

**Freedom in the Tension: Navigating Intergenerational Trauma, Attachment, and  
Cultural Expectations**

by

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### **Abstract**

This capstone investigates how intergenerational trauma impacts emotional resilience and attachment in immigrant and Indigenous families. It explores how trauma is transmitted across generations through attachment disruptions, cultural conflict, and systemic oppression. Drawing on trauma theory, Attachment Theory, Internal Family Systems (IFS), and Acceptance and Commitment Therapy (ACT), the project presents a holistic framework for understanding and supporting second-generation and trauma-affected clients. The proposed Bridging Families Model integrates psychoeducation, cultural identity work, and parts-based therapy to support attachment repair and emotional healing. This project is grounded in both personal experience and clinical work, offering clinicians culturally responsive tools to work with clients navigating inherited trauma. By understanding the emotional and cultural complexities of intergenerational trauma, therapists can foster healing that honours both ancestry and autonomy.

**Keywords:** acculturation, ACT, attachment theory, cultural identity, IFS, immigrant families, Indigenous trauma, intergenerational trauma, systemic oppression

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### Dedications

Our ancestors knew that healing comes in cycles and circles. One generation carries the pain so that the next can live and heal.

— Gemma B. Benton, *Then She Sang a Willow Song*:

*Reclaiming Life and Power with the Ancestors*

To anyone who has ever felt in-between cultures—to those who carry where they come from while learning to adapt, change, and question which values to live by. To those caught between family duty, self-care, tradition, and choice—I see you all. May we feel lighter moving forward.

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## **Chapter 1: Introduction**

This chapter introduces the foundational purpose and direction of this capstone. Drawing on personal narrative, cultural experience, and professional counselling context, it sets the stage for exploring how intergenerational trauma manifests across family systems and clinical relationships. The section also highlights the unique challenges faced by immigrant and Indigenous families and explains the importance of attachment theory and trauma-responsive frameworks in the therapeutic space.

### **Overview of the Topic**

Intergenerational trauma is a critical topic within contemporary clinical counselling, especially in culturally diverse nations like Canada. This form of trauma transcends generations, passing down emotional pain, unspoken fears, and behavioural patterns shaped by historical and cultural contexts. Trauma passed from one generation to the next may stem from war, displacement, colonization, systemic racism, or forced assimilation (Menziés, 2010; Yehuda et al., 2014). These inherited experiences have been linked to increased rates of anxiety, PTSD, and attachment insecurity in children and grandchildren of trauma survivors (Greenblatt-Kimron et al., 2025).

In Indigenous communities, intergenerational trauma is often rooted in colonial systems such as residential schools, the Sixties Scoop, and cultural displacement, leading to disrupted parenting, mistrust of institutions, and a loss of cultural identity (Gone, 2013; Menziés, 2010). Similarly, research has demonstrated that descendants of war refugees, such as those affected by the Vietnam War or the Holocaust, experience heightened stress responses and relational disruptions shaped by family survival strategies (McCormack et al., 2022; Yehuda et al., 2014).

Emotion regulation challenges, attachment insecurity, and value conflict are commonly observed in immigrant youth, especially when navigating bicultural identities in

environments that prioritize Western norms of independence and emotional expression (Lui, 2019; Nguyen et al., 2018). For many clients, their suffering is not rooted in a single incident but in cumulative generational narratives—loss of homeland, suppression of culture, the pressure to succeed, or the fear of failure. These themes echo across family lines, often without language or acknowledgement (Yehuda & Lehrner, 2018; McCormack et al., 2022). This capstone seeks to explore how these inherited experiences shape attachment patterns, cultural identity, emotional regulation, and mental health outcomes, especially in the children of those who have survived (Menziés, 2010; Kirmayer, Gone, & Moses, 2014). Therapists who work within multicultural communities must be equipped to navigate this complexity, balancing sensitivity to cultural norms with interventions that foster healing, autonomy, and resilience (Mohatt, Thompson, Thai, & Tebes, 2014). Intergenerational trauma refers to the ways in which the emotional and psychological wounds of one generation affect the next. These wounds, often unspoken, influence how families love, parent, and connect (Yehuda & Lehrner, 2018). In multicultural societies like Canada, many individuals straddle the tension between cultural loyalty and personal identity, navigating the impacts of ancestral hardship while living within Western frameworks of selfhood (Denham, 2008; McCormack et al., 2022).

For many families, these patterns are carried in stories, silences, and survival roles that shape day-to-day relating as much as acute events (Yehuda & Lehrner, 2018; McCormack, Calhoun, & Tedeschi, 2022). As a second-generation immigrant and emerging clinician, I have found this tension not only in my personal life but also echoed across the stories of my clients. This chapter will introduce the context and theoretical grounding for my capstone project by weaving together personal reflections, cultural analysis, and the relevance of trauma-informed therapeutic models. It will also emphasize the necessity of understanding

intergenerational trauma in clinical counselling, especially when working with clients who carry both the pain and strength of multiple generations.

### **Personal Context and Rationale**

Intergenerational trauma is not a distant academic concept for me; it is lived, felt, and passed down in my bones. As a second-generation Chinese-Vietnamese Canadian raised by a single mother who arrived in Canada as a refugee in the 1980s, I have witnessed firsthand how the burdens of war, displacement, and cultural survival can shape parenting behaviours and family dynamics. My mother carried unspoken trauma—grief from the loss of a sibling, the physical strain of famine, and the lingering anxieties of escape. These experiences were embedded into our home life, not always through stories, but through silence, overprotection, and immense pressure to succeed. Now, as a practicum student working in private practice, I witness similar narratives in my clients—immigrant, racialized individuals struggling to reconcile deeply rooted Eastern values with dominant Western norms. Living in Canada, I resonate deeply with the idea that culturally responsive counselling must go beyond celebrating diversity and instead confront systemic barriers that limit true belonging. As Chung and Bemak (2012) have argued, counselling must move beyond multicultural awareness toward a social justice lens that acknowledges how oppression, migration histories, and racial inequities shape psychological experience. Their work emphasized that therapists must not only understand cultural differences but also advocate for systemic change and engage in ongoing reflexivity about their own cultural positioning (Chung & Bemak, 2012).

While much of the literature emphasizes how trauma can transmit vulnerability, it is equally important to recognize that resilience, cultural pride, and adaptive strategies are also passed down intergenerationally. Family rituals, storytelling, and cultural identity function not only as protective factors but also as anchors of strength that help families navigate

systemic and historical adversity. Including this dual perspective allows for a more balanced understanding of intergenerational transmission. As a millennial raised in the 1990s, my perspective is shaped by generational values that emphasize both resilience through silence and the push for self-advocacy. This position is distinct from Generation Z clients, who often embody greater openness around mental health and activism, and Generation Alpha, who are growing up in an environment of digital hyper-connection. These generational differences shape how trauma and resilience are expressed and understood across age groups, underscoring the importance of situating therapeutic approaches within a broader cultural and temporal context.

### **Defining the Issue**

Intergenerational trauma refers to the transmission of psychological, relational, and even biological effects of trauma across generations (Yehuda et al., 2014). Menzies (2010) has described this phenomenon as one shaped by the intersecting forces of colonialism, systemic racism, and disconnection from culture. In Indigenous and immigrant families in Canada, trauma is often experienced not as a single event but as an ongoing process that shapes parenting, identity, and emotional regulation. Greenblatt-Kimron et al. (2025) demonstrated how trauma responses may be reactivated across generations, especially during moments of sociopolitical stress like war or displacement. This cyclical pattern is seen in immigrant families who, despite physical safety in Canada, remain shaped by the emotional residue of escape, fear, and grief.

### **Cultural and Systemic Context**

In a country that prides itself on multiculturalism, the emotional and cultural dissonance experienced by immigrant families is often underexplored. The expectation to assimilate into Canadian norms while honouring family obligations from ancestral cultures leads to stress, acculturation conflict, and identity fragmentation (Nguyen et al., 2018). Lui

(2019) found that many Asian families experience cultural conflict that undermines the adolescent's ability to form a coherent self-concept. These ruptures are often internalized, manifesting as anxiety, emotional suppression, or overachievement.

This internal conflict mirrors my own upbringing, where filial piety, academic excellence, and obedience were valued above emotional expression or personal agency. My mother, shaped by the trauma of the Vietnamese communist regime, instilled deep fears about loss, health, and security. Even in a country with universal healthcare and relative stability, her trauma lived on in the way she parented—with control, vigilance, and self-sacrifice.

### **Theoretical and Clinical Framework**

This capstone is anchored in attachment theory, trauma theory, Internal Family Systems (IFS), and Acceptance and Commitment Therapy (ACT). Attachment theory (Fonagy & Allison, 2014) provides a developmental framework for understanding how early caregiving shapes self-worth and relationship expectations. IFS and inner child work help externalize inherited roles and allow clients to relate to trauma-carrying parts with compassion (Schoore, 2019). ACT offers an empowering model to help clients live according to their values even when their histories are painful (Wharton et al., 2019).

These theories reflect my clinical approach and intention to offer practical, cross-cultural tools. IFS allows clients to explore generational voices within their psyche, while ACT supports their ability to hold space for cultural conflict without being overtaken by guilt, shame, or avoidance.

### **Contribution to the Field**

This capstone contributes to the field by offering a framework that is culturally grounded, trauma-informed, and integrative. While intergenerational trauma is widely acknowledged in Indigenous communities (Gone, 2013; Menzies, 2010), less attention has

been paid to its impact on immigrant families from Asia, the Middle East, and Eastern Europe. Drawing from both personal and clinical insights, this work sheds light on the psychological burden carried by second-generation children and offers pathways for healing rooted in cultural validation and therapeutic flexibility.

ACT's emphasis on psychological flexibility is particularly relevant in the context of inherited trauma, as it empowers clients to make space for painful histories while committing to meaningful action (Wharton et al., 2019). In alignment with ethical guidelines for cultural responsiveness (Truscott & Crook, 2021), this capstone also calls for a decolonized lens on healing—one that acknowledges the layered identities and evolving cultural landscapes of Canadian families.

### **Definition of Terms**

- **Acceptance and Commitment Therapy (ACT):** A mindfulness-based behavioural therapy that encourages individuals to accept difficult emotions and commit to value-based living. It promotes psychological flexibility (Wharton et al., 2019).
- **Acculturation:** The psychological and cultural changes resulting from continuous contact between cultural groups. It often involves adapting to the dominant culture while maintaining aspects of one's heritage (Nguyen et al., 2018).
- **Assimilation:** A form of acculturation where individuals gradually abandon their original cultural identity to adopt the dominant culture's norms, often at the cost of cultural and relational continuity (Lui, 2019).
- **Attachment Theory:** A developmental framework emphasizing the importance of early caregiver-child relationships in shaping future relational patterns, emotional regulation, and self-worth (Fonagy & Allison, 2014).

- **Cultural Identity:** An individual's sense of belonging to a cultural group, shaped by language, traditions, values, and shared experiences. Cultural identity plays a vital role in resilience and psychological well-being (Kirmayer et al., 2009).
- **Immigrant Families:** Families who have relocated from one country to another: these families often navigate unique stressors related to acculturation, language, generational conflict, and trauma from pre- or post-migration experiences (Kim et al., 2018).
- **Indigenous Trauma:** Historical and ongoing trauma experienced by Indigenous peoples due to colonization, forced assimilation, and systemic oppression, often resulting in community-wide grief and identity disruption (Gone, 2013; Menzies, 2010).
- **Intergenerational Trauma:** The transmission of trauma responses, patterns, and symptoms from one generation to the next. This may occur through relational dynamics, emotional suppression, learned behaviours, or biological mechanisms such as epigenetics (Yehuda et al., 2014).
- **Internal Family Systems (IFS):** A therapeutic model that helps individuals understand and harmonize inner "parts" of the self, such as protectors and exiles. These are especially useful when working with inherited emotional roles (Schoore, 2019).
- **Systemic Oppression:** Institutionalized and structural forms of discrimination that disadvantage certain groups. It underpins many expressions of intergenerational trauma and impacts access to health, education, and justice (Truscott & Crook, 2021).

### **Outline of Capstone Project Chapters**

This chapter introduced the purpose and scope of the capstone by situating intergenerational trauma within both personal and professional contexts. It highlighted the

ways cultural identity, systemic oppression, and family attachment patterns shape how trauma is transmitted across generations. By weaving personal narrative with theoretical frameworks such as attachment theory, IFS, and ACT, the chapter established the rationale for an integrative and culturally responsive clinical lens. The definitions provided also created a common foundation for the discussions that follow.

The next chapter will build on this introduction by reviewing the scholarly literature on intergenerational trauma, cultural conflict, and resilience across immigrant, refugee, and Indigenous families. This literature review will identify the mechanisms through which trauma is transmitted and resilience sustained, creating the groundwork for Chapter 3's applied framework: the Bridging Families Model.

## **Chapter 2: Literature Review**

### **Introduction**

Intergenerational trauma refers to the transmission of psychological, biological, and relational wounds from one generation to the next (Yehuda et al., 2014). This chapter will review how such trauma emerges in war-affected, immigrant, refugee, and Indigenous contexts, and how it is shaped by systemic oppression, acculturation gaps, and cultural narratives. The aim is to integrate empirical findings across diverse populations to illuminate both common mechanisms and culturally specific expressions of trauma.

To accomplish this, the chapter will examine multiple case contexts: Vietnamese refugees displaced by the Vietnam War, Korean immigrant families navigating the model minority myth, Holocaust descendants, Palestinian and Syrian diasporas shaped by ongoing conflict, and Indigenous communities impacted by colonization. Across these cases, the review will consider biological, psychological, and relational pathways of trauma transmission; cultural conflicts; stereotype threat; bicultural identity integration; and systemic inequities. Protective factors such as cultural resilience, extended kinship networks, and community-based healing will also be explored. This synthesis will not only identify the wounds passed down but also highlight pathways for repair. This will lay the foundation for chapter three, which will introduce the Bridging Families Model alongside other therapeutic interventions.

### **Intergenerational Trauma from War: The Case of Vietnamese Refugees**

War-driven displacement reshapes parenting, attachment, and identity across generations; in Vietnamese families, the Vietnam War's aftereffects reverberate through everyday caregiving, communication, and vigilance (Sangalang & Vang, 2017). Immigrants and refugees from war-affected regions often carry complex trauma that reshapes parenting behaviours and family dynamics. The Vietnam War (1955–1975) displaced millions and left

deep psychological scars. Beyond the immediate devastation, the war's aftermath reverberated through generations, influencing identity formation, attachment patterns, and family communication (Sangalang & Vang, 2017).

Children of Vietnam War veterans frequently experienced vicarious trauma through disrupted relationships and moral injury. Here, moral injury refers to the lasting psychological, relational, and spiritual distress that follows perceived violations of deeply held moral beliefs (e.g., witnessing or participating in acts that conflict with one's values). In family systems, caregivers' unprocessed moral injury can surface as shame, withdrawal, or anger, leaving children to make sense of inconsistency and betrayal cues—mechanisms linked with anxiety and depressive outcomes in second-generation cohorts (McCormack et al., 2022).

For Vietnamese immigrant families, including my own, the trauma of displacement was compounded by structural barriers such as language discrimination, unstable employment, and housing insecurity, all while striving to maintain cultural cohesion. As McCormack et al. (2022) have emphasized, the dual pressures of past trauma and present acculturation stress create intergenerational ruptures, often manifesting as emotional avoidance, overcontrol in parenting, or high vigilance in child-rearing. These patterns align with Flanagan et al.'s (2020) findings that unresolved parental trauma can be transmitted through modelling of emotional suppression and survival-oriented attentiveness. These patterns are not unique to Vietnamese families; similar attachment disruptions, heightened threat-scanning, and emotional suppression have been documented among Holocaust descendants, Indigenous families affected by colonization, and refugee populations displaced by ongoing conflict (Bombay et al., 2013; Greenblatt-Kimron et al., 2025; Yehuda et al., 2014). Highlighting these parallels illustrates both the universality of trauma's impact and the culturally specific ways it is expressed.

### *Comparative War–Displacement Synthesis*

Greenblatt-Kimron et al. (2025) showed that even second- and third-generation Holocaust descendants exhibit safety-seeking alertness, emotional withdrawal, and heightened anxiety when exposed to reminders of violence. Similarly, Palestinian and Syrian diaspora families often carry the emotional inheritance of displacement, statelessness, and grief, even without direct exposure to current conflict (Awad et al., 2025; Veronese et al., 2021).

Across these contexts, three recurring patterns emerge:

- **Hypervigilance and attachment disruption:** Families tend toward overprotective or emotionally distant parenting styles, shaped by survival-based responses to past danger..
- **Cultural preservation as a coping mechanism:** Maintaining traditions, language, and collective memory offers resilience but can also intensify intergenerational tension when it becomes rigid..
- **Policy environments shaping adaptation:** Vietnamese refugees in the late 1970s benefited from structured programs such as Canada’s Private Sponsorship of Refugees (Beiser, 2009), while current arrivals from Gaza or Syria face austerity, limited resources, and political polarization.

These patterns reveal how trauma’s legacy evolves within social, political, and cultural frameworks, influencing family adaptation and resilience across generations. While contexts differ, the underlying themes of protection, continuity, and systemic constraint remain consistent underscoring the need for therapeutic frameworks that account for both historical trauma and present-day inequities.

### *Unrealistic Expectations and the Model Minority Myth*

Korean immigrant families represent another population where trauma and cultural pressure intersect. Yoon et al. (2023) explored how intergenerational expectations are shaped by nationalism, survival, and social positioning. Their research found that Korean parents often internalize achievement as a metric for family success and immigration validation. This creates a dynamic in which youth feel pressured to uphold academic or social performance as repayment for their parents' sacrifices.

Yoon et al. (2023) also showed that this pressure manifests through internalized beliefs in unrestricted mobility—the notion that success is solely based on effort. While seemingly empowering, this belief system erases systemic barriers and blames failure on the individual. The result is increased depression and antisocial behaviour when children fail to meet these internalized ideals. These patterns exemplify how cultural myths, like the model minority narrative, can mask suffering and inhibit vulnerability within families.

Therapeutically, clinicians must untangle this double bind—honouring parental sacrifice while validating children's lived distress. Building emotional literacy and redefining success can help reframe familial narratives and promote healthier communication patterns.

### ***Stereotype Threat, and the Model Minority Myth***

Korean immigrant families illustrate how cultural narratives intersect with trauma. Yoon et al. (2023) found that parental expectations—rooted in nationalism, survival, and social positioning—often equated children's achievement with family honour and immigration validation. These dynamics push youth to strive as repayment for parental sacrifice, frequently at the expense of emotional well-being.

These findings overlap with the model minority myth, a stereotype portraying East Asian communities as uniformly high-achieving and compliant (Atkin et al., 2018). While seemingly positive, this stereotype erases systemic barriers and masks distress. The belief in

“unrestricted mobility”—the idea that success depends solely on effort—can lead to self-blame and depression when opportunities are blocked.

Stereotype threat (Steele & Aronson, 1995) compounds these pressures. When Asian students feel they must confirm a positive stereotype, anxiety can impair performance and narrow their identity exploration (Flore & Wicherts, 2015; Nguyen & Ryan, 2008). These pressures are intensified by systemic inequities, including the “bamboo ceiling” in leadership roles (Lu et al., 2020) and persistent hiring bias (Banerjee et al., 2018; Quillian & Lee, 2023). While these dynamics were described in Korean families, similar patterns appear across other Asian diasporas where academic and behavioral excellence are equated with family honor. The shared mechanism—pressure to achieve as proof of worth and belonging—reflects the broader impacts of colonization, migration stress, and racialized expectation (Yoon et al., 2023; Lu et al., 2020; Banerjee et al., 2018).

Resilience research has highlighted protective strategies such as ethnic studies curricula (Dee & Penner, 2017), culturally attuned mentoring (Chin & Kameoka, 2019), and community-based advocacy. Clinically, culturally sensitive CBT can deconstruct achievement-as-worth, while ACT can help clients define self-worth through personal and cultural values rather than external validation (A-Tjak et al., 2015; Hinton & Jalal, 2014).

### **Global Conflicts and Intergenerational Trauma**

Global conflicts reverberate far beyond their original time and place. The Holocaust is one of the most studied examples of intergenerational trauma. Greenblatt-Kimron et al. (2025) investigated the psychological responses of descendants of Holocaust survivors amid the Russo-Ukrainian War. Their findings have shown that even second- and third-generation descendants exhibit trauma responses, including heightened alertness, emotional withdrawal, and anxiety, when exposed to reminders of violence or instability.

Similarly, the ongoing conflict in Gaza and its global visibility have created a collective trauma for many Palestinians living in diaspora. Though not always directly exposed, the emotional inheritance of displacement, statelessness, and grief continues to impact identity and belonging.

Trauma from war often transcends individual psychology and becomes embedded in family culture. Shared grief, survival narratives, and inherited fears contribute to family-wide responses. When these narratives are not processed, they are enacted—in parenting styles, emotional regulation patterns, and values. These responses can pass biologically, relationally, and socially across generations, intensifying with each unspoken wound.

This literature emphasizes the urgent need for trauma-informed, culturally responsive frameworks that consider the intersection of historical trauma, migration stress, and cultural identity. Understanding intergenerational trauma in its full socio-political and emotional complexity allows for interventions that restore not only individual functioning, but relational and cultural coherence.

### ***Diaspora and Collective Memory***

Diasporic communities not only inherit traumatic memories, but they also actively shape and reinterpret them through cultural narratives, political discourse, and communal rituals. Hirsch's (2008) concept of *postmemory* describes how second- and third-generation descendants connect to events they did not experience directly—such as the Holocaust, the Nakba, or the Syrian civil war—through emotionally charged stories, photographs, and commemorations. These inherited memories are not static; they are continually updated in light of current events. For example, Baser and Toivanen (2023) noted that renewed violence in an ancestral homeland can reignite latent grief and fear, reinforcing defensive identity postures among diaspora youth.

Bhugra and Becker (2005) conceptualized this as *cultural bereavement*—a complex grief process following the loss of language, customs, social roles, and community belonging. In clinical contexts, this bereavement often manifests as somatic symptoms, anxiety, or depression, which may be misinterpreted as purely individual psychopathology when in fact they are tied to communal loss. For example, Palestinian youth in Canada may display heightened alertness and distrust that are less about their immediate environment than about the transgenerational embedding of dispossession narratives (Awad et al., 2025).

Proust (2023) framed collective grief as both a wound and a resource: while it can keep traumatic narratives alive, it also sustains political solidarity and cultural continuity. Collective grieving practices—whether through memorial events, religious rituals, or digital activism—become sites of identity reaffirmation, especially for displaced communities who cannot physically access ancestral lands. In Canada, connections between Palestinian diaspora activism and Indigenous sovereignty movements exemplify this. Desai (2021) and Bhandar (2024) argued that these alliances are grounded in shared understandings of land dispossession, systemic violence, and resistance, making solidarity itself a form of resilience. In many ways, these parallels show how both refugee families and Indigenous families experience the loss of land and culture as more than historical wounds—they directly shape parenting, attachment, and identity across generations. Drawing out these connections helps situate each community’s story within a broader conversation on how displacement and systemic oppression transmit trauma while also generating resilience.

From an Internal Family Systems (IFS) perspective, these shared histories can be understood as *legacy burdens*—beliefs and emotions carried within the “parts” of individuals and groups, passed down across generations (Sweezy & Ziskind, 2017). Legacy burdens might include the conviction that “we must always be vigilant” or “outsiders cannot be trusted.” Sinko (2016) noted that these burdens can be unburdened through culturally

congruent processes such as community storytelling, symbolic rituals, and collective activism. In this way, healing is not only individual but embedded in the ongoing political and cultural life of the diaspora. This section illustrates not only how trauma is carried forward but also how resilience is embedded in cultural continuity, setting the stage for therapeutic interventions that reinforce identity and belonging.

### **Trauma Transmission: Psychological, Biological, and Relational Mechanisms**

Intergenerational trauma can be transmitted through multiple pathways.

Psychologically, trauma can influence parenting behaviours, emotional responsiveness, and relational patterns. For example, parents who have experienced unresolved trauma may develop emotionally avoidant or controlling parenting styles, which can disrupt secure attachment formation (Fonagy & Allison, 2014). Schore (2019) highlighted that trauma exposure in caregivers can impair right-brain functioning and reduce the capacity for attuned emotional engagement, which is critical in early childhood development.

From a biological standpoint, Yehuda et al. (2014) provided compelling evidence on the epigenetic transmission of trauma. Their study on Holocaust survivor families found that trauma exposure affected gene expression related to stress response, particularly involving glucocorticoid receptor sensitivity. This suggests that trauma not only alters psychological functioning but can imprint stress responses into the neurobiology of the next generation.

Relationally, families carry the emotional tone and behavioural legacy of trauma. Greenblatt-Kimron et al. (2025) demonstrated that unresolved trauma in parents or grandparents can create environments of fear, overprotection, or emotional suppression. These environments may appear stable externally but often lack emotional safety, leading children to internalize messages of excessive vigilance or low self-worth. Such dynamics have been observed across populations, including Holocaust descendants, Vietnamese refugee families, and Indigenous communities affected by colonization.

### **Cultural Conflict and Acculturation Gaps**

One of the most consistent challenges identified in the literature on immigrant families is the tension of navigating between two cultural worlds. This process, often referred to as *acculturation conflict*, highlights how differences in cultural values, expectations, and communication styles between parents and children can become sites of stress, misunderstanding, and intergenerational strain. Acculturation conflict represents a key theme in immigrant family dynamics. Lui (2019) described how intergenerational cultural gaps often emerge when youth are exposed to Western norms of independence and emotional expression, which contrast with collectivist family expectations emphasizing obedience and family loyalty. These cultural mismatches can lead to significant distress.

Nguyen et al. (2018) found that adolescents who perceived high levels of psychological control from parents also reported increased symptoms of anxiety and depression. These adolescents often feel caught between two worlds—trying to honour familial traditions while negotiating autonomy in a host culture that does not always validate their experience.

Yoon et al. (2023) investigated the effects of the internalized model minority myth in Korean immigrant families, showing that high achievement expectations—while seemingly protective—can become maladaptive. These expectations, rooted in cultural survival strategies, are often perceived as indirect expressions of love. However, they can also produce immense psychological strain and conflict, especially when youth diverge from academic or behavioural norms.

Mak et al. (2019) offered a helpful clinical model by adapting Cognitive Behavioural Therapy (CBT) to the cultural context of Chinese American clients. They emphasized the importance of therapist attunement to cultural scripts and familial hierarchies to avoid framing collectivist norms as pathological. These findings show that culturally informed

clinical work must integrate client worldview, familial roles, and collective goals.

Collectively, these studies illustrate that acculturation conflict is more than a developmental hurdle; it represents a pathway through which intergenerational trauma and resilience are negotiated. When cultural expectations clash, youth may internalize shame or anxiety, while parents may fear the loss of tradition or family cohesion. At the same time, these tensions can also generate opportunities for growth, adaptation, and bicultural competence when families find ways to validate both ancestral values and emerging identities. In this way, acculturation conflict is deeply tied to the broader theme of generational trauma; it shows how cultural survival strategies can both protect and strain families, and how healing requires reframing conflict as a potential site of resilience and reconnection.

### ***Acculturation Conflict in Immigrant Families***

Acculturation conflict is a common thread in immigrant families, where differences in cultural adaptation between parents and children can become a significant source of intergenerational tension. Lui (2019) offered essential insights into acculturation gap-distress theory, illustrating how differences in cultural adaptation between parents and children contribute to family conflict. Her research, using the Intergenerational Conflicts Inventory (ICI), found that unresolved cultural mismatches lead to elevated mental health symptoms in adolescents.

Nguyen et al. (2018) demonstrated this further by analyzing Vietnamese American adolescents and identifying maternal psychological control as a key mediator in mental health outcomes. Adolescents who experienced cultural restriction or excessive control reported heightened anxiety and depressive symptoms. The study showed a bidirectional relationship: adolescent resistance to parental control often exacerbated parental anxiety, and in turn, reinforced a cycle of distress.

This aligns with many therapy sessions I have witnessed where clients from immigrant families describe tension between cultural expectations of loyalty and autonomy. A frequent narrative includes clients feeling an emotional obligation to their parents' sacrifices, which often conflicts with their own individual needs. These findings call attention to the necessity of exploring cultural narratives within therapeutic work. This demonstrates that while trauma is transmitted across generations, so too are resilience and adaptive strategies—a theme that will be further explored in the clinical applications of chapter three. While acculturation conflict highlights the strains created by cultural gaps, the concept of bicultural identity integration offers a pathway forward, showing how families and individuals can move from tension toward harmony.

### ***Bicultural Identity Integration***

Acculturation gaps—differences in the pace and degree of cultural adaptation between immigrant parents and their children—are well-documented sources of family tension (Lui, 2019). These gaps often emerge when youth are exposed to Western norms of autonomy and self-expression that contrast with collectivist traditions that emphasize familial loyalty and obedience. Building on Nguyen et al. (2018), maternal psychological control functions as a mediator between acculturation gap distress and adolescent internalizing symptoms; when youth experience controlling or constraint-based messages as expressions of love and duty, they may suppress disclosure, which sustains anxiety and low mood (Lui, 2019; Nguyen et al., 2018).

Bicultural Identity Integration (BII) offers a framework for understanding how individuals reconcile these competing cultural demands. Benet-Martínez and Haritatos (2005) defined BII as the degree to which a person perceives their two cultural identities as compatible and harmonious, as opposed to oppositional and in conflict. Nguyen and Benet-Martínez's (2013) meta-analysis of 83 studies concluded that high BII is consistently

associated with greater psychological well-being, self-esteem, and sociocultural adaptation. In contrast, low BII is linked to identity confusion, chronic stress, and increased vulnerability to mental health problems.

Daily diary research by Yampolsky et al. (2013) showed that bicultural individuals with high BII are more capable of shifting between cultural frames depending on context without experiencing internal conflict. Schwartz et al. (2019) added that this flexibility promotes better peer relationships and reduces acculturative stress. Clinically, this suggests that interventions should not only address symptoms but also actively build the skills needed to navigate and harmonize cultural contexts.

ACT values clarification can help clients identify what matters most across cultural settings (“What kind of daughter/son/sibling do I want to be in my heritage culture and in my host culture?”), while cultural mapping exercises allow families to visualize areas of overlap and divergence in their values. When integrated into family therapy, BII-focused work can transform “either/or” cultural dilemmas into “both/and” identities, increasing cohesion and reducing conflict. While bicultural identity work highlights the possibilities of reconciling cultural differences, Indigenous families face a distinct history where systemic and colonial trauma disrupted cultural continuity itself, requiring a different lens for understanding resilience and repair.

### **Historical and Systemic Trauma in Indigenous Families**

Historical and systemic trauma have had profound and lasting impacts on Indigenous families in Canada. Beyond individual struggles, these experiences are embedded in policies, institutions, and collective memory, shaping how attachment, parenting, and cultural continuity are transmitted across generations. A review of recent and foundational research helps illustrate how these systemic forces continue to shape intergenerational trauma and resilience in Indigenous communities. Menzies (2010) proposed a model demonstrating how

systemic trauma—stemming from colonization, the Indian Act, and residential schools—interferes with parenting, attachment, and community coherence in Indigenous populations. His framework emphasized four intersecting systems: government policy, healthcare access, community infrastructure, and cultural continuity. These systems, when disrupted, create cyclical patterns of dysfunction and trauma.

Weiss et al. (2023) found that many Indigenous families described parenting rooted in survival strategies such as emotional detachment, physical punishment, and substance use. Participants spoke to a pervasive loss of parenting confidence and internalized shame, especially when traditional practices were delegitimized or erased by institutional structures.

Rose et al. (2024) emphasized that maltreatment and emotional neglect in Indigenous children often occur in tandem with institutional racism and intergenerational fear—especially fear of child apprehension by government systems. The result is often mistrust in social services, emotional desensitization, and reduced openness to trauma disclosure.

Together, the findings of Menzies (2010), Weiss et al. (2023), and Rose et al. (2024) illustrate that intergenerational trauma in Indigenous families cannot be understood solely as the transmission of pathology. While Menzies emphasized the structural legacy of colonial institutions, Weiss highlighted the persistence of cultural grief, and Rose demonstrated the ongoing effects of systemic inequities on health outcomes. Read collectively, these studies reveal how trauma is transmitted through relational patterns, mistrust of institutions, and fractured cultural continuity. Yet they also imply that resilience remains embedded in cultural identity and community connection. This synthesis reinforces the need for therapeutic models that address both harm and healing, bridging historical trauma with relational repair.

### ***Resilience and Cultural Continuity***

Despite these challenges, many families demonstrate profound resilience through cultural identity, kinship bonds, and adaptive coping. Masten (2001) referred to resilience as

“ordinary magic.” For immigrant and refugee families, resilience is not only a matter of individual coping but is embedded in family narratives, rituals, and shared values. Masten’s ordinary magic framework can be seen in everyday practices such as shared meals or caregiving roles that preserve continuity across displacement.

Similarly, Kirmayer et al. (2009) and Gone (2013) have pointed to cultural storytelling and land-based practices as vital anchors of resilience, while Kim et al. (2015) demonstrated how bicultural navigation fosters adaptability in younger generations. “Cultural continuity, including the preservation of language, traditions, and collective identity, has been shown to function as a protective factor against distress and suicide in Indigenous communities” (Kirmayer et al., 2009, p. 74). Cultural continuity—including language preservation, spiritual practice, and communal parenting—offers both emotional regulation strategies and a sense of belonging. Gone (2013) emphasized that healing in Indigenous communities must be culturally grounded, integrating traditional practices into therapeutic interventions.

In immigrant families, cultural identity also serves as a buffer against mental health risks. Kim et al. (2018) found that culturally adapted parent–child communication and respect for ancestral values reduced emotional distress in immigrant youth. For example, framing filial duty as a prosocial value—and then co-designing “both-and” communication scripts that honour elders while naming personal limits—reduced adolescent distress in culturally adapted family interventions (Kim et al., 2018). In Indigenous contexts, narrative and land-based practices (e.g., story-gathering with Elders) improved belonging and emotional regulation (Kirmayer et al., 2009; Gone, 2013).

Taken together, these examples show that resilience is cultivated through continuity—through language, kinship, storytelling, and bicultural navigation that sustain identity across generations. This foundation prepares the ground for Chapter 3’s exploration of therapeutic

interventions, where attachment repair and Emotion-Focused Therapy emphasize emotional safety as a cornerstone of resilience.

### ***Land-Based Healing***

The legacy of colonization, residential schools, and systemic racism has disrupted Indigenous family systems for generations. Menzies (2010) outlined how the removal of children, suppression of language, and dismantling of cultural practices fractured kinship structures and interrupted the transmission of parenting knowledge. Weiss et al. (2023) found that many Indigenous parents and grandparents described survival-oriented parenting strategies—such as emotional withdrawal or authoritarian discipline—that were adaptations to systemic oppression but which often impaired attachment and emotional safety.

Land-based healing offers a culturally grounded pathway to repair these wounds. Rowan et al. (2014) described how interventions such as sweat lodge ceremonies, family camps on traditional territories, and Elders' teachings foster reconnection to cultural identity, land, and community. Evaluations of the First Nations Health Authority's (FNHA) Indigenous Treatment and Land-Based Healing Fund (FNHA, 2025a; 2025b) reported improvements in mental wellness, reduced substance use, and stronger intergenerational relationships when healing is embedded in cultural and environmental contexts.

Gone (2013) and Kirmayer et al. (2009) have argued that “culture as treatment” is particularly effective when historical trauma is rooted in cultural disruption. In these cases, standard Western modalities such as CBT may address symptoms but fail to restore the relational and spiritual dimensions of health. Marsh et al. (2021) demonstrated that blending Indigenous healing practices with evidence-based interventions like Seeking Safety can yield synergistic effects, supporting both cultural reconnection and skill development. For the proposed Bridging Families Model in chapter three, integrating optional land-based components—such as family story-gathering on ancestral land or Elder-guided opening

rituals—would honour Indigenous sovereignty while also aligning with attachment and communication goals.

### ***Strength-Based Framework Synthesis***

Resilience in trauma-affected communities is not the absence of distress but the ability to recover and adapt while maintaining cultural identity and relational bonds. Masten and Narayan (2012) have extended the concept of ordinary magic to contexts of war, disaster, and chronic adversity, noting that protective processes are most effective when they are culturally relevant and accessible.

Kirmayer et al. (2009) emphasized cultural continuity—language use, traditional governance, and intergenerational knowledge transmission—as a key determinant of community resilience. In Indigenous contexts, such continuity has been linked to lower youth suicide rates and greater collective efficacy. In Asian and Middle Eastern diasporas, extended family networks, religious practice, and cultural rituals play similar protective roles (Kim et al., 2018; Motti-Stefanidi, 2018).

Bunn et al. (2022) highlighted the value of family-based interventions that build on existing strengths, such as caregiver emotion regulation and culturally embedded communication. In my own Vietnamese Canadian family, intergenerational storytelling about the Vietnam War has functioned as both emotional processing and cultural preservation, reinforcing identity while teaching problem-solving skills.

In chapter three's proposed Bridging Families Model, operationalizing resilience might involve structured weekly caregiver–youth “story exchanges,” mapping cultural rituals to emotional regulation goals, and using ACT values work to align personal and family roles. By grounding therapeutic interventions in these cultural strengths, the model can transform identity from a site of conflict into a foundation for adaptability and connection.

By synthesizing these frameworks, it becomes clear that a strength-based approach is not separate from trauma work, but deeply connected to it. Practices such as cultural affirmation, storytelling, and kinship rituals both acknowledge generational wounds and promote resilience. This synthesis shows how resilience is transmitted across generations, not only as survival, but as an active process of rebuilding and reimagining identity. Such framing prepares the ground for the clinical interventions in chapter three, which will emphasize both breaking harmful cycles and reinforcing intergenerational strengths.

As the literature demonstrates, resilience is not only transmitted through cultural continuity and cognitive reframing, but also through the restoration of emotional safety within families. This theme will be further developed in chapter three with the complementary application of Emotionally Focused Therapy (EFT), where validation and secure bonding are highlighted as essential for breaking cycles of intergenerational disconnection (Bowlby, 1988; Johnson, 2019).

### **Chapter Summary**

This chapter traced how intergenerational trauma emerges across refugee, immigrant, and Indigenous contexts, showing that while its forms differ, the underlying mechanisms often converge. Case studies of Vietnamese refugees, Holocaust descendants, Palestinian and Syrian diasporas, and Korean immigrant families revealed common pathways of trauma transmission through disrupted attachment, cultural silencing, and survival-based parenting. At the same time, cultural myths like the model minority narrative and acculturation conflicts highlighted how systemic forces and cultural scripts can deepen family strain while also shaping coping strategies.

Bicultural identity integration research demonstrated that navigating between cultures can either exacerbate distress or foster adaptability, depending on how families reconcile competing values. Indigenous scholarship emphasized the profound effects of systemic

trauma rooted in colonization, but also underscored how cultural continuity, land-based healing, and kinship ties serve as reservoirs of resilience. Across contexts, resilience was shown to be more than a static trait—it is transmitted intergenerationally through storytelling, rituals, caregiving practices, and identity preservation, often acting as a counterbalance to inherited wounds.

Together, these findings illustrate that trauma and resilience are dual inheritances: families may pass down vigilance, shame, and disconnection, but also pride, survival strategies, and cultural strengths. Taken together, the literature shows how trauma and resilience are carried across generations in many different cultural contexts, but it also leaves important gaps—particularly in understanding the experiences of grandchildren of refugees and in comparing patterns across cultural groups. This gap matters because without clearer insight, families and communities are left without guidance on how to repair these wounds. Highlighting these shortcomings underscores the need for frameworks that not only describe intergenerational trauma but also offer practical pathways for healing. Chapter three will build directly on this synthesis, introducing the Bridging Families Model and other therapeutic frameworks—such as ACT, IFS, CBT, and the complementary use of EFT—that explicitly link healing practices to both breaking cycles of trauma and reinforcing intergenerational resilience.

### **Chapter 3: Discussion and Applied Practices**

#### **Revisiting the Research Question**

This capstone asked: *How does intergenerational trauma affect emotional resilience and attachment patterns in parenting and familial relationships?* Chapters one and two documented how war, displacement, systemic racism, and acculturation pressures shape caregiving, emotional socialization, and identity development across generations. Findings converged on three mechanisms: (a) relational/attachment disruptions reinforced by safety-seeking alertness and emotional silencing (Fonagy & Allison, 2014; Schore, 2019), (b) culturally transmitted narratives (e.g., duty, sacrifice, and survival) that become both protective and constraining (Gone, 2013; Kirmayer et al., 2009), and (c) structural inequities (e.g., hiring bias, “bamboo ceiling,” and uneven access to care) that compress choice and amplify distress (Banerjee et al., 2018; Lu et al., 2020). As a second-generation Vietnamese Canadian counsellor working in Vancouver, I regularly see clients that wrestle with ancestral loyalty and self-determination at once: they want to honour what kept their families alive while choosing lives less defined by fear or performance. This chapter will translate those insights into an applied framework—the Bridging Families Model—designed to be rigorous, culturally responsive, and flexible.

#### **The Bridging Families Model**

The Bridging Families Model is a culturally integrative therapeutic framework developed for clinicians working with immigrant, refugee, and Indigenous clients impacted by intergenerational trauma. It emerged from the recognition that conventional Western psychotherapies often inadequately address the lived realities of clients navigating dual identities, systemic discrimination, and the legacies of historical harm (Kirmayer et al., 2009; Truscott & Crook, 2021). Specifically, it draws inspiration from Canadian-based cultural psychiatry frameworks (Kirmayer et al., 2009) and Indigenous healing traditions that

foreground narrative continuity, collective identity, and land-based practices (Gone, 2013; Hart, 2010). The model bridges the internal conflict between ancestral loyalty and self-determination by helping clients externalize inherited emotional patterns and transform them into adaptive, strengths-based resources.

The development of the model was also informed by trauma research demonstrating that the effects of war, displacement, and colonization are transmitted across generations via both relational patterns and physiological stress responses (Bombay et al., 2013; Yehuda et al., 2014). For example, family stories of survival may instill resilience and cohesion, but they can also contribute to rigid roles, such as the “caretaker” or “striver,” which are passed down unconsciously (Bombay et al., 2013). In British Columbia, pilot programs such as the First Nations Health Authority’s land-based healing initiatives and culturally grounded parenting programs have shown promising outcomes when traditional knowledge systems are integrated with Western therapeutic modalities (Kirmayer et al., 2009). These results underscore the need for models that are both evidence-based and culturally congruent.

The Bridging Families Model incorporates five therapeutic pillars—Attachment Repair, Cultural Affirmation, Values-Based Interventions (ACT), Internal Parts Work (IFS), and CBT adapted for cultural identity—within a trauma-informed and person-centred approach. It is designed to be both structured and adaptable, providing clinicians with a framework that honours clients’ cultural worldviews while supporting individualized pathways to healing. While the model highlights five pillars, clinicians may also draw on Emotionally Focused Therapy (EFT) to strengthen attachment bonds and interrupt cycles of disconnection in families impacted by intergenerational trauma (Johnson, 2019).

### **Model Overview and Theoretical Foundations**

The theoretical foundation of the Bridging Families Model integrates three major domains: attachment theory, trauma studies, and culturally adapted therapeutic practices.

Attachment theory offers a lens for understanding how early relational experiences—particularly in the context of migration, forced displacement, or systemic oppression—shape the capacity for trust, intimacy, and emotional regulation in adulthood (Bowlby, 1988; Mikulincer & Shaver, 2016). Trauma studies contribute to an understanding of how adversity can recalibrate neurobiological stress systems, leading to intergenerational patterns of anxious watchfulness, emotional suppression, and heightened threat perception (van der Kolk, 2015; Yehuda et al., 2014).

Culturally adapted therapeutic practices provide the third anchor, ensuring that interventions resonate with clients' lived realities and cultural frameworks. Research consistently shows that culturally responsive approaches increase engagement, reduce dropout, and improve outcomes, particularly among ethnically diverse populations (Hinton & Jalal, 2014; Smith et al., 2011). In Canada, this has been emphasized in Indigenous health literature, where cultural safety is a cornerstone of ethical care (Truscott & Crook, 2021). Cultural safety in this model means not only acknowledging but actively integrating the client's cultural knowledge, language, and values into the therapeutic process, thereby reducing the risk of cultural invalidation (Kirmayer et al., 2009).

The model also emphasizes therapist self-reflexivity—a process of continuous critical reflection on one's own cultural positioning and its potential influence on the therapeutic relationship (Truscott & Crook, 2021). Paired with a commitment to client autonomy, this ensures that treatment goals and strategies are collaboratively developed and that healing is defined according to the client's priorities.

Finally, the Bridging Families Model recognizes that intergenerational trauma often coexists with intergenerational strengths—protective narratives of perseverance, sacrifice, and resourcefulness—which can serve as potent resources in therapy (Bombay et al., 2013; Yehuda et al., 2014). By creating a structured yet flexible approach, the model helps clients

reconcile ancestral narratives with self-directed growth, transforming inherited beliefs and roles into tools for resilience. This conceptual grounding leads directly to the first pillar of attachment repair, which provides the relational foundation for all subsequent interventions in the model.

### ***Pillar 1: Attachment Repair***

Attachment repair focuses on restoring a secure relational template when early caregiving experiences were disrupted by trauma, loss, or cultural displacement. In intergenerational contexts, insecure attachment patterns—such as avoidance, ambivalence, or disorganized responses—are often transmitted through survival-driven parenting shaped by historical adversity (Main et al., 2005; Schore, 2019). For children of immigrants or survivors of collective trauma, attachment ruptures may also be compounded by the stress of cultural adaptation, separation from extended kin, or parental emotional unavailability due to their own unprocessed wounds (Yehuda et al., 2014). Repair work aims to offer new corrective experiences in which clients feel seen, safe, and emotionally held, creating conditions for trust, emotional regulation, and mutual attunement. By integrating relational safety with cultural attunement, attachment repair becomes a bridge not only between client and therapist but between past and future generational patterns (Hughes, 2017).

**Rationale and Focus.** Attachment ruptures rooted in trauma often manifest as insecure attachment styles—marked by emotional avoidance, anxious dependency, or disorganized coping (Fonagy & Allison, 2014; Schore, 2019). These patterns are particularly common among children of parents who have lived through war, displacement, or systemic discrimination, where survival-oriented behaviours are passed down as relational templates.

Bowlby's (1988) foundational attachment theory illustrates how inconsistent or emotionally unavailable caregiving shapes internal working models that carry forward into adult relationships. Clients with anxious attachment may exhibit clinginess, difficulty

tolerating emotional distance, and heightened fear of abandonment, while avoidantly attached individuals may suppress emotions, rely heavily on self-sufficiency, and struggle with vulnerability (Mikulincer & Shaver, 2016). Those with fearful-avoidant attachment, often shaped by abuse or neglect, can oscillate between seeking closeness and withdrawing—commonly seen in clients with unresolved trauma (Siegel, 2012).

In the context of intergenerational trauma, these patterns often develop not from individual pathology but from adaptive strategies that helped families survive instability or danger. For example, a child of a refugee parent might internalize hypervigilance as an act of loyalty, feeling responsible for emotionally protecting a caregiver. While adaptive in the original context, these strategies can limit relational safety and flexibility in adulthood (Yehuda et al., 2014).

**Core Interventions.** Attachment repair within the Bridging Families Model uses the therapeutic alliance as the primary vehicle for re-establishing trust and safety. Sessions emphasize reparenting techniques, inner child visualization to reconnect with vulnerable parts of the self, and psychoeducation that normalizes attachment patterns as learned, not fixed. Through guided imagery, somatic awareness, and emotionally corrective experiences, clients begin to rewrite internal narratives of unworthiness or danger (Bradshaw, 1990). Lieberman et al. (2015) demonstrated in Child–Parent Psychotherapy that repeated moments of attunement—mirroring, validating, and co-regulating—can restructure attachment systems, even when the original wounds occurred decades earlier. This process is particularly powerful when combined with right-brain–to–right-brain co-regulation (Schoore, 2019), which uses nonverbal cues, tone, and presence to restore a sense of safety at the nervous-system level.

In British Columbia, culturally adapted attachment work often incorporates Indigenous and immigrant worldviews. For Indigenous clients, the First Nations Health

Authority and community-based parenting programs use storytelling, ritual, and land-based healing to restore disrupted attachment bonds (FNHA, 2025a, 2025b; Kirmayer et al., 2009). For newcomer and refugee families, dyadic or triadic therapy formats (caregiver–youth) allow grief and vulnerability to emerge where verbal expression might be constrained by language or cultural norms.

The clinical goal in this pillar is to help clients differentiate inherited trauma responses from present-day relational possibilities, opening the door for more flexible ways of bonding, expressing needs, and trusting others.

**Case Vignette.** *Leila*, 32, is the daughter of political refugees. She reports somatic anxiety, heightened threat perception, and a strong preference for emotional self-reliance. She loves her parents deeply but describes disclosure as “adding weight to a boat already taking on water.” Early sessions explored the link between her bodily tension and a childhood in which silence and withdrawal were safety cues. Psychoeducation on attachment styles reframed her vigilance as an inherited survival skill rather than a personal flaw. Through inner-child imagery (Bradshaw, 1990) and co-regulation exercises in session, she practiced receiving attuned responses without needing to earn them. Over several weeks, she began testing small bids for connection with a close friend, reporting “less scanning” of the environment and a growing ability to name needs without dread.

**Cultural Variation Notes.** Attachment repair must be understood through a cultural lens. In collectivist families, close monitoring, high involvement, and “strictness” may represent care and duty, not dysfunction. Therapists can honour these values by asking, “How did this pattern keep your people safe?” rather than pathologizing them.

- **Indigenous contexts:** Repair may occur within storywork, ceremony, and land-based connection—sitting with Elders, participating in seasonal gatherings, and engaging

with community spaces that restore belonging through kinship and place (FNHA, 2025a, 2025b; Kirmayer et al., 2009).

- **Refugee contexts:** Dyadic or triadic approaches can surface multi-layered grief while preserving cultural respect. Here, the therapist often functions as both witness and bridge, facilitating safety between generations when histories of persecution have left unspoken wounds.

**Outcome Research.** Research on attachment-focused interventions shows measurable gains in emotional regulation, caregiver sensitivity, and relationship satisfaction. Lieberman et al. (2015) found that Child–Parent Psychotherapy was particularly effective for families impacted by violence or displacement. Schore’s (2019) neurobiological work emphasized that repeated contingent attunement reorganizes the stress-response system, reducing chronic orientation toward threat cues. In Canadian Indigenous and immigrant communities, culturally adapted attachment programs that integrate ritual, storytelling, and community mentorship have reported increased caregiver confidence, improved child emotional regulation, and stronger intergenerational bonds (FNHA, 2025b; Kirmayer et al., 2009).

**Clinical Takeaway.** Attachment repair begins with safety, attunement, and validation of adaptive survival patterns. By repairing these early relational templates experientially—not only cognitively—clients build a secure base from which later interventions such as ACT, IFS, or CBT can take root. When the nervous system trusts the connection, cognitive and behavioural change becomes sustainable.

### ***Pillar 2: Cultural Affirmation***

Cultural affirmation recognizes that identity is not merely a personal construct but a living archive of community history, survival, and meaning-making. Within the context of intergenerational trauma, affirming one’s culture becomes both a protective factor and a pathway to healing. When clients face internalized stigma or disconnection from heritage,

therapy can function as a space to reclaim pride, reconnect with community, and name systemic harms that have shaped identity (Gone, 2013; Kirmayer et al., 2009). This process reframes cultural values—such as collectivism, silence, or duty—not as barriers to growth but as adaptive survival strategies embedded in cultural logic. By working with cultural grief (i.e., loss of language, traditions, and belonging) and restoring dignity through heritage-based practices, culturally affirmed positions may be identified as a therapeutic resource rather than a challenge to be overcome (Dee & Penner, 2017; Yoon et al., 2023).

**Rationale and Focus.** Cultural affirmation within the Bridging Families Model treats identity not as a side variable to be managed, but as a core therapeutic resource. It acknowledges that healing from intergenerational trauma cannot occur without validating both cultural grief and cultural resilience (Gone, 2013; Kirmayer et al., 2009). Cultural grief refers to the loss of language, traditions, land, and community belonging, often as a result of colonization, forced migration, or assimilationist policies (Kirmayer et al., 2009). By restoring pride in heritage, reconnecting clients with their cultural communities, and naming systemic harms, cultural affirmation helps to re-anchor dignity and self-worth in ancestral narratives, values, and practices.

Therapy in this pillar may involve exploring generational values, reconnecting with cultural rituals, reclaiming traditional names, or revitalizing ancestral language. The work often includes naming the structural barriers that shaped family migration stories, challenging internalized stereotypes such as the “model minority” myth (Yoon et al., 2023), and reframing identity beyond achievement metrics. Rather than interpreting collectivist values or silence as resistance, therapists are encouraged to view them as adaptive strategies rooted in cultural logic and survival (Lu et al., 2020).

**Core Interventions.** Cultural affirmation often incorporates cultural mapping exercises, values clarification tools, and narrative reconstruction. Cultural mapping may

include identifying key life events tied to migration, political upheaval, or displacement, and situating them alongside personal developmental milestones. Values clarification can surface intergenerational conflicts—such as tensions between independence and filial duty—while framing them as opportunities to integrate rather than choose between cultural frameworks (Dee & Penner, 2017).

Therapists may also use micro-rituals—small, repeated cultural practices embedded in daily life—as a bridge between heritage and present identity. For example, reintroducing a traditional prayer, seasonal food, or family proverb can anchor therapy goals in embodied cultural continuity. In some cases, cultural mentors or community elders are invited into sessions to provide lived cultural context, further deepening a client’s sense of belonging (Raposa et al., 2019).

**Case Vignette.** *Arjun, 24*, a second-generation South Asian client, reported shame about his accent and the “smell” of home-cooked foods. In therapy, we reconstructed his family migration story—partition, resettlement, and rebuilding—and located pride points within it. Together, we curated a micro-ritual: reading Punjabi verses his grandfather loved while reflecting on “values spotting” questions, such as, “Who do I want to be, given this lineage?” Over time, Arjun began bringing family foods to social gatherings and reframing his accent as evidence of resilience—two languages carried by one body, preserving connection to his elders.

### **Cultural Variation Notes**

Cultural Variation Notes. Cultural affirmation is highly context-specific and must be grounded in the lived experiences of each community. For example, Indigenous clients may draw strength from language reclamation and seasonal ceremonies (Kirmayer et al., 2009; FNHA, 2025), while immigrant and refugee families may find resilience through intergenerational storytelling, community rituals, or faith practices (Bombay et al., 2013; Kim

et al., 2018). Recognizing these variations ensures that cultural affirmation is not treated as a universal technique, but as a flexible process that honours the unique protective factors of each group (Gone, 2013; Hinton & Jalal, 2014).

- Indigenous clients may engage in language reclamation projects, seasonal ceremonies, and land-based practices that restore relational accountability to kin and place (FNHA, 2025a, 2025b; Kirmayer et al., 2009).
- Newcomer youth may benefit from school-based ethnic studies curricula, community-led arts programs, or culturally matched mentoring relationships, which can validate bicultural identities and reduce internalized stigma (Dee & Penner, 2017; Raposa et al., 2019).
- Muslim families may explore religious practices—such as daily prayer, Ramadan rhythms, and charitable obligations—as both sources of emotional regulation and cultural meaning-making.
- Intercultural couples may use cultural affirmation to negotiate differences in family expectations, holiday observances, or gender role norms, framing these conversations in terms of mutual respect rather than compromise alone (Lu et al., 2020).

**Outcome Research.** Evidence supports the therapeutic and educational benefits of identity-affirming practices. Ethnic studies curricula in secondary schools have been shown to improve attendance, GPA, and credit completion, particularly for marginalized students (Dee & Penner, 2017). Mentoring meta-analyses indicate small-to-moderate improvements in academic performance, self-esteem, and socioemotional skills, with the strongest outcomes observed in culturally responsive, relationship-centred programs (DuBois et al., 2011; Raposa et al., 2019). In mental health contexts, embedding cultural narratives, ritual, and community involvement into therapy has been shown to mitigate symptoms of historical trauma and increase engagement (Gone, 2013; Kirmayer et al., 2009).

**Clinical Takeaway.** Cultural affirmation reduces shame, expands identity beyond performance or assimilation, and strengthens collective sources of worth. By situating personal healing within cultural narratives, clients can draw on heritage as a source of resilience—creating a more stable foundation for behavioural and relational changes in later therapeutic work.

***Pillar 3: ACT-Based Tools – Acceptance, Defusion, and Values***

Acceptance and Commitment Therapy (ACT) offers a framework for building psychological flexibility, the ability to engage in values-guided action even under emotional distress. This is particularly relevant for individuals navigating cultural dualities—such as balancing filial obligations with personal autonomy—where loyalty binds and self-silencing can create chronic internal conflict (Curtis et al., 2020). In intergenerational trauma contexts, ACT validates the inherited emotional burdens of survival—fear, guilt, shame—while empowering clients to make space for them without letting those emotions dictate behaviour (Hayes, Strosahl, & Wilson, 2012; Wharton et al., 2019). The emphasis on values work allows clients to clarify commitments that honour both ancestral heritage and self-determined goals, helping them integrate rather than polarize competing parts of their identity (Twohig & Levin, 2017).

**Rationale and Focus.** Acceptance and Commitment Therapy (ACT) targets psychological flexibility—the capacity to act on values under stress, rather than on avoidance or fusion with self-critical thoughts (Hayes et al., 2012). It is especially relevant for clients facing internalized cultural conflicts, such as the tension between collectivist familial obligations and personal autonomy. In second-generation immigrant clients, these tensions often surface as guilt, loyalty binds, or self-silencing (Curtis et al., 2020). ACT helps hold both without collapse: “I can honour my people and choose a path.”

ACT interventions allow clients to accept inherited emotional pain (e.g., fear, shame, self-sacrifice) without internalizing it as identity (Wharton et al., 2019). Internal conflict might sound like, “I want to pursue my dreams, but I’ll disappoint my family.” Rather than erasing one side, ACT fosters the ability to sit with dissonance while still taking values-aligned steps forward (Hayes et al., 2012).

### **Key Tools**

The following tools illustrate how Acceptance and Commitment Therapy (ACT) is applied in practice. Each is designed to foster psychological flexibility and support clients in aligning behaviour with deeply held values.

- **The ACT Matrix:** Visually maps values versus avoidance, helping clients distinguish what they want to move toward (e.g., belonging, creativity, or health) from what they are running from (e.g., shame or judgment).
- **Defusion Exercises:** Clients practice noticing thoughts (“I’m failing my family”) without attaching to them, creating separation between the self and internalized narratives.
- **Values Work:** Especially powerful when clients feel guilt for diverging from cultural expectations. Values exploration distinguishes personally chosen commitments from inherited family scripts, allowing clients to navigate autonomy while still honouring intergenerational bonds.

**Case Vignette.** *Mai*, 27, a Vietnamese Canadian, loves visual art but fears disappointing her parents if she does not pursue a “secure” career. Using the ACT Matrix, Mai mapped what she moves toward (creativity and family solidarity) and what she moves away from (guilt and conflict). Defusion exercises—such as naming thoughts (“I’m having the thought I’ll betray my family”)—helped loosen sticky cognitions. Self-as-context reframing (“I’m the container for many stories, not any single one”) reduced identity fusion.

Mai tested a both/and plan: taking a paid design role while preparing a graduate portfolio, paired with regular family check-ins to maintain closeness.

**Cultural Variation Notes.** Values work should explicitly invite collective and spiritual values alongside personal ones; otherwise, ACT risks privileging individualism. Metaphors can be tailored (e.g., weaving, river crossings, or ancestral guidance) to reflect the client's cultural frame (Hinton & Jalal, 2014).

**Outcome Research.** Meta-analyses support ACT's efficacy for anxiety and depression across diverse groups (A-Tjak et al., 2015; Beygi et al., 2023). In culturally adapted contexts, ACT demonstrates high acceptability and effect sizes comparable to CBT, with particular resonance for clients navigating mixed-loyalty dilemmas (Hinton & Jalal, 2014; Twohig & Levin, 2017).

In the context of intergenerational trauma, ACT's focus on values clarification helps clients not only identify what matters most, but also disentangle inherited avoidance patterns from authentic living. This process supports cultural continuity, as clients can reclaim values rooted in family and tradition while discarding those shaped by oppression. In this way, ACT addresses both the wounds and the strengths that have been passed down through generations.

**Clinical Takeaway.** ACT converts loyalty binds into values-guided choices, teaching clients to carry guilt with compassion while still moving toward a life that fits. Because values help clarify what is most important, they act as a compass in moments of cultural or relational conflict. Living in alignment with deeply held values not only promotes psychological flexibility but also fosters a sense of meaning, purpose, and long-term fulfillment (Wilson & Murrell, 2004). In practice, this means clients leave therapy not simply with symptom reduction, but with a durable framework for making decisions that honour both self and heritage.

***Pillar 4: IFS – Internal Parts and Legacy Burdens***

Internal Family Systems (IFS) theory sees the psyche as composed of parts—protective, exiled, or wounded (Schoore, 2019). In intergenerational trauma contexts, many parts take on roles shaped by ancestral distress or cultural survival narratives. These include internalized roles such as *striver* or *caretaker*, often rooted in family stories of war, displacement, colonization, or economic struggle (Yehuda et al., 2014).

For example, a *striver* part may reflect a parent's survival-based need to perform and succeed in Canada, a strategy meant to secure safety and belonging. A *caretaker* part may be shaped by generational narratives of self-sacrifice—maintaining harmony at the expense of one's own needs. An *anxious* part may carry a grandparent's grief or the fear of disconnection from culture or family. These parts are not pathological—they are adaptive, yet often overburdened.

IFS offers a structured path for engaging with these parts using Self-energy—defined by eight qualities: curiosity, compassion, calm, clarity, confidence, courage, creativity, and connectedness (Schwartz & Sweezy, 2020). The goal of therapy is not to eliminate parts, but to help them unburden trauma and reintegrate with the Self.

### **Rationale and Focus.**

Internal Family Systems (IFS) conceptualizes the mind as an ecology of parts organized around a compassionate Self (Schwartz & Sweezy, 2020). In the context of intergenerational trauma, many of these parts hold legacy burdens—beliefs, emotional states, or behavioural patterns rooted in ancestral survival strategies (Sinko, 2016; Sweezy & Ziskind, 2017). These include internalized roles such as *striver* or *caretaker*, often developed in response to family histories of war, displacement, colonization, or economic struggle (Yehuda et al., 2014). The *striver* part, for instance, may be fueled by a parent's survival-based belief that relentless achievement ensures safety and belonging in a new country. The *caretaker* part might be shaped by generational narratives of self-sacrifice—maintaining

harmony at the expense of one's own needs. Though adaptive in their original contexts, these roles can become overburdened in later generations, leading to burnout, self-silencing, or identity diffusion.

For individuals who experience opposite personality tendencies (e.g., driven ambition coexisting with withdrawal) or a sense of disconnection from Self-energy, IFS provides a non-pathologizing framework for understanding these dynamics. Through engaging directly with each part, clients can bring forward the qualities of Self—curiosity, compassion, calm, clarity, confidence, courage, creativity, and connectedness—allowing for healing and integration. Speaking to each part also creates opportunities to reassure it with messages such as, “I’m safe now,” which is essential in interrupting trauma-driven responses and re-establishing internal trust.

### **Key Tools.**

IFS incorporates a range of tools designed to support clients in accessing the Self, engaging with protective and exiled parts, and facilitating unburdening. These practices create pathways for clients to reduce the weight of intergenerational trauma and develop more balanced internal systems.

- **Parts Mapping:** Clients explore which parts dominate in conflict, caregiving, or shame. Mapping helps name internal patterns and link them to family systems (Gonzalez, 2022).
- **Compassionate Dialogue:** Therapists guide clients in building trust with protective or wounded parts using direct internal communication. For example, clients may journal or visualize speaking to a scared inner child.
- **Unblending Techniques:** By recognizing “a part of me feels this” rather than “I am this,” clients increase emotional regulation and choice (Anderson et al., 2017).

- **Legacy Burden Release:** Especially relevant in immigrant and Indigenous families, this process helps clients symbolically and cognitively release roles or burdens they never chose, such as silence, perfectionism, or emotional inaccessibility (Kirmayer et al., 2009; Menzies, 2010).

Over time, clients develop a Self-led system in which parts work collaboratively, rather than from conflict or reactivity. This transformation helps break intergenerational cycles by fostering compassionate internal leadership and boundary-setting in real life. Research has shown that IFS increases emotional resilience and helps reduce symptoms of PTSD, especially when trauma is familial and longstanding (Schwartz & Sweezy, 2020; Yehuda et al., 2014).

**Case Vignette.** *David*, 45, a Métis father, hears a relentless internal “taskmaster” that calls rest “weak.” Parts mapping linked this voice to his grandfather’s residential-school conditioning, where relentless productivity was protective. Through unblending, David learned to notice, “A part of me is scared that stopping equals danger.” With guided dialogues and a ritualized unburdening (offering tobacco at the river with an Elder), the taskmaster softened, allowing a new role: “planner,” rather than “tyrant.” Family evenings shifted from tense to playful, and sleep improved.

**Cultural Variation Notes.** In Indigenous and newcomer communities, parts may be engaged via cultural metaphors—ancestral voices, animal helpers, or prayer—as legitimate interfaces with Self energy. Safety requires respecting community protocols for ritual and story.

**Outcome Research.** IFS demonstrates reductions in PTSD and complex trauma symptoms and increases in self-leadership (Schwartz & Sweezy, 2020). Conceptual and qualitative papers document legacy burden work as a culturally adaptable way to metabolize collective grief (Sinko, 2016; Sweezy & Ziskind, 2017). Attachment and trauma science

support the mechanism; self-compassionate attention reorganizes defensive states and broadens regulation (Schore, 2019).

Through the lens of generational trauma, IFS offers a pathway for clients to recognize that some parts carry legacy burdens inherited from previous generations. At the same time, IFS emphasizes that these parts also hold intergenerational strengths, such as perseverance, adaptability, and loyalty. By accessing Self-energy, clients are empowered to transform inherited wounds while amplifying inherited resilience.

**Clinical Takeaway.** IFS translates “Why can’t I stop?” into “Who learned to protect me this way?”, enabling compassionate change without rejecting ancestral strategies that once kept families alive. It also functions as a model of language, helping clients name and understand each part’s function while fostering the capacity to reassure the self: “I’m safe now.” This work supports re-connection with Self-energy and allows values-led living, where choices are aligned with personal meaning and ancestral honouring, resulting in greater internal harmony and sustained behavioural change.

### ***Pillar 5: CBT in Cultural Context***

Cognitive Behavioural Therapy (CBT) is one of the most rigorously researched therapeutic modalities, and with cultural adaptations, it becomes a powerful tool for addressing the complex interplay between inherited trauma, cultural values, and present-day distress. In many immigrant and trauma-affected families, certain harmful patterns such as physical punishment, emotional suppression, or rigid control, become normalized and reframed as discipline, sacrifice, or love (Kim et al., 2018). While these strategies may have been adaptive in past contexts of war, migration, or systemic discrimination, they often leave a legacy of maladaptive core beliefs that fuel perfectionism, chronic guilt, hypervigilance, or feelings of unworthiness (Mak et al., 2019).

CBT offers a clear, structured pathway for identifying, testing, and reshaping these beliefs. In this process, clients learn to distinguish between thoughts that are culturally meaningful and supportive versus those that perpetuate fear, shame, and self-limitation. This is especially critical when beliefs are deeply tied to identity and family loyalty; without a culturally attuned approach, cognitive restructuring can feel like a betrayal rather than growth (Hinton & Jalal, 2014).

Core interventions for trauma-related schemas and PTSD symptoms include:

- **Thought Records:** These help track and challenge automatic thoughts, particularly those around self-worth, responsibility, and failure.
- **Behavioural Experiments:** Clients test beliefs such as “I must always put others first,” or “Showing emotion is weakness.”
- **Socratic Questioning:** This uncovers the origins of distorted thinking in family narratives.
- **Emotion Regulation Skills:** Clients learn to name, tolerate, and validate emotions that were previously suppressed.

In trauma-informed CBT, pacing and safety are prioritized—grounding techniques, physiological regulation, and psychoeducation precede cognitive restructuring to prevent retraumatization (Foa et al., 2009). This is vital for clients whose “hot thoughts” (e.g., “I’m always in danger,” or “I’m unlovable”) are linked to highly charged memories. Beyond CBT, other modalities such as Eye Movement Desensitization and Reprocessing (EMDR) can also be integrated to target and reprocess trauma-related beliefs, helping clients replace them with adaptive, self-compassionate narratives.

Culturally Adapted CBT (CA-CBT) ensures that therapy incorporates metaphors, language, and values from the client’s cultural framework. This might include reinterpreting collectivist values through a strengths lens, using culturally resonant stories, or anchoring

cognitive shifts in spiritual principles such as *sabr* (patience) or *tawakkul* (trust in God) in Muslim contexts.

**Rationale and Focus.** CBT targets maladaptive schemas—perfectionism, mistrust, self-erasure—that often crystallize in trauma-affected families where silence, control, or self-sacrifice were normalized as expressions of care (Beck, 2011; Kim et al., 2018). In CA-CBT, therapists intentionally integrate idioms, parables, and value-based reflections so cognitive change honours heritage rather than erases it (Hinton & Jalal, 2014; Mak et al., 2019).

**Case Vignette.** *Samira*, 22, a Somali-Canadian, equated “anything less than perfect” with dishonouring her parents’ migration sacrifices. Using thought records, we tracked all-or-nothing thinking (i.e., “A-minus = failure”) and conducted behavioural experiments (submitting an imperfect draft and noting the real-world impact). We mapped this schema to family narratives of survival and reframed excellence as a form of collective pride rather than avoidance of shame. As Samira practiced “good-enough” milestones, her panic symptoms eased, sleep improved, and she began applying for roles she previously avoided.

**Cultural Variation Notes.** With East Asian clients, CBT may address face-saving beliefs and include family psychoeducation to reduce stigma around help-seeking. For Muslim clients, restructuring work can be framed in the context of spiritual meanings that reinforce resilience.

**Outcome Research.** Trauma-focused CBT with paced exposure remains one of the most effective treatments for PTSD; for refugee and complex trauma populations, front-loading safety and regulation is essential (Foa et al., 2009). Meta-analyses of CA-CBT show high acceptability and equal or superior effectiveness to standard CBT when cultural meanings are incorporated (Hinton & Jalal, 2014; Mak et al., 2019).

CBT interventions can be reframed to highlight not only the interruption of negative thought cycles, but also the reinforcement of intergenerational resilience. For example,

reframing cognitive distortions may involve connecting clients to family narratives of survival, thereby validating that adaptability and resourcefulness are also inherited patterns. This strengthens identity and supports cultural pride alongside symptom relief.

**Clinical Takeaway.** Core beliefs shape how clients interpret every experience—and in trauma-affected families, they are often inherited rather than consciously chosen. CBT helps clients examine which beliefs are helpful, which are harmful, and how to unlearn and replace the latter with adaptive ones. This can be achieved through thought-based work, behaviour change, or trauma reprocessing methods such as EMDR. When culturally attuned, CBT allows clients to update their belief systems without severing ties to the cultural values or family histories that matter most.

In practice, CBT may involve using a thought record to track inherited beliefs such as “I am only worthy if I excel.” Clients can then test these beliefs through behavioural experiments, for example, intentionally setting a boundary with family or engaging in a role unrelated to achievement, and recording the outcomes. Such activities help externalize generational messages and replace them with balanced, self-authored cognitions. This makes CBT not only a cognitive tool but also a way of interrupting cycles of intergenerational pressure and fostering cultural pride.

### **Integrative Application of the Bridging Families Model**

In applied practice, the pillars of the Bridging Families Model function synergistically rather than sequentially isolated techniques. Much like interlocking gears, each pillar’s movement propels the others, creating a dynamic process that adapts to a client’s evolving needs and readiness for change. The arc often begins with Attachment Repair and Cultural Affirmation to establish a foundation of safety, belonging, and relational trust (Bowlby, 1988; Kirmayer et al., 2009). This mirrors chapter two’s findings that unresolved attachment ruptures and cultural grief are core pathways through which intergenerational trauma is

transmitted in immigrant, refugee, and Indigenous families. Clinically, the early phase may include co-regulation exercises, narrative sharing of family migration histories, and the co-creation of rituals that affirm cultural identity (FNHA, 2025a; Ungar, 2013).

Once safety and dignity are stabilized, ACT processes—particularly values clarification and cognitive defusion—are introduced to expand the client’s sense of agency and psychological flexibility (Hayes et al., 2012). For example, a second-generation Vietnamese Canadian client navigating filial piety obligations while desiring greater personal autonomy might use ACT values mapping to integrate both family loyalty and self-determined career goals, reducing the identity conflict described in chapter two’s discussion of bicultural stress.

Internal Family Systems (IFS) interventions then create a structured space for addressing legacy burdens—the emotional residues of war displacement, colonialism, or systemic racism carried by protective parts (Schwartz & Sweezy, 2020). Dialoguing with these parts enables clients to externalize inherited fears or sensory over-attunement, reframe them as survival adaptations, and renegotiate their influence. For example, a “perfectionist part” rooted in parents’ refugee survival narratives may be guided to take on a less rigid role, freeing space for more self-compassionate behaviours.

Finally, Cognitive Behavioural Therapy (CBT) in a cultural context targets persistent maladaptive schemas—such as “I am only worthy if I excel”—that may persist despite emotional insight (Hofmann et al., 2012; Synowski et al., 2021). Behavioural experiments, such as intentionally setting boundaries with family or engaging in community roles unrelated to achievement, help consolidate new beliefs.

Throughout these phases, community partnership is an active therapeutic tool. Collaborating with cultural mentors, elders, ethnic-studies educators, or land-based healers extends the work beyond the therapy room and reinforces cultural continuity (Dee & Penner,

2017; Raposa et al., 2019; Rowan et al., 2014). Measurable progress is tracked using both standardized instruments (e.g., PHQ-9, GAD-7) and idiographic, culturally resonant markers—such as frequency of family meals, participation in ceremonies, or reduced duration of post-conflict withdrawal. This ensures outcomes reflect not just symptom reduction, but improvements in relational and cultural wellbeing (Gone, 2013).

Throughout these phases, community partnership functions as the connective tissue of the Bridging Families Model, ensuring that each pillar is reinforced within the client's wider cultural context. Collaborating with cultural mentors, elders, ethnic-studies educators, or land-based healers extends the therapeutic work beyond the session and anchors attachment repair, values clarification, and emotional safety practices in lived community life (Dee & Penner, 2017; Raposa et al., 2019; Rowan et al., 2014). This grounding reflects the model's emphasis on cultural affirmation and collective identity, highlighting that healing occurs not only through individual insight but also through relationships embedded in community. Measurable progress is tracked using both standardized instruments (e.g., PHQ-9 or GAD-7) and idiographic, culturally resonant markers—such as frequency of family meals, participation in ceremonies, or reduced duration of post-conflict withdrawal. By situating outcomes within community life, the model ensures that generational healing reflects not just symptom reduction, but also strengthened relational and cultural wellbeing (Gone, 2013).

### **Emotionally Focused Therapy (EFT) as a Complementary Application**

While the Bridging Families Model highlights five therapeutic pillars, EFT can also be considered a complementary application in addressing intergenerational trauma (Johnson, 2019). Emotional safety is particularly critical for families shaped by histories of war, displacement, and colonization, where silence, fear, and relational withdrawal often become inherited coping strategies (Bowlby, 1988; Menzies, 2010). Survivors who adapted through

emotional suppression may unintentionally pass on patterns of detachment or avoidance to their children, reinforcing cycles of disconnection.

In applied practice, EFT directly targets these legacies by creating structured opportunities for vulnerability, validation, and repair of attachment bonds. For example, sessions may guide family members to move from protest or withdrawal into expressions of primary emotions, such as fear of abandonment or longing for closeness. This shift allows new relational patterns to emerge, where care and responsiveness are explicitly communicated. Such processes are especially powerful for families carrying war-related trauma, where children often inherit silence or anticipatory guarding from parents who survived violence or displacement (Bowlby, 1988; Bradshaw, 1990).

By prioritizing emotional responsiveness, EFT provides a framework for restoring relational trust across generations. This emphasis echoes attachment theory and inner-child perspectives, which underline the protective power of secure, validating relationships (Bowlby, 1988; Bradshaw, 1990). Although not a formal pillar of the Bridging Families Model, EFT complements its existing components by ensuring that healing is grounded not only in cognitive reframing and cultural affirmation but also in the restoration of emotional safety, which is essential for generational resilience. Across these modalities, the clinical takeaways demonstrate that interventions do more than alleviate symptoms; they actively disrupt cycles of intergenerational trauma while reinforcing resilience. By making these connections explicit, each approach strengthens the bridge between inherited pain and generational healing.

### **Implications for Clinical Practice**

The Bridging Families Model reinforces that effective cross-cultural psychotherapy cannot be reduced to a technical toolkit; it requires an ethos of cultural humility and reflexivity as ongoing practices (Truscott & Crook, 2021). This aligns with chapter two's

finding that therapists working with war-affected and migrant populations must remain alert to their own biases, countertransference, and positionality, especially when navigating power imbalances inherent in therapist–client dynamics. In practice, this reflexivity involves brief pre-session reflection on personal or cultural assumptions (Truscott & Crook, 2021), power-mapping in case notes to notice how migration, class, or colonial histories surface in the client’s story (Kirmayer et al., 2009), and bringing moments of emotional reactivity to supervision as countertransference material (Najavits, 2015). Embedding these habits turns awareness into action, supporting humility as a daily discipline rather than an abstract goal. Sequencing interventions should be guided by safety and readiness rather than rigid protocol purity (Najavits, 2015), since prematurely confronting legacy burdens risks retraumatization. Instead, the model allows flexibility—for example, alternating between ACT defusion, attachment repair, and cultural affirmation as the therapeutic alliance deepens.

Alongside these pillars, EFT offers a complementary lens for addressing the emotional ruptures that often underlie intergenerational trauma. By fostering emotional safety and guiding families toward validation and responsiveness, EFT interrupts patterns of silence and withdrawal common in families affected by war and displacement (Bowlby, 1988; Johnson, 2019; Menzies, 2010). This emphasis on secure bonds echoes attachment theory and inner-child perspectives, highlighting that relational repair is as critical as cognitive restructuring or schema change in sustaining long-term resilience (Bradshaw, 1990).

Community partnership further anchors the model by extending therapeutic gains beyond the session and situating healing in cultural continuity. Collaborating with elders, mentors, faith leaders, or land-based healers reinforces attachment repair and values work within lived cultural contexts (Dee & Penner, 2017; Raposa et al., 2019). Addressing systemic barriers is also essential: myths such as the “model minority” (Yoon et al., 2023) or “unrestricted mobility” (Lu et al., 2020) obscure racism and perpetuate self-blame.

Integrating awareness of these structures into case formulation helps dismantle internalized oppression while empowering advocacy at the systems level.

Finally, practice-based research, such as intergenerational family assessments or community-based participatory studies (Israel et al., 2010), is needed to fill gaps identified in chapter two, including the absence of longitudinal data on grandchildren of refugees in Canada. Taken together, the Bridging Families Model emphasizes that intergenerational healing must be holistic, flexible, and culturally congruent. Its five pillars, complemented by EFT and grounded in community partnerships, illustrate that resilience arises not only through symptom reduction but also through relational repair, cultural affirmation, and collective belonging across generations.

### **Chapter Summary and Identified Gaps**

This chapter emphasized that trauma work must begin from a culturally responsive, person-centered stance. Rather than diagnosing intergenerational trauma, the literature highlights the importance of creating space for clients to name and make meaning of their experiences, fostering autonomy and avoiding cultural pathologization (Kirmayer et al., 2009; Truscott & Crook, 2021). The Bridging Families Model integrates five therapeutic pillars—attachment repair, cultural affirmation, ACT, IFS, and CBT—applied flexibly to client readiness. These modalities complement one another: ACT’s values work and defusion support IFS’s internal dialogue, while CBT provides structure to challenge inherited beliefs once safety and insight are established (Beck, 2011; Twohig & Levin, 2017; Schwartz & Sweezy, 2020).

In addition to these pillars, this chapter also underscored the complementary role of EFT, particularly for families shaped by war, displacement, and colonization. As discussed in chapter two’s review of attachment and resilience literature, emotional safety remains a cornerstone of healing. EFT reinforces this by fostering responsiveness and secure bonding,

interrupting patterns of silence and withdrawal transmitted across generations (Bowlby, 1988; Johnson, 2019; Menzies, 2010). Together, these approaches highlight that resilience is sustained not only through cognitive reframing or cultural affirmation but also through the validation and repair of emotional bonds (Bradshaw, 1990).

Despite the promise of this integrative model, several gaps remain in the research. First, most EFT studies focus on couples and dyads, leaving little evidence of its application in multigenerational or refugee family contexts (Johnson, 2019). Second, there is a lack of empirical studies that braid land-based Indigenous practices with structured Western modalities, despite promising pilot programs in British Columbia (Gone, 2013; Kirmayer et al., 2009). Third, research on culturally adapted CBT or ACT interventions rarely examines Generation Z or Generation Alpha populations, whose digital environments and communication styles may shift how resilience and trauma are experienced. Addressing these gaps through practice-based and participatory research will be essential to refining and validating the Bridging Families Model.

In summary, chapter three demonstrated how the Bridging Families Model, complemented by EFT, offers a culturally congruent framework that integrates attachment security, cultural affirmation, psychological flexibility, parts-based compassion, and culturally adapted cognitive restructuring. However, advancing this work requires research that captures resilience alongside trauma, includes more diverse immigrant and refugee populations, and evaluates relationally focused interventions as mechanisms of generational healing.

### **Final Reflection**

Conducting this research challenged me to confront the layered and often invisible ways trauma shows up—not through overt violence, but in the emotional atmospheres of family systems, in what is left unsaid, and in survival-based adaptations carried across

generations. The literature helped me realize that intergenerational trauma is rarely experienced in isolation; it is carried relationally, silently embedded in parenting behaviours, communication styles, and emotional responses (Schore, 2019; Yehuda et al., 2014). For many families, especially those shaped by displacement, war, or colonization, expressions of vulnerability were not safe. Emotional restraint, silence, and stoicism became necessary strategies. Understanding this helped me make sense of the emotional dynamics I witnessed in my own upbringing—why words were hard, why pain was endured rather than expressed, and why strength was often equated with emotional suppression.

At times, I questioned the relevance of applying Western-based therapeutic models to these experiences. Much of this work relies on a lens rooted in individualism and self-actualization, yet for many families, including my own, mental health support is still in its early stages of acceptance. As Maslow's hierarchy of needs suggests, safety, shelter, and survival often take precedence over emotional expression and psychological exploration (Maslow, 1943). In communities where resources are scarce and trauma is recent, relational healing may not be the immediate focus. This reminded me of the importance of cultural humility in clinical practice—recognizing that therapeutic growth must align with a client's cultural, historical, and economic context (Kirmayer et al., 2009; Truscott & Crook, 2021).

Still, I hold onto a sense of purpose in doing this work. For those of us caught in the space between cultures, our families' unspoken histories, and our current realities, having language and frameworks to understand what we've inherited is deeply meaningful. While Western models may not fully reflect the complexity of all communities, they offer tools for witnessing, naming, and making choices about how we carry our stories. As therapists and as descendants, we now have the capacity to look at our experiences through both a clinical and compassionate lens—to not only understand where our patterns come from, but to choose how we relate to them going forward (Schwartz & Sweezy, 2020; Wharton et al., 2019).

That, to me, is where healing begins. It is also the grounding purpose of the Bridging Families Model: to create space where inherited wounds and cultural strengths are both recognized, and where therapy becomes a bridge between the past we carry and the futures we are building. In this way, my personal reflections not only shaped this capstone, but also reaffirmed why integrative, culturally responsive models are needed in clinical practice.

### **Conclusion**

Intergenerational trauma is not simply a psychological phenomenon—it is a lived experience embedded in relationships, culture, and history. As demonstrated throughout this capstone, its effects are transmitted through disrupted attachment, inherited survival strategies, and socio-cultural ruptures that shape emotional regulation, identity, and family dynamics (Fonagy & Allison, 2014; Menzies, 2010; Yehuda et al., 2014). In multicultural societies like Canada, where immigrant, refugee, and Indigenous families navigate complex historical and contemporary injustices, counselling practice must move beyond universalized models to offer frameworks that are trauma-informed, culturally grounded, and relationally attuned (Kirmayer et al., 2009; Truscott & Crook, 2021).

The Bridging Families Model developed in this capstone represents a synthesis of clinical insight, personal narrative, and interdisciplinary theory. Its integrative structure—drawing on attachment repair, cultural affirmation, ACT, IFS, and CA-CBT—demonstrates how diverse modalities can converge to support clients in reclaiming voice, safety, and agency (Beck, 2011; Twohig & Levin, 2017; Schwartz & Sweezy, 2020). Complementing these pillars, EFT reinforces that healing requires not only cognitive restructuring but also the restoration of emotional safety through validation, responsiveness, and secure bonds (Bowlby, 1988; Johnson, 2019). In this way, EFT highlights that freedom is not found in avoiding tension, but in entering it with openness and care.

Ultimately, the heart of this work lies in witnessing. By holding space for clients to name their inherited wounds in their own language, therapists honour the resilience embedded in survival while offering new possibilities for meaning-making and connection. Healing, in this context, is not about forgetting the past, it is about learning to carry it differently, with awareness, compassion, and choice (Schoore, 2019; Wharton et al., 2019). Like a string pulled taut, tension can feel heavy, yet it is also what produces sound, movement, and growth. It is within this tension that families discover the freedom to both acknowledge their histories and write new stories. As therapists, our role is not to resolve the tension but to accompany clients in it—supporting them as they move from legacy to liberation, from silence to self-authorship, and from inherited pain to generational repair. The significance of the Bridging Families Model lies here: it offers counsellors a culturally responsive, integrative roadmap, and it gives families a language and framework to transform generational wounds into generational strengths.

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