Welcome: A Few Things to Note

1. Participants will be muted upon entry and videos turned off

2. For technical assistance, please use the chat feature

3. You will receive an email approximately 1 month requesting feedback/impact on this presentation

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NCEED Grant Statement
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Intergenerational Trauma and Eating Disorders
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Learning Objectives

At the end of this presentation, participants will be able to:

1. Understand the effects of childhood trauma on the developing brain.
2. Define intergenerational trauma
3. Describe the connection between trauma, including racial trauma, and risk for medical, behavioral and mental health disorders
4. Describe how intergenerational trauma impacts parenting, money management, work performance and absenteeism, and relationship stability.
5. List 3 gifts that are available from becoming aware of intergenerational trauma.
Carolyn Coker Ross, MD, MPH, CEDS is an African-American author, speaker, expert in treating eating disorders, addictions and trauma. She is board certified in Preventive Medicine and also in Addiction Medicine and is a graduate of Dr. Andrew Weil’s fellowship in Integrative Medicine. Dr. Ross is the former head of the eating disorder program at Sierra Tucson and has served as a consultant to multiple treatment programs at all levels of care on the treatment of eating disorders and addictions. For the past 4 years, Dr. Ross has been an international speaker and consultant on issues of cultural competence, antiracism and diversity in mental health with a particular emphasis on the treatment of eating disorders in women of color.

She is the author of 3 books on eating disorders, the most recent is “The Food Addiction Recovery Workbook.” She is a contributing author to the book: “Treating Black Women with Eating Disorders: A Clinician’s Guide.” She is co-founder of the Institute for Antiracism and Equity - a consulting group that works with University counseling centers, treatment centers and other facilities offering mental health care - training staff and health care professionals - to make culturally competent mental health care more available and accessible to black, indigent and other people of color. She is a co-editor and contributing author to the Institute’s upcoming book: ”Anti-Blackness, White Privilege and Authentic Allyship in Psychology.”
“The ability to feel safe with others is probably the most important aspect of mental health.”

• Bessel van der Kolk
Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today.

Dr. Robert Block, the former President of the American Academy of Pediatrics

The Pair of ACEs
- Adverse Childhood Experiences
  - Maternal Depression
  - Emotional & Sexual Abuse
  - Substance Abuse
  - Domestic Violence
  - Homelessness
- Adverse Community Environments
  - Poverty
  - Discrimination
  - Community Disruption
  - Lack of Opportunity, Economic Mobility & Social Capital
  - Violence
  - Poor Housing Quality & Affordability


Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
ED and Trauma

- In the US National Comorbidity Survey-Replication study almost all women and men with ED have at least one potentially traumatic event (PTE) (Mitchell et al., 2012)
- Trauma history found in children, teens and adults; men and women
- Exposure to multiple traumatic events or reoccurring exposure to the same trauma is linked to increased ED-related impairment
  - Brewerton, 2007; Briere and Scott, 2007
ACE’s and Eating Disorders

- Eating disorders are associated most with emotional, sexual or physical abuse, emotional neglect (Guillaume et al., 2016)
  - Emotional abuse predicted higher eating, shape and weight concerns and lower daily functioning
  - Sexual abuse predicted higher eating concern

- The relationship between ACE’s and eating disorders is mediated by emotional dysregulation (Trottier and MacDonald, 2017)
ACEs are More Common in BIPOC

- Across all racial groups, **black and Hispanic** children were exposed to **more adversities** than white children in the US
  - *Income disparities in exposure were larger than racial disparities (Slopen et al., 2016)*
- 61% of black children and 51% of LatinX children have experienced at least one adversity, compared with 40% of white children and only 23% of Asian children.

https://www.aft.org/ae/summer2019/murphey_sacks
Racism as an ACE

1. To the best of your knowledge, has your child ever been treated or judged unfairly because of his or her race or ethnic group?

2. 10% of Black, non-Hispanic children (0-18 yo) have experienced interpersonal racism (2016-2018) - 2% of infants / 20% of adolescents

   • National Survey of Children’s Health
   • Other studies have shown that 90% have had experiences racism and discrimination for Black women
   • Lee, et al. 2010
Racism, cont’d.

Table 1. Number of ACEs by Child Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>0</th>
<th>1</th>
<th>2 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>40</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>White</td>
<td>60</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Black</td>
<td>30</td>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>Asian</td>
<td>10</td>
<td>20</td>
<td>70</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
<td>20</td>
<td>50</td>
</tr>
</tbody>
</table>
Proportion of Adult Health Problems related to ACEs

- Depression: 44.1% of the risk due to ACEs
- Heavy Drinking: 23.9%
- Smoking: 32.9%
- Lower educational achievement
- Unemployment: 14.9%
- Substance use disorders: 63%
- Suicide: 60%
- COPD / Emphysema: 27%
- Lack of Health Insurance: 3.8%
- Coronary Heart Disease: 12.6%

Trauma “baggage”

- Wherever you go you take your trauma with you
  - Work
  - Relationships
  - School
  - Friendships
  - How we parent
  - How we manage finances

"... and there's a nominal fee for that emotional baggage."
-CHILDHOOD-

TRAUMA CREATES

ADDITION

GABOR MATE
The 5 Most Important Effects of Trauma
For an adult, experiences may alter behavior; but for a child, experiences provide the organizing framework of the brain

Bruce Perry 2006
#1 People’s brains develop in response to their environments

- When children grow up in **safe, stable, and nurturing** relationships and environments, they learn empathy, impulse control, anger management and problem-solving—all skills that protect against violence.

- When children grow up in environments **where they don’t feel safe**, their brain cells form different connections with each other to better recognize and respond to threats.

- CDC.gov/violenceprevention
Experiencing many ACEs, as well as things like racism and community violence, without supportive adults, can cause what’s known as toxic stress. This excessive activation of the stress-response system can lead to long-lasting wear-and-tear on the body and brain.

The effect would be similar to revving a car engine for days or weeks at a time.
#3 Trauma affects attachment
Attachment Insecurity

- Early social environment directly impacts the limbic system, responsible for learning, memory and coping with stress.
- Attachment insecurity mediates the relationship between childhood trauma and addiction psychopathology.
  - Tasca, et al., 2013
- Attachment insecurity can be seen as a general vulnerability to mental disorders.
  - Giliath, 2019
Waddington’s Epigenetic Landscape
#5 The Impact of Trauma Can be Overcome

- The brain has the ability to heal itself – “Plasticity.”
- Resilience can also be passed from generation to generation
- Trauma-sensitive approaches in schools can have a great impact on children’s lives
- Strategies that can help rebuild the brain’s neural pathways:
  - Mindfulness
  - Physical activity
  - Creative expression
  - Following a routine
INTERGENERATIONAL TRAUMA
Intergenerational Trauma

- The core of intergenerational or historical trauma is the ripple effect of victimization where “the systemic effect of personal trauma often extends beyond the actual victim and can have a profound effect on the lives of significant others, particularly spouses and offspring.
  - (Morrissette and Naden 1998, p. 45)

- Intergenerational trauma or the legacy of pain results from a family member’s personal trauma, left unhealed.
Definitions

Intergenerational trauma is a psychological term which asserts that trauma can be transferred in between generations. Intergenerational trauma refers to the specific experience of trauma across familial generations, but does not necessarily imply a shared group trauma.

Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans.

Race based traumatic stress: Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes.
Mechanisms for Intergenerational Trauma

**Mechanism**

- Dissociative Identity: “not knowing who is safe or whom they belong to, they may be intensely affectionate with strangers or may trust nobody”
- Unhealed trauma in the parent is transmitted to the child in the attachment bond and via messaging about the self, the world, safety and danger
- Sexual abuse and IGT → the impact of dissociation

**Treatment**

- Soothe the mother in order to help the child
- Teaching resilience / other internal resources
- Internal family systems work: 4 strategies:
  - use of culture informed treatment,
  - interruption of unhealthy family communication patterns
  - giving trauma a voice within the family, and
  - helping parents offer children the permission to dissociate

(Van der Kolk, 2015)
Intergenerational Trauma

• PTSD may be 30-70% hereditable
  • Youssef, et al. 2018
• Parental stress during pregnancy has been associated with:
  • ADHD
  • Schizophrenia
  • Autism Spectrum Disorders
  • Chan, et al. 2019
• Link between intergenerational trauma and depression
Common Symptoms of Intergenerational Trauma

- Irrational intense fears
- Lack of trust that can’t be explained – distrust of places, communities or situations that they’ve never experienced
- Risky health behaviors
- Anxiety and Shame
- Food Hoarding / overeating
- Authoritarian parenting styles
- High emotional neediness on the part of parents
- Living in **survival mode**
Historical Trauma
Figure 1. Conceptual Model of Historical Trauma

MASS TRAUMA EXPERIENCE

Segregation/Displacement (plantation, reservation, refugee camp, etc.)
Physical/Psychological Violence (acute and chronic)
Economic Destruction (loss of resources, legal rights)
Cultural Dispossession (loss of cultural roles, language, religion, etc.)

First Generation or Primary Generations

Trauma Response

Physical Response
- Nutritional stress
- Compromised immune system
- Biochemical abnormalities
- Endocrine impairment
- Adrenal maladaptation
- Gene impairment/expression
  Resulting in: malnutrition, diabetes, hypoglycemia, infectious disease, heart disease, hypertension, cancer

Psychological Response
- Post-Traumatic Stress Disorder
- Depression
- Panic/Anergy Disorders
  Resulting in: anger/aggression, social isolation, shame, loss of self-worth

Resilience
Protective Factors

Social Response
- Increased suicide rate
- Domestic violence
- Unemployment
  Resulting in: breakdown of community/family structures and social networks, loss of resources, separation from loved ones

Populations

Population

Influences on Health Disparities

Intergenerational Transmission

Present Past

Individual

Proximate Distal

Life course

Life stage

Secondary and Subsequent Generations
Intergenerational Trauma – Offspring of Holocaust Survivors

- Anxiety
- Generalized fear
- Behavioral problems
- Depression
- PTSD

![Diagram of Intergenerational Trauma](image)
Eating disorders and Trauma in Holocaust Survivors

- 2004 study – Holocaust survivors revealed 6 main attitudes towards food as a result of their experiences.
- Children and grandchildren of Holocaust survivors present with higher levels of a gene associated with PTSD
- Two groups with eating issues in offspring of Holocaust survivors
- 2007 Study showed
  - Second generation eating disorders were related to growing up with survivors
  - Third generation eating disorders were related to their mother’s eating issues and level of Holocaust exposure
    - Zohar and Giladi, 2007
Historical Trauma – Native American

- “The cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experience.”
Systemic Cultural Trauma
NA/AN populations

- 2011 was first study on impact of eating disorders in NA/AN populations
- Food insecurity associated with increase in binge eating
- Cultural methods of healing
THE EFFECTS OF SLAVERY TODAY
Eating Disorders in African-Americans

Gordon et al. (2006) showed that clinicians may have race-based stereotypes about eating disorders that could affect their ability to diagnose eating disorders in African-Americans and other people of color.

Marques et al. (2011) reported more functional impairment in A-A with Anorexia, Bulimia compared to Whites in days out of role, cognition, social and role functioning.

There are significant ethnic disparities in access and utilization of treatment for eating disorders.

Black women were equal to white women in reporting binge eating and purging during the preceding 3 months and more likely to report abuse of laxatives and diuretics (Striegel-Moore, et al. 2000).

Inclusion of more than body size for POC with body image issues - Colorism and Hair

The prevalence of BE and BED among Black women is similar and/or higher than that has been observed in White women (Goode, et al.).
The Bias of BMI

- BMI measures were based on stats for white men and extrapolated for women and people of color.

- In her book “Fearing the Black Body,” Strings outlines the history of body standards and the ways in which thinness was used to uphold white superiority as recently as the early 20th century.

- The experience of racism can affect BMI: According to the Centers for Disease Control and Prevention, the prevalence of “obesity” (a BMI over 30) is highest among Black adults, followed by non-Black Hispanic adults. Black children may be presumed fat and started on lifetime of dieting by their pediatrician.
Racism and Black Women’s Bodies

- **Bias in BMI for Black women**: "While Black women have higher BMIs than white women, they also have lower mortality rates at a given BMI." (Paul Campos author of *The Obesity Myth: Why American’s Obsession with Weight is Hazardous to Your Health.*)

- Association between fatness and black femininity dates from the late 18th century

- Fat phobia as a way of instituting social distinctions.
IGT in Black Americans

- Incidence of diabetes, hypertension, premature death from heart disease and prostate cancer are 2X that of white Americans
When presented with identical case studies demonstrating disordered eating symptoms in white, Hispanic and Black women, clinicians were asked to identify if the woman’s eating behavior was problematic:  

- **44%** identified the white woman’s eating behavior as problematic.  
- **41%** identified the Hispanic woman’s eating behavior as problematic.  
- **17%** identified the Black woman’s eating behavior as problematic.

Learn more: [www.myNEDA.org](http://www.myNEDA.org)  
Citations: [www.myNEDA.org/infographics](http://www.myNEDA.org/infographics)
Psychoanalysis’
Refusal to Remember

- “Refusal to remember, denial, disassociation and disavowal are all echoed in the absence of slavery from the trauma literature, and until recently, from psychoanalytic literature. Trauma literature gives attention to the Holocaust, floods, earthquakes, sexual abuse, rape, etc. but not to slavery and racism.”

- The Intergenerational Trauma of Slavery and its Aftermath Graff, Gilda The Journal of Psychohistory; Winter 2014; 41, 3; ProQuest Central Essentials pg. 181
Interrupting Intergenerational Trauma (IGT)

First Step: Identify Trauma – Universal Screening with ACE Quiz

1. Take a detailed family history including relationship dynamics / trends in family
   • What patterns show up in your family?
   • What types of trauma did your ancestors experience?
     • Immigration, War, Domestic Violence, Substance use disorders, etc.
   • What traumatic events directly affected your mother? Your father? Your grandparents?
     • “Hey, this is not a ‘me’ issue; it’s something that has been trending in my family
       for decades and hasn’t been addressed or helped.”

2. Do a family tree exercise – genogram
   1. Clients who are experiencing the effects of IGT have same symptoms as those who have
      experienced a trauma directly’
      1. Strong emotions
      2. Fear, including irrational fears
      3. Mistrust especially of people, places, experiences that are new
      4. Shame and negative self-esteem
6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC’s Center for Preparedness and Response (CPR), in collaboration with SAMHSA’s National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA’S six principles that guide a trauma-informed approach, including:

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT, VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. Ongoing internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.
Treatment Planning

- Assess ACEs and attachment styles – ACE Quiz
- Assess developmental status of the brain
- Lower vs. higher brain therapies – which come first
- Management of stress and the stress response
- Building a foundation for recovery
Interrupting IGT

- What events have occurred in your life (or your family or community) that have been very stressful or traumatic?
- In what ways have you, your family, or your community experienced stress or trauma?
- What do you notice about the way this event (or these events) have impacted you (or your family or your community)?

Goodman, 2013
Healing Intergenerational Trauma

- Culturally Informed Healing
- Identifying and Interrupting Unhealthy Family Communication Styles
- Healing Trauma by Voicing It
- Parent – Child Differentiation
  - [https://familytrauma.com/a-family-systems-approach-to-treating-intergenerational-trauma/](https://familytrauma.com/a-family-systems-approach-to-treating-intergenerational-trauma/)
Resilience

- Resilience can be taught
- Skill can be passed from one generation to another
- Resilience skills – start with skills you’ve used in other areas of your life and apply to this area.
THE
Food Addiction
Recovery Workbook
How to Manage Cravings, Reduce Stress, and Stop Hating Your Body

CAROLYN COKER ROSS, MD, MPH

THE
Emotional Eating WORKBOOK
A Proven-Effective, Step-by-Step Guide to End Your Battle with Food & Satisfy Your Soul

CAROLYN COKER ROSS, MD, MPH
References


2. https://istss.org/ISTSS_Main/media/Documents/ISTSS_TraumaStressandSubstanceAbuseProb_English_FNL.pdf
Thank you!