Whole People

A Study Guide for the Documentary Series
Produced by CentraCare Health and Twin Cities PBS
We encourage you to have support when venturing into this study guide. Support can look like a trauma therapist, communal healer, community group, or religious advisor who will offer support and feedback as a somatic witness. If you become overwhelmed, please stop the study guide and seek that support person/group and then come back to the study guide when or if you have more resources available to you.

This study guide is for informational use only and is not intended to diagnose or treat any condition. We encourage you to share this journey with others that you trust. We encourage you not to go through it in isolation.

INTRODUCTION

Whole People is a 5-part documentary series on adverse childhood experiences (ACEs), a form of trauma. The purpose of this study guide is to help you synthesize and summarize the information presented. As there are difficult and complex concepts in this series, the guide will help an individual or group digest the information. The goal of the study guide is to have users dig deeper and explore ways of addressing individual and community ACEs that exist in our environment. Before moving forward however, we must recognize and heal our own trauma. The study guide includes questions specific to each documentary, a summary of important points of each episode, body practices to ground and recognize your own reactions and triggers, and further resources at the end.

We thank you for using the guide to begin the healing of our bodies and communities.

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Kinship with all creatures of the earth, sky, and water was a real and active principle. In the animal and bird world there existed a brotherly feeling that kept us safe among them... The animals had rights - the right of man’s protection, the right to live, the right to multiply, the right to freedom, and the right to man’s indebtedness. This concept of life and its relations filled us with the joy and mystery of living; it gave us reverence for all life; it made a place for all things in the scheme of existence with equal importance to all.

– Chief Luther Standing Bear
WHAT ARE ADVERSE CHILDHOOD EXPERIENCES (ACES)?

The original ACE Study was released in 1997 after 12 years of compiling information in a partnership between Kaiser Permanente and the CDC. The study looked at the correlation between adverse childhood experiences and long-term health effects. The study looked at about 17,000 mostly white, middle-aged, college graduates and found common experiences that led to chronic health and life issues. Examples of ACEs include abuse, neglect, and household dysfunction. They can be caused by stressful situations such as domestic violence, families going through a divorce, as well as traumatic experiences such as physical, emotional, and sexual abuse as well as emotional and physical neglect. Some scientists are now looking at community ACEs which include poverty, disparities in health, economics, violence, and education as well as mental illness, military parent deployment, the death of a parent, bullying, discrimination, and peer rejection.

HOW DO ACES IMPACT HEALTH?

Studies show that when people experience traumatic events as children, their health is significantly impacted in adulthood. Children’s brains are not allowed to develop properly when faced with adverse childhood experiences which can lead to poor outcomes in school, interpersonal relationships, and mental illness. The original ACE Study showed that exposure to these adverse experiences leads to long term health problems and chronic health issues. The list of chronic diseases related to ACEs includes heart disease, diabetes, obesity, COPD, autoimmune diseases, stroke, and some cancers. If a child has an ACE score of 4 or more, their chances increase of developing:

- Diabetes by 160%
- Ischemic heart disease by 220%
- Stroke by 240%
- Chronic Lung Disease by 260%
- Depression by 460%
- Cancer by 190%
- Suicide by 1220%
- Substance Use by 500%
QUESTIONS FROM WHOLE PEOPLE EPISODE 101: CHILDHOOD TRAUMA

Why is relationship building between parent and child important to the development of the child?
What factors and barriers should be considered when working with different cultures?
Which is more important to work on: individualized trauma or intergenerational (community) trauma?
Why is the information on how trauma, adverse events, and our past threatening to health care professionals?
Are trauma responses conscious or unconscious?
Do they occur in our brains or our bodies?
Why is it important to have compassion and knowledge of cultures in working with traumatized individuals?
Where is change made?
What is meant by treating the whole person?
How does our immune system play an important role in our long-term health?
What are some of the costs to society in treating and addressing ACEs/trauma?
Does our white society have intergenerational trauma to deal with?
How does the trauma of parents and grandparents affect their kids?
How can we heal ourselves? Our communities? Our families?
How do we build capacity in our communities to address trauma/ACEs?
Do we change systems or people when looking at what causes trauma?

SUMMARY POINTS FROM EPISODE 101:

• There is stigma around sharing traumatic experiences.
• Having Adverse Childhood Experiences is linked to dying earlier.
• Original ACE study was of mostly middle class, white people.
• You can change and limit the amount of damage that Adverse Childhood Experiences does to the body.
• A supportive, nurturing adult is the single most important factor in the development of a child.
• 3 or more ACEs without any reprieve will cause social and emotional upheaval.
• There is significant scientific study behind the transmission of trauma from generation to generation.
• The cherry blossom experiment was the first example of intergenerational transmission of experiences.
• Physicians and other healthcare professionals find it easier to respond to current events and/or symptoms when dealing with health issues instead of going back into the past.
• Our immune system takes the biggest hit from childhood trauma.
• ACEs/trauma has a significant cost to society over a person’s lifetime.
• One way that parents can help heal their children is by first healing themselves.
• Trauma changes how we view the world.
BODY-CENTERED PRACTICE

Trauma can be anything that happens too much, too fast, too soon, too long coupled with not enough of what should have happened that was resourcing - Resmaa Menakem

Take a moment to ground yourself in your own body. Notice the outline of your skin and the slight pressure of the air around it. Experience the firmer pressure of the chair, bed, or couch beneath you—or the ground or floor beneath your feet.

Can you sense hope in your body? Where? How does your body experience that hope? Is it a release or expansion? A tightening born of eagerness or anticipation?

What specific hopes accompany these sensations? The chance to heal? To be free of the burden of racialized trauma? To live a bigger, deeper life?

Do you experience any fear in your body? If so, where? How does it manifest? As tightness? As a painful radiance? As a dead, hard spot?

What worries accompany the fear? Are you afraid your life will be different in ways you can’t predict? Are you afraid of facing clean pain? Are your worried you will choose dirty pain instead? Do you feel the raw, wordless fear—and, perhaps, excitement—that heralds change? What pictures appear in your mind as you experience that fear?

If your body feels both hopeful and afraid, congratulations. You’re just where you need to be for what comes next. - Resmaa Menakem - My Grandmother’s Hands

History is not the past, it is the present. We carry our history with us. We are our history.
- Toni Morrison
QUESTIONS FROM WHOLE PEOPLE EPISODE 102: HEALING COMMUNITIES

What made Holly realize that her past trauma had affected her?
What feelings does Holly’s story bring up?
How do abusers keep their victims from telling?
How does toxic stress affect the body?
Name some of the ACEs that Holly experienced.
What are some behaviors that kids with ACEs exhibit?
Why do kids develop maladaptive behaviors?
What is your definition of intergenerational trauma? Institutional trauma? Historical trauma?
Which came first; poverty or childhood ACEs?
What makes PROMISE Neighborhood so successful?
Christiandom has inflicted trauma on many different ethnic groups in the past. How can they effectively work with the groups to heal the trauma?
How can shame in faith-based communities further traumatize individuals?
How does mentoring change the effects of trauma?
How does a person heal from trauma?
Is trauma/ACEs a non-white person’s problem?
What causes disparities?
What contributes to trauma?

SUMMARY POINTS FROM EPISODE 102:

• Childhood trauma has lifelong correlations to cancers, heart disease, obesity, incarceration, mental illness, and substance use.

• Adverse childhood experiences do not affect just the individual but also issues in the community such as poverty, historical, intergenerational, and institutional trauma.

• Trauma is not a poor man’s disease.

• White body supremacy is part of institutional trauma and contributes to intergenerational trauma.

• MN has among the highest rate of disparities in the nation.

• Schools that have high incidents of community ACEs struggle with academic success.

• We look at trauma as what happened to the individual, but we should also look at what should have happened but didn’t.

• Our approaches to trauma prevention are very individualized instead of looking at the community.

• The basic premise of PROMISE Neighborhood is supporting the family and family system.

• Faith leaders are starting to work on how to help individuals and families in their congregations that have suffered trauma/ACEs.

• There is a difference between guilt and shame.

• There is the possibility of healing from trauma.

• Trauma does not define who we are.
BODY-CENTERED PRACTICE

You are not defective and there is nothing wrong with you something may have happened and continued to happen to you and your people - Resmaa Menakem

Find a quiet, private spot. Plan to spend three to four minutes there, alone. Sit comfortably. Take a few breaths.

Turn your head and slowly look around in all directions, especially behind you. Orient yourself in the surrounding space. If you're indoors, notice the height of the ceiling, the height, and color of each wall, any doors or windows, and any other details that stand out.

If you are outside, take note of any boundaries, such as a footpath, a fence, the edge of a clearing, or the shore of a pond. Notice any plant or animal life nearby. Note what sounds you hear, any smells that fill the air, any warmth or coolness, and any colors that stand out. When you are done scanning your environment, face forward once again and return your attention to your body. Sense how your feet rest on the ground and how your butt rests on the seat.

Now notice any other sensations in your body: the bend in your knees; your spine, straight or curved; a breeze in your hair; your belly and any tension you hold there; and your chest, expanding and shrinking with each breath.

Notice what your body experiences inside your clothing. Pay attention to where your body touches your underwear, your socks or stockings, your shirt or blouse, your pants or skirt or dress.

Starting at the top of your head, bring your attention slowly down through your body. Notice each sensation as your attention passes through it: warmth, coolness, relaxation, tightness, softness, pressure, energy, numbness.

Somebody told a lie one day. They couched it in language. They made everything black ugly and evil. Look in your dictionary and see the synonyms of the word “black.” It’s always something degrading, low, and sinister. Look at the word “white.” It’s always something pure, high, clean. Well, I wanna get the language right tonight. I wanna get the language right so that everybody here will cry out “Yes I’m black! I’m proud of it! I’m black and beautiful!” - Martin Luther King Jr.
QUESTIONS FROM WHOLE PEOPLE EPISODE 103: A NEW RESPONSE

What is the purpose of the Child Response Initiative?
What are two benefits of embedding social workers with law enforcement?
What is meant by “pay now” or “pay later”?
What areas of your community are affected by ACEs/trauma?
Why do so many domestic violence victims not leave their abusers?
Name some silos in your community that could be taken down. Is this a good or bad thing?
How does preventing ACEs/trauma in children, decrease the cost of healthcare?
Education? Criminal justice system?
How common are ACEs/trauma in your area? How does that correlate with other studies?

SUMMARY POINTS FROM EPISODE 103:

• Your body and brain form according to your early childhood experiences.
• We need to deal with the whole continuum of a person's life, not just the event that happened.
• Law enforcement is now responding to more calls that involve mental illness.
• Parents are the mediators of stressful events for children.
• Stearns County has the only repeat offender program for domestic violence.
• People don't get why women don’t leave from a violent relationship.
• Abusers can control the woman from jail.
• Kids in homes that have domestic violence are affected in several ways.
• Child Advocacy Center is a one-stop place for traumatized and abused kids.
• Social workers are becoming embedded with law enforcement.
• Children aren’t as re-traumatized when having to tell their story only once.
• 22% of kids placed in permanency start with truancy.
• Advocates at the Child Advocacy Center talk ACEs with families.
BODY-CENTERED PRACTICE

When examining trauma many times we only look in the personal realm for answers. The wordless energy and urgings that we experience may not be ours. We might want to try to shift our understanding to HIPP METHOD view of the world. What if we looked at trauma from a Historical, Intergenerational, Persistent Institutional and Personal stance? Perhaps there are answers there. - Resmaa Menakem

Sit quietly and comfortably for a minute or two, breathing normally. Notice your breath as it enters your nose, your windpipe, your lungs. For thirty seconds, simply follow it as it goes in and out of your body.

Then bring your attention to the bottom of your feet. Sense the ground beneath them, supporting you. Stay focused here for a few breaths.

Move your attention to your back, to the sensation of it pressing lightly against the chair. Feel the chair supporting you, doing what it was designed to do.

Now think of a person or a pet or a place that makes you feel safe and secure. Imagine you’re with that person or pet, or in that safe place. Let yourself experience that safety and security for a few seconds.

Now check in with your body. Start with your shoulders. How do they feel? Relaxed or constricted? Closed or open?

What about your neck? Your jaw? Your major joints—your ankles, knees, hips, wrists, elbows, and shoulders? Your back? Your sphincter? Your toes?

Stay with the experience for a couple of breaths. Notice if anything arises or changes, such as a vibration, a sensation, an image, an emotion, an impulse, or a meaning.

Now imagine the comforting person, pet, or place is gone. Instead, there’s an angry stranger standing in front of you. The stranger’s arms are crossed and he or she is glaring at you silently.

You look into the stranger’s eyes, hoping his or her expression will soften, but it remains unchanged.

Check in with your body again. How do your shoulders feel? Your neck? Your jaw? Your back? Your sphincter? Your toes?

Gently, one by one, feel into all the places in your body where you sense constriction. Let your attention rest briefly in each one.

Now send the angry stranger away. Bring back the comforting person, place, or pet. For several breaths, relax in the safety this presence provides.

Now, gently, move your attention through your body, from your head to your toes, one more time. Feel into each spot where you sense softness. Stay with each of these for one to two minutes.

*If you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse, and you say that you are neutral, the mouse will not appreciate your neutrality.* - Desmond Tutu
QUESTIONS FROM WHOLE PEOPLE EPISODE 104: FAMILY SOLUTIONS

What role does resiliency play with traumatized children/families?
Does resiliency look different depending on your culture?
How did BraVada learn that being different was bad?
What are the “Strings of Life”?
What is a trauma trigger and what is its effect on the brain? On the Body?
Why make schools “trauma informed”?
How does a trauma-informed school address mental health issues and behaviors?
What does unconditional acceptance of others look like? Of yourself?
How has trauma changed parenting over the generations?
How does trauma interact with the regulation of one’s body?
How do our life experiences interweave or interact with historical trauma and our families?

SUMMARY POINTS FROM EPISODE 104:

• Resiliency is important in the fight against the long-term effects of trauma/ACEs.

• ACEs are a precursor of poor outcomes in the future.

• Path of Life program helps Indigenous people heal.

• Using traditional crafts and healing methods help parents develop resilience and help their children heal.

• Babies can experience a traumatic event if watching it happen to a family member.

• Building parent-child connections is the most important thing for Early Childhood Family Education (ECFE).

• The first five years of a child’s life is critical for the development of a child’s brain.

• ECFE gives parents peers as mentors and supporters.

• Minnesota has deployed almost 30,000 troops to Iraq and Afghanistan.

• Exposure to a traumatic event can leave us feeling powerless.

• Reminders of traumatic events are always present.

• Trauma-informed schools have parental involvement.

• Trauma-informed schools develop interventions to address and recognize trauma behaviors in the students.

• Relationships in Paladin School are genuine and authentic.

• Trauma doesn’t have to define you.
BODY-CENTERED PRACTICE

“Ground yourself, orient to here and now and repeat.” - Resmaa Menakem

Find a quiet, comfortable place where you can be alone for a few minutes. Bring with you a piece of string (or rope or yarn) at least ten to twelve feet long.

Stand in an open area. Take a few deep, slow breaths.

Using the string, create a circle on the ground. Adjust its size so that when you stand in its center and you imagine someone else standing on the circle’s edge, you are a comfortable distance from them.

Once the circle is the right size, take your place at its center. Breathe in and out a few more times.

Think of someone you know who is caring and supportive. This can be a friend, a relative, a neighbor, a partner, or a friendly acquaintance. Visualize this person walking slowly in your direction toward the circle.

As he or she crosses the circle’s edge, pay attention to what your body experiences. Does it relax or constrict? Does it want to move forward or backward? Does it want to reach out, or protect itself, or move in some other way?

Now clear your mind. Take three or four more slow breaths.

Now visualize someone else you know, someone who is not particularly caring and supportive. This shouldn’t be someone who is outright violent or dangerous, who has threatened you, or who is your sworn enemy. Instead, it might be a boss or coworker with whom you have some friction, or a slightly standoffish neighbor, or perhaps a relative who disagrees with you on several political or social issues.

Visualize this person walking slowly in your direction toward the circle. As he or she crosses the circle’s edge, again pay attention to what your body experiences. Does it relax or constrict? Does it want to move forward or backward? Does it want to reach out, or protect itself, or move in some other way?

Notice what images, sensations, emotions, impulses, and thoughts arise in you. Don’t do anything about those images—simply take note of them.

There is deep wisdom within our very flesh, if we can only come to our senses and feel it.
- Elizabeth A. Behnke
QUESTIONS FROM WHOLE PEOPLE EPISODE 105: HEALING JOURNEYS

How has the journey to America been different for people from different parts of the world?
What are some of the experiences that they have experienced prior to coming to the US?
Define complex trauma and how it affects Somali refugees.
What are some misconceptions that refugees have about their traumatic experiences?
How are the beliefs of safety challenged in the communities that refugees and immigrants live in?
How has mental health traditionally been treated in Somali culture?
What are some barriers that refugees and immigrants face?
Are our methods of treating mental health and healing effective for all cultures, or just mainstream white culture?

SUMMARY POINTS FROM EPISODE 105:

• Torture and abuse occur in the refugee camps.
• Immigration to the US is very daunting.
• Some refugees have lived in refugee camps for many years.
• There are many misconceptions about immigrants and their cultures.
• Emotions and feelings often go unresolved until a person feels safe.
• Beliefs of safety are challenged in our communities.
• To recover from trauma refugees have experienced, they need to be safe and feel safe.
• Many refugees describe mental health issues by defining physical symptoms.
• Navigating the US health system is difficult for refugees and immigrants.
• The US healthcare system often separates mind and body.
• The Somali language does not currently have words for mental illness, depression, anxiety, etc.
• Most parents, regardless of culture, don’t want their kids labeled.
• Family roles get inverted when the children speak English and the parents do not.
• We need to be aware of how we talk about other cultures and how damaging our messages can be.
• All cultures have healing strategies.
• Dugsi Academy turned its academic struggles around with community/parent involvement
  and trauma-informed interventions.
• Unpredictable circumstances can impede academic success.
• Discipline at Dugsi has become more relationship-based.
• We can learn from each other to heal.
BODY-CENTERED PRACTICE

“Much of the trauma that occurs and has occurred doesn’t just happen to us individually so just having individual approaches to healing is inadequate. We must also develop communal healing approaches that can heal historical communal trauma.” - Resmaa Menakem

Find a quiet, private, comfortable place. Sit down. Put one hand on your knee or in your lap. Place the other on your belly.

Now hum. Not from your throat or chest, but from the bottom of your belly.

Hum strong and steady. Push the air out of your belly firmly, not gently.

Stop to breathe in but return to the hum with each new breath.

Experience the hum in your belly. Then sense it in the rest of your body.

Continue humming for two minutes.

When you’re done, reach your arms upward. Then, slowly and gently, feel your body with your hands, starting from the top of your head. Move slowly down your neck and along your chest, then below your waist, then past your knees, until your arms are fully extended downward. What do you notice?

People don’t realize what’s really going on in this country. There are a lot of things that are going on that are unjust. People aren’t being held accountable.....This country stands for freedom, liberty, and justice for all. And it’s not happening for all right now.
- Colin Kaepernick
Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you?    or Act in a way that made you afraid that you might be physically hurt?
   Yes  No  ______  If yes enter 1

2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?
   Yes  No  ______  If yes enter 1

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way?    or Try to or have oral, anal, or vaginal sex with you?
   Yes  No  ______  If yes enter 1

4. Did you often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
   Yes  No  ______  If yes enter 1

5. Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes  No  ______  If yes enter 1

6. Were your parents ever separated or divorced?
   Yes  No  ______  If yes enter 1

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard. Or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes  No  ______  If yes enter 1

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes  No  ______  If yes enter 1

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes  No  ______  If yes enter 1

10. Did a household member go to prison?
    Yes  No  ______  If yes enter 1

Now add up your “Yes” answers:  ______. This is your ACE Score
RESOURCES

Feeling Good MN: https://www.feelinggoodmn.org/adverse-childhood-experiences/
Watch the Entire series: https://www.tpt.org/whole-people/

ACES Connection: https://www.acesconnection.com/
CDC ACE Study: https://www.cdc.gov/violenceprevention/acestudy/index.html
ACES Too High: https://acestoohigh.com/
Resmaa Menakem: https://www.resmaa.com/

For a full list of resources visit:
https://www.feelinggoodmn.org/adverse-childhood-experiences/resources/

Identifying our own feelings towards trauma and healing is a difficult process to move through. This is just the
beginning in moving towards healing ourselves, our families and our communities. Please be gentle with yourself
and practice self-care during this process.

Resmaa and I would like to thank you for being willing to take this journey towards healing and capacity building
in our communities. Only by healing and understanding the trauma that has occurred in our minds and our bodies
can we move forward and heal our communities.

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Historical Trauma

SOMATIC HISTORY ERAS

500 1500 1619 1700 1800 1865 1900 1965 2017

PRECONCEPTION  DEATH

BLACK BODY TAXATION

ENVIRONMENTAL ERA

PERSISTENT & PERVERSIVE GROUP, INSTITUTIONAL ADVERSE EXPERIENCES

INTERGENERATIONAL TRAUMA

HISTORICAL TRAUMA

ADVERSE ADULTHOOD EXPERIENCES

ADVERSE CHILDHOOD EXPERIENCES

SOCIAL, EMOTIONAL, AND COGNITIVE IMPAIRMENT

ADOPTION OF HEALTH-RISK BEHAVIORS

DISEASE, DISABILITY, AND SOCIAL PROBLEMS

EARLY DEATH

BLACK BODY TAXATION

PRECONCEPTION