Collaborative Approaches to Addressing Historical and Multi-Generational Trauma

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Agenda

1. Welcome
2. Historical Context and Historical Trauma Responses
3. History/ Herstory of Intergenerational Trauma
   - ACEs Matter and ACEs Genealogy
4. A trauma-informed approach to research and care
   - Family and Food Matters
5. Examples of collaborative approaches
   - Collaborating with Caregivers
   - Collaborating with Communities
Welcome

Hello!

Please chat in your name, location, and research or practice interest
Do you consider the impact of historical trauma within your work?

A. Yes
B. No
C. Unsure
Historical Context and Historical Trauma Responses
Traumas of Human Design

- Slavery and Jim Crow
- Native American Genocide
- Holocaust
- Japanese Internment Camps
Intersecting Forms of Trauma

- Situational Trauma
- Intergenerational Trauma
- Historical Trauma
- Toxic Chronic Stress
What is Unique About HT

› Core beliefs that can develop:
   ▪ Questions arise about the limits of human decency
   ▪ Questions arise about limits of human fairness
   ▪ Strips people of culture, identity and humanity
Historical Trauma Response

Classic symptoms
- Anxiety and impulsivity
- Psychic numbing and poor affect tolerance
- Depression
- Withdrawal and isolation
- Guilt
- Unresolved grief

Historically Based Symptoms
- Perceived obligations
- Compensatory fantasies
- Elevated mortality rates
- Identification with ancestral pain and deceased ancestors
- Intrusive historical imagery, including nightmares

Braveheart and DeBruyn, 1998
“I just can’t talk to my parents, I don’t want to burden them with my problems and feelings. They have so much pain of their own. I just can’t bring myself to do that, but I feel like I had no one to talk to. That’s why I took those pills—I just felt so tired. I wish I could take away their pain. They have suffered so much themselves in boarding school. I’d like to go away to college but I can’t leave them. I feel so guilty, like I have to take care of them.”

G. - 15 year old Pueblo Indian girl

Braveheart and DeBruyn, 1998
Post Traumatic Slave Syndrome

- Post Traumatic Slave Syndrome
- M + A = P
  - Multigenerational Trauma +
  - Absence of Opportunity =
  - Post Traumatic Slave Syndrome

- Three Distinct Patterns of Behavior
  1. Vacant Esteem
  2. Ever Present Anger
  3. Racist Socialization

Joy Degruy, 2005
Mechanisms of Transmission

- Conspiracy of Silence
- Biological/Physiological
- Psychosocial Mediators
  - Attachment security
  - Emotional Regulation and Availability
  - Parenting Styles
“Had we started to speak, we would have found it impossible to stop. Having shed one tear, we would have drowned the human heart. So invincible in the face of death and the enemy, we now felt helpless…we were mad with disbelief. People refused to listen, to understand, to share. There was a division between us and them, between those who endured and those who read about it, or would refuse to read about it…We thought people would remember our experiences, our testimony, and manage to suppress their violent impulses to kill or hate.”

~Elie Wiesel (cited in Bergman & Jucovy, 1990)
“A lot of times you assume that your parents do not have a past when you’re little and because you live in the present so much. The older I got…I would ask more about their lives-how they got married and how they met. Through those discussions,… discussions of camp were conspicuously absent…So I never really learned about the camps through my parents. I got bits and pieces…never a coherent story.”

— Adult participant in the Sansei Research Project

Nagata, 1993
Biology and Parenting

**Biology Mechanisms**
- HPA Axis → cortisol release
- ACES related to HPA dysfunction
- Cortisol dysregulation seen in trauma survivors.
- Problems can be reversible

**Psychosocial mechanisms**
- Genetic risk
- Parental mental health
- Attachment security
- Shared trauma exposure
- Recurring patterns or racism and discrimination
- Segregation
History/ Herstory of Intergenerational Trauma
CENDIE STANFORD M.ED. M.S.

ADVERSE CHILDHOOD EXPERIENCE SCORE 10/10

POSITIVE CHILDHOOD EXPERIENCE SCORE 5/7

CHILDHOOD RESILIENCE SCORE 12/14

First Generation College Graduate 2001

My Template Zip Code: 79403

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ACES - Adverse Childhood Experiences

“... offspring are affected by parental trauma or stress exposure...”

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NYU SILVER
the first seven years are foundational to your goals and perceived limitations

Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering.

Peter Levine
Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering.

Peter Levine

Research says that the adults with unhealed ACEs will lead us to the children with ACEs that will repeat the same cycle.

The first seven years are foundational to your goals and perceived limitations.
655 ACEs

77 Family Members
5 Generations

8.5 Average ACE Score
ACKNOWLEDGING ACES CAN LEAD TO INTERGENERATIONAL TRAUMA HEALING.

A dendrite (tree branch) is where a neuron receives input from other cells.
If you never heal from what hurt you, you'll bleed on people who didn't cut you.
# 33 Consequences and Tragedies Associated With Childhood Toxic Stress Exposure and Adverse Childhood Experiences (ACEs)

**WHY DO ACEs MATTER TO YOU?**

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<tr>
<td>5. Attention-Deficit / Hyperactivity Disorder (ADHD)</td>
<td>16. Learning Disorders</td>
<td>27. Stroke/Early Death</td>
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<td>7. Cancer/Early Death</td>
<td>18. Low Income/Gambling/Community ACEs</td>
<td>29. Teen Promiscuity/Sex Worker</td>
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<td>11. Divorce</td>
<td>22. Relationship Satisfaction</td>
<td>33. Violent Youth Offenders/Early Death</td>
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Nurture The Neurons - Strengthen The Roots
Adverse Childhood Experiences (ACEs)
ACEs Matter - We Plant Seeds
Help Us Start A Conversation

[acessmatter.org](http://acessmatter.org)
A Trauma Informed Approach to Research and Care
An Example: Food Insecurity and Social Justice

“Hunger Isn’t About the Absence of Food; It’s About the Presence of Entrenched Injustice.”

-Ray Offenheiser, Former President of Oxfam America
The ‘Complicated Ingredients’ of Food Insecurity

- Disability, incarceration, poverty, and a lack of U.S. citizenship are frequently cited as predictors of FI.
- Job loss, divorce, homelessness, and illness are also contributors.
- Food deserts
  - In both urban and rural communities, households that don’t own a vehicle and live far from supermarkets may be particularly affected.
- Poverty is frequently cited as the root of food insecurity

Systemic Racism is a key contributor to FI
Family and Food Matters Research!

A mixed-methods research to explore the following among food insecure families:

- Caregivers’ participation and experience in the SNAP program; sources of economic stress; social support
- Buying, cooking, and eating patterns in families; Core areas of family life (4 Rs)
- Food insecurity, Adverse Experiences in Caregivers and Caregiver reports of adversity in lives of their children (ages 5-12)
Results

- 76% reported receiving SNAP benefits in the last year.
- Average age of the children was 8
  - 1/3 were part of single parent households (n=34). More than half of children (62%, n=60) identified as Hispanic/Latino.
  - The average child ACE scores for children as reported by their caregiver was 2
- The mean ACE score for the adults was 3, indicating exposure to childhood trauma.
- The average FI score was 4.26, representing low food security.

- The study showed that as Adult FI increased, child ACE increased. As adult ACE increased, child ACE increased
Findings: A Web of Challenges

- Unemployment
- Struggling to get services
- Food Insecurity
- Physical Health
- Mental Health
- Housing
- Unexpected expenses
- Low wage
- Absence of affordable grocery stores
- Cost of food
- Lack of transportation
- Lack of Social Support
Applied Implications

Recommendations for Stakeholders at all levels
• Families
• Service providers
• Policy makers

Development of a comprehensive Curriculum
• Addresses food insecurity
• Helps to strengthen families
Family and Food Matters to Caregivers and Kids


FFM-CK is a strengths-based program that focuses on decreasing challenges around having sufficient and healthy foods to eat and increasing family functioning and support.

The program includes a focus on the overall well-being of each family member and the collective family unit, focusing on their nutritional needs, health and mental health needs, and stress and support. By engaging all family members and emphasizing the importance of having fun and learning together, there is a greater chance they will spend time together outside the program reinforcing positive family relationships and behaviors (especially around mealtimes).
Trauma findings informed our approach

Because of the findings, we embarked on the journey to adapt a curriculum in an trauma informed and anti-oppressive way.
UTILIZING ANTI-OPPRESSIVE PRINCIPLES AND PRACTICES WITHIN A COMMUNITY BASED INTERVENTION
Collaboration

- Engaged community partners (food advocates, social workers, family peer advocates) in collaborative working groups for curriculum development and development of healthy recipes
- Group facilitators included social workers, family peer advocates, social work interns, and food pantry staff
- Utilized family feedback to inform iterations of the curriculum

Shared Decision-Making and Power-Sharing

- Families asked to take on leadership roles within groups and serve as the experts within their own lives
- Families asked to adapt sessions based on need
- Families asked to provide feedback during and following each session

Transparency

- Families and group facilitators with equal knowledge of goals and process
- Families and facilitators utilized the same manual
Examples of Collaborative Approaches

Collaborating with Caregivers
Family and Food Matters at Westside
Campaign Against Hunger
**Findings:** 29 families participated in the program

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<tr>
<th>USDA Household FS</th>
<th>Family Assessment Device</th>
<th>EFNEP Behavior Checklist</th>
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<tr>
<td>• ↓ in the number of FI adults</td>
<td>• Roles subscale: ↓ in the number of caregivers that reported negative levels of family functioning around roles.</td>
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<tr>
<td>• ↓ in the number of FI children</td>
<td>• Communication subscale: ↓ in the number of families that reported stressful communication</td>
<td>• Food safety: foundation for building healthy eating patterns since foodborne illness affects many</td>
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<tr>
<td>• ↓ in the number of FI households</td>
<td></td>
<td>• Nutrition practices: behaviors that promote healthy intake</td>
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<td>• Behaviors in <em>food safety</em> and <em>nutrition practices</em> increased in a positive manner.</td>
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Examples of Collaborative Approaches

Collaborating with Communities
Every single person in the world deserves to learn about preventing ACEs.

UNDEBATABLE STATEMENT
Challenge:

How can we (ACEs Matter) encourage participants with a history of generational ACEs and sensitive nervous systems to try these 6 things and stick with them?

1. SLEEP
2. MENTAL HEALTH
3. HEALTHY RELATIONSHIPS
4. EXERCISE
5. NUTRITION
6. MINDFULNESS
ACEs Matter
REACHER
Residency Program

COHORT 1

acesmatter.org

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SEASON 1 AUG, SEPT, OCT
(SELF) AWARENESS
ESSENTIAL FRIEND GROUP (EFG)

RED
RONISHA*, RUTH, ANTHONY, CHANELLE, REY

YELLOW
JASON*, CALEB, RUBY, TJ, SHEQUILA, CLARENCE

BLUE
MELISSA*, QUEENA, ANTHONY, SAUNDRA, PATRICE, KESHA

THE REACHER RESIDENCY IS AT THE CENTER OF OUR REVOLUTION TO ELIMINATE ACES.

acesmatter.org
“REACHERs are certified trauma aware community influencers that know the impact of ACES on their lives and others.”
ACEs Brochure!
A collaboration with the Community Technical Assistance Center of NY

Parenting with ACEs
What others are doing to heal from childhood adversity.

What you can do for yourself:
- Speak to your doctor or family physician.
- Seek counseling or join a support group.
- Engage in meditation or mindfulness practices to calm your mind.
- Practice healthy habits like proper sleep, diet and exercise.
- Seek help for unhealthy coping strategies like substance use.
- Build your support network.
- Get help for your basic needs like food, housing, or employment.

What you can do for your child:
- Help your child feel safe and cared for.
- Be okay with saying, “I’m sorry.”
- Enroll them in positive activities like sports, art, play.
- Expose them to positive mentors/role models.
- Consider taking a class that supports effective parenting.
- Set time aside for fun and positive interactions with your children.
- Help them learn how to express their feelings.
- Praise them when they behave and do good things.

Be the link that breaks the chain.
Understand your own adversity and help prevent it for your family and future generations.

Adverse Childhood Experiences (ACEs) & Parenting
Information for Caregivers

Knowledge is power!
Trauma can be passed down, but so can healing.

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In Summary: Strategies

- Disrupt the conspiracy of silence
- Use anti-oppressive and anti-racist practices continuously
- Start the conversation in communities
- Follow California’s ACE screening model
- Support grassroot nonprofit organizations
Thank You!
Contact Us!

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Resources: Annotated Bibliography
Biological Measures and Mechanisms


» This article provides research on the development and test of the psychometric properties of the Danielli Inventory of Multigenerational Legacies of Trauma, a 60-item measure of the impacts of multigenerational trauma on children and Holocaust Survivors. The measure tests Danielli’s hypothesis regarding 3 types of posttrauma adaptational styles: victim style, fighter style, and numb style. The article includes a list of each of the sixty items.


» This article reports on the conceptualization and testing of 2 measures related to the impact of historical trauma on American Indian people. Results suggest good internal reliability and validity. Results suggest that feelings of historical loss are associated with emotional distress.


» This is a research review of long term psychobiological consequences of early childhood trauma. It includes good summaries on the hypothalamic-pituitary-adrenal (HPA) axis and its relationship to dysregulation of cortisol, genetic factors that influence this system, and issue of plasticity in this system.


» This article is similar to the one above that provides a brief review of the biological mechanisms that contribute to PTSD and stress related health and mental health problems.


» This is an early study by Rachel Yehuda examining the transgenerational effects of cortisol dysregulation among victims or survivors of trauma.


» Additional work by Rachel Yehuda establishing an association between parental trauma exposure and low cortisol level in their children.

This book builds the case for Post Traumatic Slave Syndrome, a set of symptoms and characteristic features that reflect the extensive history of slavery and ongoing oppression that African Americans have faced since African slaves were first brought to this country. She outlines the enduring effects of oppression and its current manifestations among African Americans.


This edited volume, part of the Plenum Series on Stress and Coping, is a comprehensive examination of the intergenerational transmission of trauma. It covers a full range of etiological factors, including examples of historical trauma experienced by many groups in the United States but intergenerational trauma of human design around the world. It also examines a variety of perspectives about intergenerational transmission processes, including psychodynamic theory, family systems theory and neurobiological theories about intergenerational transmission.
References


