The implications of intergenerational trauma are far-reaching, affecting how clinicians assess and treat clients, how systems provide care, and how society understands and responds to trauma. Addressing these implications can lead to more effective prevention, intervention, and healing for individuals, families, and communities.

While recognizing the far-reaching impact of intergenerational trauma is essential for informing clinical practice and policy, it is equally important to consider how these insights shape the ways in which trauma is identified and addressed in therapeutic settings. Understanding the mechanisms by which trauma is transmitted across generations provides a foundation for developing effective assessment strategies and selecting appropriate interventions. Building on the implications for recognizing and interrupting cycles of generational trauma, the following section explores how comprehensive assessment methods and integrative therapeutic approaches can enhance

the accuracy of trauma identification and support individualized, culturally responsive care for affected individuals and families.

Assessment Methods and Therapeutic Approaches

Effective assessment methods and therapeutic approaches are foundational for identifying and treating generational trauma in clinical practice. The complexity of trauma histories—often spanning multiple generations—requires clinicians to employ both standardized tools and individualized interviews to capture the full scope of clients' experiences. Integrative therapeutic strategies, including evidence-based modalities and creative interventions, are essential for addressing the diverse needs of individuals and families affected by generational trauma. By combining structured assessments with flexible, culturally responsive treatment plans, mental health professionals can enhance the accuracy of trauma identification and support meaningful healing and resilience.

My study highlights several key points about the future impact of assessment methods and therapeutic approaches. Assessment methods and therapeutic approaches for generational trauma are expected to become increasingly comprehensive and integrative. The use of both standardized tools and individualized interviews will help clinicians capture the complexity of trauma histories across generations. As research advances, evidence-based modalities such as cognitive-behavioral therapy, dialectical behavior therapy, and EMDR will be refined and adapted for diverse populations. Creative and somatic interventions, including art therapy and mindfulness, are likely to play a greater role in treatment.

The future will also emphasize culturally adapted tools and interventions, enhanced personalization, and the integration of technology, such as digital assessments and teletherapy. Addressing barriers to care like access, stigma, and cultural relevance will drive innovation in service delivery, making trauma-informed care more accessible and effective for individuals and families. Ongoing research and policy development will shape best practices, support prevention efforts, and promote resilience for future generations. Assessment methods and therapeutic approaches for generational trauma must be comprehensive, integrative, and culturally responsive. Clinicians should utilize both standardized tools and individualized interviews to capture the complexity of trauma histories and employ a diverse range of evidence-based and creative interventions tailored to client needs.

Connection to Results

The findings from this study revealed that experienced counselors consistently use a combination of standardized assessment tools—such as the Adverse Childhood Experiences (ACEs) Questionnaire, PHQ-9, GAD-7, and Beck’s Depression Inventory—alongside open-ended clinical interviews and genograms to identify trauma symptoms and family patterns. Counselors emphasized that these methods help uncover both overt and subtle manifestations of generational trauma, allowing for more accurate diagnosis and treatment planning. Additionally, participants described integrating evidence-based modalities (e.g., CBT, DBT, EMDR), creative therapies (art, music, mindfulness), and family systems work to address the multifaceted nature of trauma.

Connection to Literature

This approach aligns with the literature, which underscores the importance of using both standardized and individualized assessments to understand trauma across generations (Bray, 2023; CDC, 2023; Galbally et al., 2023). The use of genograms and family mapping is supported by Bowen's Family Systems Theory (1978), which highlights the value of visualizing intergenerational patterns. The integration of evidence-based therapies such as CBT, DBT, and EMDR is consistent with national guidelines for trauma-informed care (APA, 2023). Furthermore, the literature emphasizes the need for culturally adapted interventions and creative modalities to address the diverse backgrounds and experiences of clients (Dunn et al., 2021; Haynes-Thoby et al., 2023).

Explicit Link

Taken together, both the study's results and the literature indicate that effective assessment and treatment of generational trauma require a flexible, multimodal approach. Clinicians should combine structured tools with narrative and creative methods, adapting interventions to the cultural and contextual realities of their clients. This comprehensive strategy enhances the accuracy of trauma identification, supports individualized care, and increases the likelihood of positive outcomes for individuals and families affected by generational trauma.

Understanding interfamily generational trauma has significant implications for clinical practice, policy, education, and research. Clinicians must recognize that trauma can be transmitted across generations, influencing client symptoms and family dynamics. This requires comprehensive assessment tools that explore family history and attachment

patterns, as emphasized by Bowlby (1969) and Bowen (1978). Effective treatment should address not only individual symptoms but also family systems and cultural context, consistent with recommendations by van der Kolk (2014) and Bray (2023). Policies should prioritize access to trauma-informed services, especially in underserved communities, as highlighted by the CDC (2023). Ultimately, ongoing research is necessary to expand the evidence base and incorporate client perspectives, as recommended by Diamond et al. (2021). The theme of assessment methods and therapeutic approaches is dynamic and futuristic. It connects to the future by driving innovation, improving access and equity, and shaping the next generation of trauma-informed care. However, their effectiveness is often limited by barriers such as stigma, financial constraints, cultural mismatches, and systemic challenges; these obstacles can prevent individuals and families from accessing trauma-informed care, delay healing, and reinforce cycles of adversity, highlighting the need for culturally responsive, accessible interventions and policy reforms to improve outcomes for those affected by generational trauma.

Barriers to Treatment

Barriers to treatment for generational trauma present significant challenges that impact individuals, families, and communities seeking healing and support. These obstacles are multifaceted, including stigma and shame, financial constraints, limited access to care, cultural and language mismatches, and systemic or institutional hurdles. Such barriers not only restrict access to trauma-informed services but also contribute to the perpetuation of trauma cycles and widening health disparities. Addressing these

barriers is essential for promoting equity, improving access to care, and supporting long-term resilience and recovery for those affected by generational trauma.

My study highlights several key points about the future impact of barriers to treatment. Barriers to treatment for generational trauma are expected to remain a significant challenge, with factors such as stigma, financial constraints, limited access to care, and cultural mismatches continuing to prevent many individuals and families from receiving the support they need. These obstacles can lead to untreated trauma, perpetuating cycles of adversity and widening health disparities across communities. Addressing these barriers will require systemic and policy changes, including increased funding for trauma-informed services, expanded access in underserved areas, and the development of culturally responsive interventions. Without targeted efforts to reduce stigma, improve service availability, and tailor care to diverse populations, the negative impacts of generational trauma are likely to persist, affecting individuals and families for years to come.

The implications of barriers to treatment for generational trauma are profound. These obstacles not only prevent individuals and families from accessing necessary care but also contribute to the perpetuation of trauma cycles and widening health disparities. Addressing these barriers requires systemic and policy changes, including increased funding for trauma-informed services, expanded access in rural and marginalized communities, and the development of culturally responsive interventions (Bray, 2023; CDC, 2023; Dunn et al., 2021). Without targeted efforts to reduce stigma, improve service availability, and tailor care to diverse populations, the negative impacts of

generational trauma will continue to affect individuals and communities for years to come. Barriers to treatment have far-reaching implications for individuals, families, and communities affected by generational trauma. Addressing these barriers is crucial for promoting equity, improving access to care, and supporting long-term healing and resilience.

My study found that experienced counselors consistently identified multiple barriers to treatment for generational trauma, including stigma, financial constraints, limited access to care, cultural mismatches, and systemic hurdles. These barriers were described as preventing individuals and families from seeking or benefiting from trauma-informed care, often leading to delayed healing, incomplete recovery, and resistance to acknowledging trauma within families. For example, participants noted that long waitlists, lack of insurance coverage, and cultural mismatches can discourage engagement and reinforce secrecy and emotional suppression across generations.

Connection to Literature

Literature supports these findings by emphasizing that such barriers are especially pronounced in underserved and minority communities. Studies cited in your dissertation highlight the need for culturally responsive, accessible interventions and policy reforms to improve outcomes for those affected by generational trauma. Research consistently demonstrates that stigma, financial constraints, and systemic challenges contribute to disparities in care and perpetuate cycles of adversity.

Explicit Link

My study's results and the supporting literature indicate that overcoming barriers to treatment is not only a clinical challenge but also a systemic and policy imperative. Addressing these obstacles through targeted interventions, expanded access, and culturally competent care is crucial for breaking cycles of trauma and supporting long-term healing and recovery. This comprehensive approach enhances equity, improves access to care, and increases the likelihood of positive outcomes for individuals and families affected by generational trauma.

While barriers such as stigma, financial constraints, limited access, and cultural mismatches pose significant obstacles to individuals and families seeking trauma-informed care, these challenges also extend to the professionals providing treatment. Counselors and mental health practitioners working with generational trauma often encounter additional professional challenges, including emotional strain, secondary trauma, and burnout, as they navigate complex cases and systemic limitations. Addressing these barriers is not only essential for improving client outcomes but also for supporting the well-being and effectiveness of clinicians themselves. As the implications of generational trauma ripple through both the experiences of those seeking help and those offering support, it becomes crucial to explore the coping strategies and support systems that enable professionals to sustain trauma-informed practice and foster resilience within their own roles.

Professional Challenges and Coping Strategies

In addition to the barriers that clients face in accessing trauma-informed care, mental health professionals themselves encounter significant professional challenges

when working with generational trauma. Counselors and clinicians often experience emotional strain, secondary trauma, and burnout as they navigate complex cases and systemic limitations. These challenges can impact their well-being, effectiveness, and ability to sustain trauma-informed practice. To address these demands, professionals employ a range of coping strategies, including personal therapy, regular supervision, peer support, self-care routines, and ongoing professional development. Recognizing and supporting these coping mechanisms is essential for maintaining clinician resilience and ensuring high-quality care for individuals and families affected by generational trauma.

My study highlights several key points about the future impact of professional challenges and coping strategies. Mental health professionals working with generational trauma will continue to face significant professional challenges, including emotional strain, secondary trauma, and burnout. These demands can undermine clinician well-being and effectiveness, making it essential for organizations to prioritize supervision, peer support, and ongoing training. Promoting self-care and providing access to mental health resources will be crucial for sustaining resilience and preventing compassion fatigue. Policy changes that address workload, supervision, and professional development can help ensure that clinicians are equipped to manage the complexities of generational trauma and deliver high-quality care. Addressing these challenges and supporting effective coping strategies will be vital for maintaining trauma-informed practice and improving outcomes for individuals and families affected by generational trauma.

The implications of professional challenges and coping strategies are far-reaching for trauma-focused clinicians and the systems in which they work. Emotional exhaustion

and burnout can undermine the effectiveness of trauma-informed care, making it essential for organizations to prioritize supervision, peer support, and ongoing training (Bray, 2023; Dunn et al., 2021; and Stella and Taggart, 2020). Promoting self-care and providing access to mental health resources are crucial for sustaining clinician well-being and preventing compassion fatigue (Killian et al., 2023, and Nielson et al., 2019). Policy changes that address workload, supervision, and professional development can help ensure that clinicians are equipped to manage the complexities of generational trauma and deliver high-quality care.

Addressing professional challenges and supporting coping strategies are crucial for sustaining trauma-informed practice, improving clinician well-being, and ensuring high-quality care for individuals and families affected by generational trauma. My study found that mental health professionals working with generational trauma frequently encounter significant professional challenges, including emotional strain, secondary trauma, and burnout. Counselors described how the complexity of trauma cases, high caseloads, and ongoing exposure to clients' traumatic stories can lead to compassion fatigue and emotional exhaustion. To manage these demands, participants reported employing various coping strategies, including personal therapy, regular supervision, peer support, self-care routines, and ongoing professional development.

Connection to Literature

The literature supports these findings by emphasizing that trauma-focused clinicians are at risk for burnout and secondary traumatic stress due to the emotional demands of their work. Research highlights the importance of supervision, peer

consultation, and self-care practices in sustaining clinician resilience and effectiveness. Studies also note that gaps in trauma-specific training and limited organizational support can exacerbate professional challenges, making ongoing education and institutional change essential for maintaining high-quality care.

Explicit Link

Taken together, both my study's results and the supporting literature indicate that addressing professional challenges and supporting coping strategies are crucial for sustaining trauma-informed practice, improving clinician well-being, and ensuring high-quality care for individuals and families affected by generational trauma. Promoting supervision, peer support, self-care, and ongoing training within organizations and policy frameworks is essential to prevent burnout and compassion fatigue, ultimately enhancing the effectiveness and sustainability of trauma-focused clinical work.

As mental health professionals navigate the emotional demands and complexities of treating generational trauma, the importance of effective coping strategies and organizational support becomes increasingly evident. While supervision, peer consultation, self-care, and ongoing education are vital for sustaining clinician resilience and preventing burnout, these professional challenges also highlight broader systemic needs within the field. Addressing the well-being of counselors is not only essential for maintaining high-quality trauma-informed care, but it also underscores the necessity for continued research, curriculum reform, and policy initiatives that support both practitioners and the diverse populations they serve.

Conclusion

My qualitative study offers important insights into the complexities of generational and historical trauma as experienced by licensed mental health professionals across diverse clinical settings. I provided a discussion that highlighted the multifaceted nature of trauma work, emphasizing the necessity for flexible, culturally competent, and evidence-based interventions. Counselors described utilizing a range of therapeutic approaches, including CBT, DBT, EMDR, motivational interviewing, creative therapies, and family systems work, while adapting their methods to meet the unique needs and backgrounds of their clients. Among the strengths of my study are the diversity and expertise of participants, the richness of qualitative data, and the transparency of the research process. I conducted open-ended interviews, which enabled a detailed exploration of clinical experiences and strategies, resulting in actionable recommendations for practice and training.

However, several limitations must be acknowledged. The modest sample size and reliance on self-reported data may limit the generalizability of findings. The absence of client perspectives restricts understanding of how interventions are perceived by those receiving care. Additionally, cultural and contextual differences may shape both the experience and treatment of trauma, as emphasized by participants from various regions. Based on these findings, the study proposes several recommendations for future research, including expanding sample size and diversity, incorporating client perspectives, conducting longitudinal and comparative studies, and exploring cultural and contextual factors to develop and evaluate culturally adapted interventions.

The implications of this study extend to clinical practice, training, research, and policy. Clinicians are encouraged to tailor interventions, validate client experiences, and address both individual and collective aspects of trauma. Training programs should expand coursework on trauma and cultural competence, while agencies and supervisors should prioritize support systems and counselor well-being. Policymakers are encouraged to eliminate systemic barriers, promote trauma-informed organizational practices, and expand access to culturally responsive care, particularly in underserved communities. In summary, this study highlights the importance of ongoing professional development, systemic support, and collaborative research in advancing trauma-informed care. By addressing the identified limitations and implementing the recommended strategies, future efforts can enhance the quality, accessibility, and effectiveness of trauma treatment for diverse populations and communities. This concludes the discussion, conclusions, and recommendations of the study. The chapter interprets the findings in relation to Bowlby's attachment theory and existing literature, addresses implications for clinical practice, counselor education, and policy, and provides suggestions for future research. The final sections of this document will include references and any relevant appendices.

References

- Agudelo Hernández, F., Benavides Bastidas, M., & Arango Gómez, F. (2023). Resilience, adverse childhood experiences, and mental health in Health Science students during the COVID-19 pandemic. *Salud Mental, 46*(2), 111–119. <https://doi.org/10.17711/SM.0185-3325.2023.015>.
- Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine, Surgery, and Public Health, 2*, 100051. <https://doi.org/10.1016/j.glmedi.2024.100051>.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Erlbaum.
- Alhusen, J. L., Hayat, M. J., & Borg, L. (2021). A pilot study of a group-based perinatal depression intervention on reducing depressive symptoms and improving maternal-fetal attachment and maternal sensitivity. *Archives of Women's Mental Health, 24*(1), 145. <https://doi.org/10.1007/s00737-020-01032-0>.
- Allen, B. (2023). The historical foundations of contemporary attachment theory: From John Bowlby to Mary Ainsworth. In *The science and clinical practice of attachment theory: A guide from infancy to adulthood*. (Pp. 13–35). American Psychological Association. <https://doi.org/10.1037/0000333-002>.
- American Psychological Association. (2023, November 1). *Stress in America™ 2023: A nation grappling with psychological impacts of collective trauma* [Press release]. <https://www.apa.org/news/press/releases/2023/11/psychological-impacts-collective-trauma>.

- Avant, P. K. (1982). A maternal assessment strategy. In S. Humenick (ED.), *Analysis of current assessment strategies in the health care of young children and childbearing families* (pp.171–178). Appleton-Century-Crofts.
- Bailey, J. L. (2023). How Behavioral Health Leaders Overcome Barriers to Perinatal Mental and Psychoeducation. (“How Behavioral Health Leaders Overcome Barriers to Perinatal Mental and ...”) Walden Dissertations and Doctoral Studies.
- Beasley, J. J., & Norris, E. K. (2021). An investigation of factors contributing to secondary traumatic stress in school counselors: A pilot study. *Journal of School Counseling, 19*(49).
- Bellhouse, C., Newman, L., Bilardi, J. E., & Temple-Smith, M. A. (2023). Systematic narrative review of psychological interventions available in the antenatal period to prepare parents for parenting. *Current Psychology, 42*(11), 8733. doi:10.1007/s12144-021-02138-z.
- Bhandari, P. (2023, June 22). *Ethical Considerations in Research | Types & Examples*. Scribbr. Retrieved April 30, 2024, from <https://www.scribbr.com/methodology/research-ethics/>.
- Bianciardi, E., Ongaretto, F., De Stefano, A., Siracusano, A., & Niolu, C. (2023). The mother-baby bond: Role of past and current relationships. *Children, 10*(3), 421. <https://doi.org/10.3390/children10030421>.
- Bianciardi, E., Vito, C., Betrò, S., De Stefano, A., Siracusano, A., & Niolu, C. (2020). The anxious aspects of insecure attachment styles are associated with depression either in pregnancy or in the postpartum period. *Annals of General Psychiatry, 19*(1), 1–10.

19(1), 1–9. <https://doi.org/10.1186/s12991-020-00301-7>.

Bosmans, G., Vlierberghe, L., Bakermans-Kranenburg, M., Kobak, R., Hermans, D., & van IJzendoorn, M. (2022). A learning theory approach to attachment theory: Exploring clinical applications. *Clinical Child and Family Psychology Review*, 25. 10.1007/s10567-021-00377-x.

Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). Basic Books. (Original work published 1969).

Boyd, D. T., Jones, K. V., Quinn, C. R., Gale, A., Williams, E.-D.G., & Lateef, H. (2022). The mental health of black youth affected by community violence: Family and school context as pathways to resilience. *Children*, 9, 259. <https://doi.org/10.3390/children9020259>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101.

Bray, B. (2023). *Generational trauma: uncovering and interrupting the cycle*. American Counseling Association. [Generational trauma: Uncovering and interrupting the cycle \(counseling.org\)](https://www.counseling.org/resources/publications/generational-trauma-uncovering-and-interrupting-the-cycle).

Broadwater, A. R., Brown, C. L., & Moore, M. (2022). An Integrative Pedagogical Approach to Teaching Counseling Supervision. *Journal of Counselor Preparation and Supervision*, 15(2). Retrieved from <https://digitalcommons.sacredheart.edu/jcps/vol15/iss2/3>.

Brockington I. F., Oates J., George S., Turner D., Vostanis P., Sullivan M., (2001). (“A screening questionnaire for mother-infant bonding disorders”) *Screening*

questionnaire for mother infant bonding disorders. *Arch. Womens. Ment. Health* 3, 133–140. 10.1007/s007370170010.

Brooks Holliday, S., Dubowitz, T., Haas, A., Ghosh-Dastidar, B., DeSantis, A., & Troxel, Calvano, C., Engelke, L., Di Bella, J., Kindermann, J., Renneberg, B., & Winter, S. M. (2022). Families in the COVID-19 pandemic: parental stress, parent mental health and the occurrence of adverse childhood experiences—results of a representative survey in Germany. *European Child & Adolescent Psychiatry*, 31(7), 1–13. <https://doi.org/10.1007/s00787-021-01739-0>.

Campbell, C. D. (2023). Mental Health Utilization Among Former Pregnant and Parenting Teen Mothers. *Walden Dissertations and Doctoral Studies*.

CDC (2023). *Preventing Adverse Childhood Experiences. Fast Facts: Preventing Adverse Childhood Experiences* [Violence Prevention Injury Center] <https://www.cdc.gov/violenceprevention/aces/fastfact.html>.

CDC, (2022) Social Determinants of Health at CDC. <https://www.cdc.gov/about/sdoh/index.html>.

CDC, (2023) Social Determinants of Health at CDC. <https://www.cdc.gov/about/sdoh/index.html>.

Chaplo, S. D., Shepard Abdulahad, L. D., & Keeshin, B. R. (2024). Utilizing screening as a trauma-responsive approach in pediatric health care settings. *Current Problems in Pediatric and Adolescent Health Care*, 54(2). <https://doi.org/10.1016/j.cppeds.2023.101548>.

Chiang, J. A., Tisdale, T. C., Martin, L., Fiala, B., & Waters-Tozier, S. A. (2022). Time-

Limited Dynamic Psychotherapy in University Counseling Centers: A Survey of Clinicians. *Journal of College Student Psychotherapy*, 36(3), 258–293.

<https://doi.org/10.1080/87568225.2020.1819923>.

Children’s Trust of South Carolina. (2017). Adverse childhood experiences are common but preventable. In *CHILDREN’S TRUST OF SOUTH CAROLINA* (pp. 1–2).

<https://scchildren.org/wp-content/uploads/2017/12/SC-ACE-Data.pdf>.

Children’s Trust of South Carolina. (2020). *COVID-19 PANDEMIC impact on South Carolina Child Well-Being* [Report]. https://scchildren.org/wp-content/uploads/COVID-19_Data_Snapshot_06-2021.pdf.

Clark, K. R., & Vealé, B. L. (2018). Strategies to enhance data collection and analysis in qualitative research. (“Strategies to enhance data collection and analysis in qualitative ...”) *Radiologic technology*, 89(5), 482CT-485CT.

Clarke, V. & Braun, V. (2013) Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-123.

Cobbett, S. (2022). Systemic and family therapy with socially disadvantaged children and young people with complex trauma. *Journal of Family Therapy*, 44(2), 205–223. <https://doi.org/10.1111/1467-6427.12353>.

Condon J. T., Corkindale C. T. (1998). "The assessment of parent-to-infant attachment: development of a self-report questionnaire instrument." (“The assessment of parent-to-infant attachment: Development of a self ...”) *J. Reprod. Infant Psychol.* 16, 57–76. 10.1080/02646839808404558.

Condon J. T., Corkindale C. J., Boyce P. (2008). Assessment of post-natal paternal–infant

attachment: development of a questionnaire instrument. *J. Reprod. Infant Psychol.* 26, 195–210. 10.1080/02646830701691335.

Cook, S. K. (2021). "Breaking Down the Impact of Resilience on Mental Health: An Analysis Utilizing the Resilience Scale for Adults," *The Journal of Purdue Undergraduate Research*: Vol. 11, Article 6. DOI: <https://doi.org/10.7771/2158-4052.1516>.

Council for Accreditation of Counseling and Related Educational Programs. (2015). 2016 CACREP Standards. <https://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf>.

Council for Accreditation of Counseling and Related Educational Programs. (2024). 2024 CACREP Standards (pp. 1–36). <https://www.cacrep.org/wp-content/uploads/2024/04/2024-Standards-Combined-Version-4>

Cuijlits I., van de Wetering A. P., Potharst E. S., Truijens S. E. M., van Baar A. L., Pop V. J. M. (2016). ("Optimizing labor duration with pilates: evidence from a systematic ...") Development of a pre- and post-natal bonding scale (PPBS). *J. Psychol. Psychother.* 6, 1–7. 10.4172/2161-0487.1000282.

Day-Vines, N. L., Cluxton-Keller, F., Agorsor, C., Gubara, S., & Otabil, N. A. A. (2020). The multidimensional model of broaching behavior. *Journal of Counseling & Development*, 98(1), 107-118.

DeAngelis, T. (2019). "An emerging line of research is exploring how historical and cultural traumas affect survivors' children for generations to come." ("The legacy of trauma - American Psychological Association (APA)")

American Psychological Association Vol 50, No. 2.

[https://www.apa.org/monitor/2019/02/legacy-trauma#~:text=People %20spontaneously%shared%20what%20they%20saw%20as%20tran](https://www.apa.org/monitor/2019/02/legacy-trauma#~:text=People%20spontaneously%shared%20what%20they%20saw%20as%20tran)
Generational%20impacts%20from.

- De Natale, A., Hall, S., McFadyen, A., Minnis, H., & Blane, D. N. (2023). (“De Natale, A., Hall, S., McFadyen, A., Minnis, H., and Blane, D. N ...”) “Breaking the cycle”: a qualitative study exploring general practitioners’ views of infant mental health. *BJGP Open*, 7(4), 1–12. <https://doi.org/10.3399/BJGPO.2023.0009>.
- Diamond, G., Diamond, G.M., Levy, S. (2021). Attachment-based family therapy: Theory, clinical model, outcomes, and process research, *Journal of Affective Disorders*, Vol. 294, pg. 286-295, ISSN 0165-0327, <https://doi.org/10.1016/j.jad.2021.07.005>.
(<https://www.sciencedirect.com/science/article/pii/S0165032721006844>).
- Director of Certification and Credentialing Services. (2021). Approved Clinical Supervisor (ACS) eligibility Policy. https://www.cce-global.org/assets/acs/acs_eligibility_policy.pdf.
- Duffey, M. (2024). Using historical site visits and photography to develop ethnocultural empathy in a multicultural counseling course. *Journal of Creativity in Mental Health*, 19(1), 124–135. <https://doi.org/10.1080/15401383.2022.2115434>.
- Dunn, M., Chambers, C., Cho, J., & Cheng, M. (2022). Future Counselors’ Voices: A Qualitative Investigation of Microaggression Training. *Journal of Multicultural Counseling and Development*, 50 (4), 238-255.

<https://doi.org/10.1002/jmcd.12260>.

Ehlers A. (2010). Understanding and Treating Unwanted Trauma Memories in Posttraumatic Stress Disorder. *Zeitschrift fur Psychologie*, 218(2), 141–145.

<https://doi.org/10.1027/0044-3409/a000021>.

Ellis, J. L., & Hart, D. L. (2023). Strengthening the Choice for a Generic Qualitative Research Design. *The Qualitative Report*, 28(6), 1759-1768.

<https://doi.org/10.46743/2160-3715/2023.5474>.

Estriplet, T., Morgan, I., Davis, K., Crear Perry, J., & Matthews, K., (2022). (“Black Perinatal Mental Health: Prioritizing Maternal Mental Health to ...”) Black Perinatal Mental Health: Prioritizing Maternal Mental Health to Optimize Infant Health and Wellness. *Frontiers in Psychiatry*, 13.

<https://doi.org/10.3389/fpsyt.2022.807235>.

Etilé, F., Frijters, P., Johnston, D. W., & Shields, M. A. (2021). Measuring resilience to major life events. *Journal of Economic Behavior and Organization*, 191, 598–619. <https://doi.org/10.1016/j.jebo.2021.09.004>.

Felter, J. M., DiDonato, S., Johnson, N., Moh, Y. S., Richardson, A., & Czerny, A. (2022). "Creating Sanctuary: A Programmatic Approach for Trauma Integration in Counselor Education." (“Creating sanctuary: A programmatic approach for trauma integration in ...”) *Counselor Education and Supervision*, 61(4), 391–403.

<https://doi.org/10.1002/ceas.12249>.

Fernandes, C., Fernandes, M., Santos, A. J., Antunes, M., Monteiro, L., Vaughn, B. E., & Verissimo, M. (2021). "Early Attachment to Mothers and Fathers: Contributions

to Preschoolers' Emotional Regulation." (“(PDF) Early Attachment to Mothers and Fathers: Contributions to ...”) *Frontiers in Psychology*, 12.

<https://doi.org/10.3389/fpsyg.2021.660866>.

Formella, Zbigniew & Benedict, Ugwuanyi. (2024). The Role of Attachment Theory in Understanding and Treating Personality Disorders: A Clinical Psychology Perspective. 10. 36-46. 10.56201/jhsp.v10.no3.2024.pg36.49.

Foster, H. A., Chesnut, S., Thomas, J., & Robinson, C. (2023). "Differentiating the EdD and the PhD in Higher Education: A Survey of Characteristics and Trends." (“(PDF) Differentiation . . . but to what degree? The Ed.D. and Ph.D. in ...”) *Impacting Education: Journal on Transforming Professional Practice*, 8(1), 18–26.

Frawley, C., Babb, K., & Lambie, G. W. (2023). Predictors of Trauma Symptoms Among Children Referred for Behavioral School-based Mental Health Counseling. *Journal of Child & Adolescent Trauma*, 16(3), 597–605.
<https://doi.org/10.1007/s40653-023-00522-4>.

Galbally, M., Watson, S., Lewis, A. J., Power, J., Buus, N., & van IJzendoorn, M. (2023). (“Maternal attachment state of mind and perinatal emotional wellbeing ...”) Maternal attachment state of mind and perinatal emotional wellbeing: A pregnancy cohort study findings. *Journal of Affective Disorders*, 333, 297–304.
<https://doi.org/10.1016/j.jad.2023.04.016>,

Galbally, M., Watson, S.J., Tharner, A., Luijk, M. Blankdy, G., MacMillan, K., Power J., & Lewis, A. (2022). Major depression as a predictor of the intergenerational

transmission of attachment security: Findings from a pregnancy cohort study.

Australian & New Zealand Journal of Psychiatry, 56(8):1006–1016.

doi:10.1177/00048674211060749.

Gordon, S. P. (2022). Integrating the Experiential Learning Cycle with Educational Supervision. *Journal of Educational Supervision*, 5 (3).

<https://doi.org/10.31045/jes.5.3.1>.

Greenwood, R. P. (2024) *Breaking the Cycle: How to Heal Generational Trauma and Rewrite Your Story*. owubooks.

<https://books.google.ca/books?hl=en&lr=&id=yHEbEQAAQBAJ&oi=fnd&pg=PT6&dq=growing+awareness+of+generational+trauma&ots=3y1JICKaIF&sig=gEr0fOSnqoHmnD8ErhSUG6E9yII#v=onepage&q=growing%20awareness%20of%20generational%20trauma&f=false>.

Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. (“A simple method to assess and report thematic saturation in qualitative ...”) *PloS one*, 15(5), e0232076.

<https://doi.org/10.1371/journal.pone.0232076>.

Hamil, J., Gier, E., Garfield, C. F., & Tandon, D. (2021). The development and pilot of a technology-based intervention in the United States for father’s mental health in the perinatal period. *American Journal of Men’s Health*, 15(5).

<https://doi.org/10.1177/15579883211044306>.

Harris, J., Crumb, L., Crowe, A., & McKinney, J. (2020). African Americans' perceptions of mental illness and preferences for treatment. *Journal of Counselor Practice*,

11(1), 1-33. <https://doi.org/10.22229/afa1112020>.

Haynes-Thoby, L., Casado Pérez, J. F., & Bryan, J. (2023). It's about Time That We Listened: Black Women's Resilience in the Face of Intimate Partner Violence. *Journal of Couple & Relationship Therapy*, 22(2), 130–149. <https://doi.org/10.1080/15332691.2022.2141410>.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

Hjelmstedt A., Collins A. (2008). Psychological functioning and predictors of father–infant relationship in IVF fathers and controls. *Scand. J. Caring Sci.* 22, 72–78. 10.1111/j.1471-6712.2007.00537.

Hodge, S., Knight, L., Milana, M., Waller, R., & Webb, S. (2022). (“Emeritus Professor Susan Webb - The University of Sheffield”) Theorizing adults, theorizing learning. *International Journal of Lifelong Education*, 41(4–5), pp. 399–404. <https://doi.org/10.1080/02601370.2022.2116792>.

Home - CACREP. (2024, August 26). CACREP. <https://www.cacrep.org/>.

Horton, E., Interiano-Shiverdecker, C. G., Hughes, C. L., & Stumpf, M. (2022). Engaged in Trauma Training Through Role-Play Observations during COVID-19. *Journal of Counselor Preparation & Supervision*, 15(2), 531–556.

Howell, K. H., Miller-Graff, L. E., Martinez-Torteya, C., Napier, T. R., & Carney, J. R. (2021). Charting a Course towards Resilience Following Adverse Childhood Experiences: Addressing Intergenerational Trauma via Strengths-Based

Intervention. *Children (Basel, Switzerland)*, 8(10), 844.

<https://doi.org/10.3390/children8100844>.

Huet, I., & Casanova, D. (2022). Exploring the Professional Development of Doctoral Supervisors through Workplace Learning: A Literature Review. (“Exploring the professional development of doctoral supervisors through ...”) *Higher Education Research and Development*, 41(3), 774–788.

<https://doi.org/10.1080/07294360.2021.1877629>.

Isobel, S., McCloughen, A., Goodyear, M. *et al.* Intergenerational Trauma and Its Relationship to Mental Health Care: A Qualitative Inquiry. *Community Ment Health J* 57, 631–643 (2021). <https://doi.org/10.1007/s10597-020-00698-1>.

Jamieson, K. (2018). ACEs and Minorities. *Fighting ACEs PBC, Latest News*.

<https://www.centerforchildcounseling.org/aces-and-minorities/#:~:text=ACEs%20are%20not%20confined%20to%20any%20particular%20race,%20religion,%20socio-economic>.

Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A Review of the Quality Indicators of Rigor in Qualitative Research. (“A Review of the Quality Indicators of Rigor in Qualitative Research - AJPE”) *American journal of pharmaceutical education*, 84(1), 7120. <https://doi.org/10.5688/ajpe7120>.

Johnson, S. M. (2020). *The practice of emotionally focused couple therapy: Creating connection*. Routledge.

Josselson, R., & Hammack, P.L. (2021). Essentials of narrative analysis. *American Psychological Association*. <https://doi.org/10.1037/0000246-000>.

- Kia, K. M., Barnett, M. L., Liu, S. R., Sims, G. M., & Ruth, A. B. (2019). Trauma-Responsive Care in a Pediatric Setting: Feasibility and Acceptability of Screening for Adverse Childhood Experiences. *American Journal of Community Psychology, 64*(3/4), 286–297. <https://doi.org/10.1002/ajcp.12366>.
- Kidron, C. A., Kotliar, D. M., & Kirmayer, L. J. (2019). Transmitted trauma as badge of honor: Phenomenological accounts of Holocaust descendant resilient vulnerability. *Social science & medicine (1982), 239*, 112524. <https://doi.org/10.1016/j.socscimed.2019.112524>.
- Killian, T., Peters, H. C., & Floren, M. (2023). Development and Validation of the Multicultural and Social Justice Counseling Competencies-Inventory. *Measurement & Evaluation in Counseling & Development, 56*(4), 329–346. <https://doi.org/10.1080/07481756.2022.2160357>.
- Kirsi Pyhältö, Lotta Tikkanen, & Henrika Anttila. (2024). "Relationship between Doctoral Supervisors' Competencies, Engagement in Supervisory Development and Experienced Support from Research Community." ("Relationship between doctoral supervisors' competencies, engagement in ...") *Innovations in Education and Teaching International, 61*(3), 555–569.
- Knappe, S., Petzoldt, J., Garthus-Niegel, S., Wittich, J., Puls, H.-C., Huttarsch, I., & Martini, J. (2021). Associations of partnership quality and father-to-child attachment during the peripartum period A prospective-longitudinal study in expectant fathers. ("Associations of Partnership Quality and Father-to-Child Attachment During the Peripartum Period. A Prospective-Longitudinal Study in

Expectant Fathers”) *Frontiers in Psychiatry*, 12.

<https://doi.org/10.3389/fpsyt.2021.572755>.

Knowles, M.S. (1978). Andragogy: Adult Learning Theory in Perspective. *Community College Review*. <https://doi.org/10.1177/009155217800500302>.

Knudson-Martin, C., McDowell, T., & Bermudez, J. M. (2019). From knowing to doing: Guidelines for socioculturally attuned family therapy. *Journal of Marital and Family Therapy*, 45(1), 47-60. <https://doi.org/10.1111/jmft.12299>.

Kobak, R., & Bosmans, G. (2019). Attachment and psychopathology: A dynamic model of the insecure cycle. *Current Opinion in Psychology*, 25, 76–80. <https://doi.org/10.1016/j.copsyc.2018.02.018>.

Kumar, P. R., & Kumar, U. (Eds.). (2020). Emotion, well-being, and resilience: Theoretical perspectives and practical applications. *Apple Academic Press, Incorporated*.

Lagarto, A., & Duaso, M. J. (2022). Fathers’ experiences of fetal attachment: A qualitative study. *Infant Mental Health Journal*, 43(2), 328–339. <https://doi.org/10.1002/imhj.21965>.

Larez, N. A., Yohannan, J., Crossing, A., & Diaz, Y. “Yari.” (2022). Understanding and Responding to Intergenerational Trauma. *Communiqué (0164-775X)*, 50(5), 1-31–33.

Larson, M. (2021). *Understanding Resilience Among Individuals with Adverse Childhood Experiences (ACEs)* (Order No. 28545914). Available from Dissertations & Theses @ Walden University. (2546615583).

<https://www.proquest.com/dissertations-theses/understanding-resilience-among-individuals-with/docview/2546615583/se-2>.

- "Lee, A. T., Chin, P., Nambiar, A., & Hill Haskins, N. (2023)." ("Addressing intergenerational trauma... preview & related info - Mendeley") Addressing intergenerational trauma in Black families: Trauma-informed socioculturally attuned family therapy. *Journal of Marital & Family Therapy*, 49(2), 447–462. <https://doi.org/10.1111/jmft.12632>.
- Leifer M. (1977). Psychological changes accompanying pregnancy and motherhood. *Genet. Psychol. Monogr.* 95, 55–96.
- McAllum, K., Fox, S., Simpson, M., & Unson, C. (2019). "A comparative tale of two methods: how thematic and narrative analyses author the data story differently." ("(PDF) A comparative tale of two methods: how thematic and narrative ...") *Communication Research and Practice*, 5(4), 358–375. <https://doi.org/10.1080/22041451.2019.1677068>.
- McIntyre, S. L., & Samstag, L. W. (2022). "Promoting an empathic dialectic for therapeutic change: An integrative review." ("Promoting an Empathic Dialectic for Therapeutic Change: An Integrative ...") *Journal of Contemporary Psychotherapy: On the Cutting Edge of Modern Developments in Psychotherapy*, 52(2), 127–136. <https://doi.org/10.1007/s10879-021-09516-5>.
- McKibben, W. B., Lenz, A. S., & Sheperis, D. (2023). A meta-analysis of supervisee attachment style and the supervisory relationship. ("A meta-analysis of supervisee attachment style and the supervisory ...") *Journal of Counseling &*

Development, 101(3), 323–333. <https://doi.org/10.1002/jcad.12476>.

McKinney, B. (2023). Addressing the Maternal Mental Health Crisis Through a Novel Tech-Enabled Peer-to-Peer Driven Perinatal Collaborative Care Model. *Voices in Bioethics*, p. 9. <https://doi.org/10.52214/vib.v9i.11221>.

McLeod, S. (2025). Attachment theory. Simply Psychology.

<https://www.simplepsychology.org/attachment.html>. _

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Sage Publications, Inc.

Moore, J. L., III, Hines, E. M., & Harris, P. C. (2021). "Introduction to the special issue: Males of color and school counseling." ("Introduction to the Special Issue: Males of Color and School Counseling ...") *Professional School Counseling*, 25(1_part_4). <https://doi.org/10.1177/2156759X211040045>.

Mortimore, V., Richardson, M., & Unwin, S. (2021). Identifying adverse childhood experiences in maternity services. *British Journal of Midwifery*, 29(2), 70–80. <https://doi.org/10.12968/bjom.2021.29.2.70>.

Mukhalalati BA, Taylor A. Adult Learning Theories in Context: A Quick Guide for Healthcare Professional Educators. *J Med Educ Curric Dev*. 2019 Apr 10; 6:2382120519840332. doi: 10.1177/2382120519840332. PMID: 31008257; PMCID: PMC6458658.

Müller M. E. (1994). A questionnaire to measure mother-to-infant attachment. *J. Nurs. Meas.* 2:129. 10.1891/1061-3749.2.2.129.

Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A Step-by-Step Process of

Thematic Analysis to Develop a Conceptual Model in Qualitative Research. (“A Step-by-Step Process of Thematic Analysis to Develop a Conceptual ...”) *International Journal of Qualitative Methods*, p.

22. <https://doi.org/10.1177/16094069231205789>.

NBCC | National Board for Certified Counselors & Affiliates. (n.d.).

<https://www.nbcc.org/certification>.

"Nielsen, B., Weie Oddli, H., Slinning, K., & Drozd, F. (2020)." (“Providers’

Experiences with Delivering School-Based Targeted Prevention ...”)

Implementation of attachment-based interventions in mental health and social welfare services: Therapist’s experiences from the Circle of Security-Virginia Family intervention. *Children and Youth Services Review*, 108.

<https://doi.org/10.1016/j.chilyouth.2019.104550>.

Obrochta, C. A., Chambers, C., & Bandoli, G. (2020). Psychological distress in pregnancy and postpartum. *Women and Birth: Journal of the Australian College of Midwives*, 33(6), 583–591. <https://doi.org/10.1016/j.wombi.2020.01.009>.

Olsavsky, A. L., Berrigan, M. N., Schoppe-Sullivan, S. J., Brown, G. L., & Kamp Dush, C. M. (2020). Paternal Stimulation and Father-Infant Attachment. *Attachment & Human Development*, 22(1), 15. <https://doi.org/10.1080/14616734.2019.1589057>.

Oyetunji, A., & Chandra, P. (2020). Postpartum stress and infant outcome: A review of current literature. *Psychiatry Research*, 284.

<https://doi.org/10.1016/j.psychres.2020.112769>.

Peng, C., Liu, Y., Zhou, Y., & Zhang, Z. (2024). "Relationship Between Father-Child

Attachment and Adolescents' Anxiety: The Bidirectional Chain Mediating Roles of Neuroticism and Peer Attachment." ("Relationship Between Father-Child Attachment and Adolescents' Anxiety ...") *Psychology Research and Behavior Management*, 17, 2971–2985. <https://doi.org/10.2147/PRBM.S467290>.

Petion, A. R., Chang, C. Y., Brown, T. C., Mitchell, M. D., Grinnage, D., & Huffstead, M. E. (2023). "Battling something bigger than me": A phenomenological investigation of generational trauma in African American women. *Journal of Counseling & Development*, 101 (1), 69-83. <https://doi.org/10.1002/jcad.12454>.

"Radoš, S. N., Matijaš, M., Anđelinović, M., Čartolovni, A., & Ayers, S. (2020)." ("Sci-Hub | The role of posttraumatic stress and depression symptoms in ...") The role of posttraumatic stress and depression symptoms in mother-infant bonding. *Journal of Affective Disorders*, 268, 134–140. <https://doi.org/10.1016/j.jad.2020.03.006>.

Ramsauer, B., Mühlhan, C., Lotzin, A., Achtergarde, S., Mueller, J., Krink, S., Tharner, A., Becker-Stoll, F., Nolte, T., & Romer, G. (2020). Randomized controlled trial of the Circle of Security-Intensive intervention for mothers with postpartum depression: maternal unresolved attachment moderates changes in sensitivity. *Attachment & Human Development*, 22(6), 705–726. <https://doi.org/10.1080/14616734.2019.1689406>.

Ravitch, S. M., & Carl, N. M. (2021). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Sage.

Reck C., Klier C. M., Pabst K., Stehle E., Steffennelli U., Struben K., et al. (2006). The

German version of the Post-partum Bonding Instrument: psychometric properties and association with post-partum depression. *Arch. Womens. Ment. Health* 9, 265–271. 10.1007/s00737-006-0144-x.

- Reese, E. M., Barlow, M. J., Dillon, M., Villalon, S., Barnes, M. D., & Crandall, A. (2022). Intergenerational Transmission of Trauma: The Mediating Effects of Family Health. (“Intergenerational Transmission of Trauma: The Mediating Effects of ...”) *International journal of environmental research and public health*, 19(10), 5944. <https://doi.org/10.3390/ijerph19105944>.
- Reinert, M, Fritze, D & Nguyen, T (July 2024). “The State of Mental Health in America 2024.” Mental Health America, Alexandria VA.
- Rubin, H.J. and Rubin, I.S. (2012) *Qualitative Interviewing: The Art of Hearing Data*. 3rd Edition, Sage Publications, Thousand Oaks.
- Sagone, E., Commodari, E., Indiana, M. L., & La Rosa, V. L. (2023). Exploring the Association between Attachment Style, Psychological Well-Being, and Relationship Status in Young Adults and Adults-A Cross-Sectional Study. *European journal of investigation in health, psychology, and education*, 13(3), 525–539. <https://doi.org/10.3390/ejihpe13030040>.
- Santens, T., Hannes, K., Levy, S., Diamond, G., & Bosmans, G. (2020). (“Attachment-Based Family Therapy: Theory, Clinical Model, Outcomes, and ...”) Barriers and Facilitators to Implementing Attachment-based Family Therapy into a Child Welfare Setting: A Qualitative Process Evaluation. *Family Process*, 59(4), 1483–1497. <https://doi.org/10.1111/famp.12504>.

- Sauer, E. M., Rice, K. G., Talia, A., Roberts, K. E., Houben-Hop, C., & Hook, J. (2019). *Therapist attachment-related behaviors and their effects on psychotherapy process and outcome*. Paper presented at the 50th International Meeting of the Society of Psychotherapy Research, Buenos Aires, Argentina.
- Sellberg, M., Skavberg Roaldsen, K., Nygren-Bonnier, M., & Halvarsson, A. (2022). Clinical supervisors' experience of giving feedback to students during clinical integrated learning. ("Exploring internship nursing students' experiences regarding the effect ...") In *Physiotherapy Theory & Practice* (Vol. 38, Issue 1, pp. 122–131). <https://doi.org/10.1080/09593985.2020.1737996>.
- Simmer, E., MD, MPH, DFAPA, Traxler, B., MD, MPH, Stinson, S., MD, Hasan, M., Buru, K., DrPH, Eghtedary, K., PhD, Davidson, N., Allen, F., MPH, LMSW, Moore, C., Reece, M., MPH, & Live Healthy South Carolina Leadership. (2023). South Carolina State Health Assessment. In Live Healthy South Carolina Leadership, *Live Healthy South Carolina*. <https://scdhec.gov/sites/default/files/media/document/SHA-Companion-Report-1.8.24.pdf>.
- Siritsky, N. (2024). From generation to generation: The legacy of trauma. In *Reframing trauma through social justice* (pp. 180–199). Routledge.
- Sofyan, A., Hidayah, N., Bambang Budi Wiyono, B. B., & Ramli, M. (2024). Supervision outcome of professional education of school counselors in-service training (Supervision outcome of professional education of school counselors in ...). *Ciencias Psicológicas*, 18(1). <https://doi.org/10.22235/cp.v18i1.3159>.

- Soni, A., Fong, H., & Janda, T. (2021). Culturally Responsive Supervision: A Reflective Account on the Value of Acknowledging and Working with Difference within Supervision. ("Culturally responsive supervision: a reflective account on the value of ...") *Educational & Child Psychology*, 38(4), 24–34.
<https://doi.org/https://shop.bps.org.uk/educational-child-psychology-vol-38-no-4-december-2021-black-lives-matter-making-a-difference-for>
- Stella, M., & Taggart, J. (2020). Attachment, learning and embodied reflective practices in clinical supervision. *Body, Movement and Dance in Psychotherapy*, 15(4), 295–308. <https://doi.org/10.1080/17432979.2020.1783572>.
- Steven Hodge, Lizzie Knight, Marcella Milana, Richard Waller & Sue Webb (2022). ("Theorising adults, theorising learning, International Journal of ...") Theorising adults, theorising learning, *International Journal of Lifelong Education*, 41:4-5, 399–404, DOI: 10.1080/02601370.2022.2116792.
- Stoltz, R. (2024, February 13). *Everything you needed to know about adult learning Theory*. NEIT. <https://www.neit.edu/blog/what-is-adult-learning-theory>.
- Suslovic, B., & Lett, E. (2024). "Resilience is an adverse event: A critical discussion of resilience theory in health services research and public health." ("Resilience is an Adverse Event: A Critical Discussion of Resilience ...") *Community Health Equity Research & Policy*, 44(3), 339-343.
- Tan, S. L.-S., Stafford, L., Bryant, C., Jensen, H., Komiti, A., & Newman, L. (2021). "Subjective experiences of participating in an attachment-based early intervention parenting program." ("Subjective experiences of participating in an attachment-

based early ...”) *Clinical Child Psychology and Psychiatry*, 26(4), 968–980.

<https://doi.org/10.1177/13591045211008220>.

Taylor A., Atkins R., Kumar R., Adams D., Glover V. (2005). New mother-to-infant bonding scale: links with early maternal mood. (“Mother-to-Infant Bonding Scale - LifeCourse”) *Arch. Womens. Ment. Health* 8, 45–51. 10.1007/s00737-005-0074-z.

Tran, K. B. (2024). *A Qualitative Examination of the Interplay of Attachment Styles, the Supervisory Relationship & Counseling Self-Efficacy* (Order No. 31242125). Available from ProQuest Dissertations & Theses Global. (3077636072).

<https://www.proquest.com/dissertations-theses/qualitative-examination-interplay-attachment/docview/3077636072/se-2>.

Trombetta, T., Giordano, M., Santoniccolo, F., Vismara, L., Della Vedova, A. M., & Rollè, L. (2021). Pre-natal Attachment and Parent-To-Infant Attachment: A Systematic Review. (“Pre-natal Attachment and Parent-T... preview & related info - Mendeley”) *Frontiers in psychology*, 12, 620942.

<https://doi.org/10.3389/fpsyg.2021.620942>.

Tsappis, E., Garside, M., Wright, B., & Fearon, P. (2022). Promoting secure attachment. *Paediatrics and Child Health*, 32(5), 191–197.

<https://doi.org/10.1016/j.paed.2022.02.004>.

van Bakel H. J. A., Maas A. J. B. M., Vreeswijk C. M. J. M., Vingerhoets A. J. J. M. (2013). Pictorial representation of attachment: measuring the parent-fetus relationship in expectant mothers and fathers. *BMC Pregn. Childbirth* 13, 1–9.

10.1186/1471-2393-13-138,

van der Oord, S., & Tripp, G. (2020). How to improve behavioral parent and teacher training for children with ADHD: Integrating empirical research on learning and motivation into treatment. *Clinical Child and Family Psychology Review*, 23(4), 577–604. <https://doi.org/10.1007/s10567-020-00327-z>.

Warren, J. M., Schwarze, M., & Lupton-Smith, H. S. (2023). Supporting Counselors-in-Training: A Toolbox for Doctoral Student Supervisors. *Journal of Counselor Preparation and Supervision*, 17(5).
<https://digitalcommons.sacredheart.edu/jcps/vol17/iss5/9>.

What Is The Behavioral Learning Theory? (2022, October 24). Western Governors University. <https://www.wgu.edu/blog/what-behavioral-learning-theory2005.html>

Winton, C. (2024). *Parental Attachment Influences on African American Women's Choice of a Romantic Partner* (Order No. 30820381). Available from Dissertations & Theses @ Walden University. (2905682167).
<https://www.proquest.com/dissertations-theses/parental-attachment-influences-on-african/docview/2905682167/se-2>.

Zagaria, A., Baggio, T., Rodella, L., & Leto, K. (2024). Toward a definition of Attachment Trauma: Integrating attachment and trauma studies. *European Journal of Trauma & Dissociation*, 8(3), 100416.
<https://doi.org/10.1016/j.ejtd.2024.100416>.