



Trauma-Informed Handbook

Denver, Colorado

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INTRODUCTION

The nature of this Handbook is philosophical. It is meant to encourage self-awareness, broaden wisdom and a sense of peace. Through personal growth, this Handbook helps us learn what it means to have soul and to share this sense of soul with others – building our communities, our nation and assisting our global neighbors. When our safety and stability are dismantled, for whatever reason, we can learn to remain balanced and exhibit measured, moral behavior.

Vaclav Havel, the former President of Czechoslovakia who led his country toward democratic ideals, emphasized the importance of understanding what it means to have soul, to honor the subjective world – the realm of our own conscience, our own heart-felt existence.

Because our world is complicated, we believe it is important to have a resurgence of philosophical thought linking us to global health. We need to protect our souls from being bought or digitally coded. We need to have the knowledge of what is healthy for ourselves and our neighbors, creating a world-wide chain of caring relationships.

This Handbook offers a guide for discussion and thought. The Handbook reflects best-practice, trauma-informed ideas from an applied philosophy perspective.

Joycee Kennedy and Laura Schneider, August 2018

A MESSAGE FROM THE EMPOWERMENT PROGRAM LEADERS



The above is the symbol of The Empowerment Program, Inc., a Denver, Colorado community-based agency dedicated to empowering women and transwomen. This handbook is a summary of trauma-informed best practices adapted for the treatment of people challenged by cross-dimensional risk.

Although specializing in providing care for women and transwomen, Empowerment also extends services to men. The staff members of The Empowerment Program embrace and cherish diversity. The Program emphasizes and appreciates individuals achieving comfortable identities in a complex world. The empowerment of minority populations, such as, those with traumatic brain injuries, those who have been incarcerated, or those individuals who are transgender represents a special opportunity, not only to serve, but to also build understanding.

The Empowerment Program stands in solidarity with the Black Lives Matter movement and LGBTQ individuals. We condemn police brutality and the systemic, physical, emotional, and psychological violence against black people. We also condemn the larger, societal disease of white supremacy and the entire system of racist, oppressive rules, laws, policies and practices that evolved out of the persistent refusal to view black people as equals. We know black lives have just as much value as white lives and we will not tolerate the rhetoric of fear and anger so many use to sustain power.

To radically change the culture of law enforcement, we must all work to radically change the culture of our entire society. We vow to amplify the voices of individuals who have deep, profound knowledge and insight that come from experiencing severe racial and social injustice. We are dedicated to empowering those who have been directly impacted by injustice and racism to emerge as partners and leaders of the movements for justice we are building.

We commit to the demanding work transformative change requires. We will vote, engage in policy change and hold ourselves and everyone around us accountable for the restoration of basic civil and human rights for people of color.

Carol Lease, Former Executive Director, 1986 – 2019

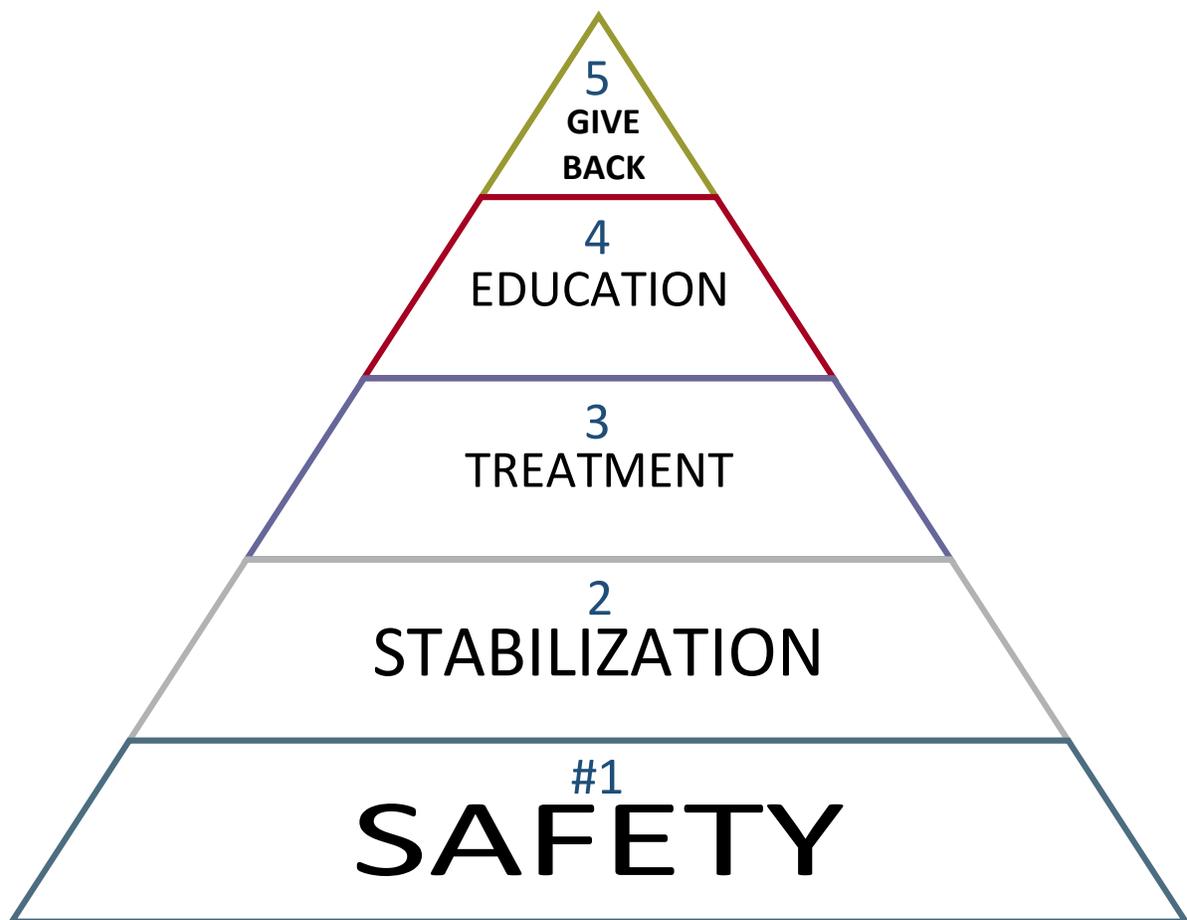
Julie, Kiehl, Executive Director, 2019 – present

THE EMPOWERMENT PYRAMID

Serving People Challenged By Cross-Dimensional Risk

Challenges may include: danger of suicide, risk for homicide, grave disability, mental illness, victimization – from child abuse or domestic violence, other assaults, trafficking, medical illness – such as HIV/AIDS, Hepatitis C and other viruses, eating disorders, dysregulated sleep/wake cycles, brain injury, homelessness, unemployment, poverty, history of incarceration, probation/parole, educational/cognitive disadvantage, substance abuse and/or addiction.

FIVE TIERS



Joycee Kennedy and Larry Wahlberg

PRINCIPLES AND TREATMENT COMPONENTS FOR IMPACTING TRAUMA

Principles:

1. Provision of free services, as well as endowments, such as, housing and bus passes
2. Provision of protective, caring relationships that create a sense of belonging, encourage open conversation, and provide an emotionally safe environment
3. Provision of seamless, individualized, trauma-focused therapy, care management, together with substance abuse counseling, medical care management and HIV/AIDS prevention services, and other collaborative health services
4. The empowerment of participants by providing employment, educational opportunities, outreach to inmates in Colorado Corrections, and advocacy within the horizontal structure of The Empowerment Program.

Treatment Components:

1. The establishment of safe emotional relationships. We know our ability to maintain homeostasis – biological balance, is impacted by environmental influences, our genetic promise, our cellular structures, our neurotransmission of chemicals in our brains, and other complex biological processes. Tender relationships provide protection to our health. Empowerment staff members are dedicated to safe, caring, relationships that provide participants an opportunity to be heard and validated. A safe emotional relationship neutralizes the impact of extreme trauma experiences and promotes healing.
2. Education about the broad, both individualized and universal, nature of traumatic stress, post-traumatic growth and resiliency.
3. Demonstration of activities and skills for emotional (central nervous system) regulation, from *The Body Keeps the Score* by Bessel van der Kolk. Emphasis on the importance of rest, exercise, nutrition, caring, compassionate, forgiving relationships, meditation, prayer, and a personal sense of balance.
4. Acquisition of flexible thinking patterns – enhancing executive function: mindfulness, the cognitive triangle (Cohen, Mannarino, and Deblinger, 2006), organization of activities, problem solving – skills for re-establishing a sense of personal order.
5. Development of understanding of stages of change (Prochaska, Norcross, and Diclemente, (1994).
6. Education about memory systems, particularly procedural/implicit and declarative/explicit memory.
7. Work with meaning – the recognition of human rights violations, heroism, and advocacy for all.
8. Narrative work that develops an historical perspective in context of a lifespan that incorporates developmental stages, that gives opportunities for testimony, writing memoirs, and coming to peace with one's own story.

Revised 2018, Joyce Kennedy

THE EMPOWERMENT PROGRAM HEALTH MODEL: From the Inside Out

The Empowerment Health Model is a new and evolving health model implemented through applied philosophy and influenced by medical research. The model is practiced and taught by the staff members and participants of the program. Empowerment is an innovative, broad-reaching community service program providing free trauma-informed therapy, treatment for substance use disorder, HIV/AIDS prevention and ongoing supportive services, care management, help with transportation, educational classes, housing, and services to individuals incarcerated and returning to their communities. Members of the program hold the world view of the preservation of life and human dignity as their number one mission. Members of the program are dedicated to preventing all forms of violence.

Health is beyond the temporal world – it is timeless. Health includes our inner nature! Unfortunately, over time the temporal world has soared in importance through the uneven distribution of wealth and resources, and the unbalancing of civilization. Leaders, intoxicated by the power of status, money, and land, have allowed reasoning to fly free from their hearts. They have created countries, states, and institutions untethered to the preservation of human life and dignity.

Leaders of Palestine and Israel, in May, 2021, again, became untethered to the safety and health of their citizens demonstrating how fragile any health model is. From several media sources, over 200 Palestinians were massacred, including over 50 children, and at least a dozen Jews lost their lives from the random rocket fire of the political group, Hamas. Prime Minister, Benjamin Netanyahu, and leaders from Hamas represent two religious cultures that recognize Moses and his delivery of the Commandment, “Thou Shalt Not Kill.”

Caring for the needs of our neighbor is not a new tradition. Becoming aware of how important it is for all of us to always tether temporal needs to caring, compassion and forgiveness is. Reasoning behind rules and codes of conduct, once unleashed from caring, compassion and forgiveness are vulnerable to a temporal lens that can be biased by the primitive emotions of fear, aggression, and despair. Unfortunately, this leads to the loss of grace.

A sense of grace cannot be externalized. A sense of grace is not concerned with civil or worldly affairs. It is not limited by time. A sense of grace protects our inner nature so we do not develop a blind eye to the needs of our neighbor. Throughout history, women have demonstrated grace. Women have not carried the weight of war.

From the beginning of recorded history, most all violent crime has been committed by men. Since data has been collected, national sources document close to 90% of sexual violence has been committed by men. As women and non-binary individuals, we are committed to leadership in preventing all violence.

As trauma specialists, we have been in the unique position to work with incarcerated men who have been violent. The men with whom we have worked have let us know that no one had provided them with a model of how their feelings worked. Many commented that they did not know they had them.

In our model, these individuals who are incarcerated, have Impaired Sensory-Emotional Integration (please refer to diagram on the next page), or the loss of the capacity to experience safe, caring, compassionate, and forgiving feelings. We believe this condition is state-dependent and treatable, but only if we recognize it. Members of the Empowerment Program believe this condition is the worst affliction known to humankind.

Joycee Kennedy, Revised June, 2021

OUR INNER NATURE COUNTS: Healthy Sensory-Emotional Integration



When we speak of balance, we speak of the balance point of emotional regulation, often called biological balance or homeostasis. The human capacity for violence is regulated systemically in our bodies. Our central nervous system has two primary components: our brain and our spine. Our brain has 100 billion neurons (brain cells). Our spine has branches and nerve endings. When we are angry and aggressive, signals are sent from our brain down our spine, coding tension in our bodies. We are out of balance.

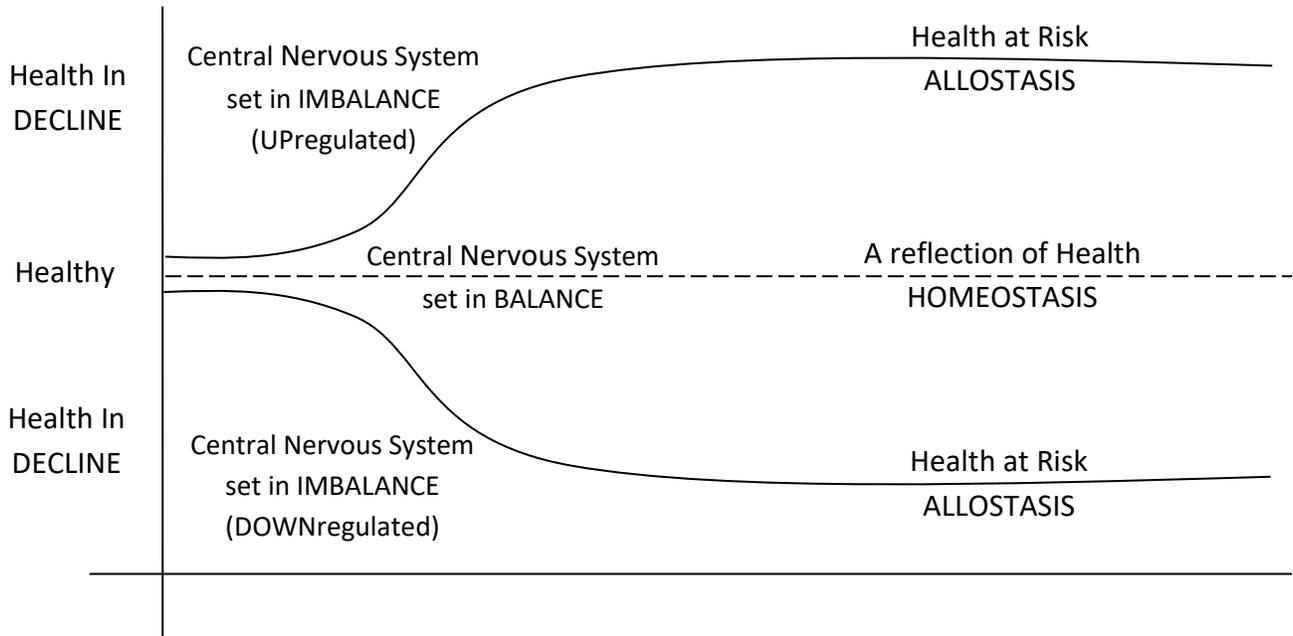
We define violence broadly – human nature defies arbitrary boundaries. Our working definition of violence: child abuse, domestic violence, sexual and physical assault (encompassing rape and murder), neglect, all pornography (on and off the internet), genocide, trafficking, torture (embracing harm to animals), verbal violence (frightening and intimidating words and gestures), violent staring, stalking behaviors, terrorism, honor killings, declared and undeclared wars (including gang violence), environmental assaults, and, importantly, suicide.

The necessary risk factor for all acts of violence is the perpetrator does not emotionally care about inflicting harm. Secondary, cognitive risk factors vary. A perpetrator may think a woman is a sex object; an individual may have a command hallucination to commit murder; and individual may be seeking revenge; a person may think a race of people do not deserve to live; or an individual may not respect animal rights. In all cases, even with violent thinking, if a person has the capacity to feel caring and compassion, the individual will be inhibited from doing harm. This includes the capacity to feel compassion toward oneself.

Balance requires awareness - our inner nature counts. Mammals, such as lions, are dangerous. We, as humans, are made to balance primitive, mammalian instincts. Higher level feelings of caring, compassion, and forgiveness inhibit us from moving out of balance into a primitive fearful, angry/aggressive, grieved, or unfeeling state. Caring, compassionate feelings help us preserve the lives and dignity of others and ourselves. Primitive emotional responses permit us humans to: call each other names, such as ignorant; allow us to knock an elderly woman down and snatch her purse; allow us to sexually assault a young girl; and allow us to shoot a convenience store manager for a pack of cigarettes. Our health is at the balance point of regulating all these emotions.

Joycee Kennedy, Revised, June 21, 2021

BIOLOGICAL BALANCE



People and other living systems seek a kind of balance called **homeostasis**. Systems in homeostasis have the following qualities:

- Maintenance of health
- Resilience in the face of challenges
- Stability, balance, and vigor

When a system moves out of balance, it is in a state of **allostasis**. Allostatic systems are more likely to wear down because they cannot carry the stress. Stress occurs when we don't meet challenges and when we are overwhelmed. Hormones released under stress are hard on our bodies - we need a lot of energy to neutralize the effect. These hormones can start to change our sensitivity to danger. With a high allostatic load, stress hormones are like toxins because our body needs to work harder. Extreme stress may cause our biological system to upregulate as it accelerates to meet the challenge. If the allostatic load exhausts our biology, downregulation may occur decelerating and shutting down our capacity to feel. High allostatic loads can influence neurodevelopment and modify genetic expression.

Questions to Consider:

1. What does it feel like when you are out of balance?
2. What behaviors and conditions move you out of balance?
3. What behaviors and conditions help you feel in balance?
4. How does the way you think about things influence feeling in or out of balance?

Joycee Kennedy and Larry Wahlberg

STRATEGIES FOR LIVING A RESILIENT LIFESTYLE

1. Love and care for others
2. Foster fine role models or mentors in your life
3. Demonstrate a realistic, but optimistic attitude (a sense of optimism is correlated with better health and a sense of self-confidence)
4. Practice a sense of humor
5. Develop a moral compass that includes integrity and altruism
6. Practice a sense of spirituality by using prayer, meditation, and maintaining hope
7. Develop and nurture a strong, caring support system – a community
8. Identify your signature strengths, ones that are natural and flow from your sense of self. Engage these strengths
9. Embrace active coping – prepare for adversity as much as possible, employ procedural memory, practice needed skills, take initiative
10. Face fear. Interpret it as a warning and don't avoid intense emotions. Learn emotional regulation and tolerance
11. Train – move out of your comfort zone. Employ stress inoculation skills
12. Practice flexibility in thinking. Develop the ability to reappraise and embrace diversity
13. Develop meaning and purpose – traumatic stress can foster new appraisals and virtues, leading to an altruistic mission or calling
14. Maintain fitness and stamina
15. Show gratitude

Strategies for resilience were taken from International Society for Traumatic Stress Studies symposium November 6, 2006, Hollywood California - speaker: Steven Southwick, M.D. Connecticut VA Healthcare System, and (Southwick and Charney, 2012)

Revised April, 2014, Joyce Kennedy

STRESS INOCULATION SKILLS

1. Deep Breathing
2. Progressive Muscle Relaxation
3. Thought Stopping
4. Positive Imagery & Other Sensory Experiences
5. Distraction
6. Humor
7. Healthy Eating Habits
8. Exercise
9. Rest
10. Prayer, Meditation

Joycee Kennedy, 2008

THE EIGHT STAGES OF MAN: A Developmental Guide of Human Growth

1. **Basic Trust vs. Mistrust** (about birth to 1): “The first demonstration of social trust in the baby is the ease of his feeding, the depth of his sleep, and the relaxation of his bowels. The experience of mutual regulation of his increasingly receptive capacities with the maternal techniques of provision gradually helps him/her to balance the discomfort caused by the immaturity of homeostasis with which the baby is born...” (p. 247)
2. **Autonomy vs. Shame and Doubt** (about 1.5 years old to 4): beginning to explore, feel courageous, and empowered. Language development. Socialization through toilet training.
3. **Initiative vs. Guilt** (about 4 to 6): often copying parent of the same sex. Learning to postpone gratification. Introduction of preschool.
4. **Industry vs. Inferiority** (about 6 to 12): introduction of primary school. Often called the latency period. Emphasis on moral development/assisting others, mastery, and feeling a sense of accomplishment.
5. **Identity vs. Role Confusion** (about 12 to 16): puberty – experiencing new body sensations and processes. Development of an observing ego and the ability to abstract reason.
6. **Intimacy vs. Isolation** (about 16 to 21): safe affection and sexual experimentation. Devotion and loyalty to another.
7. **Generativity vs. Stagnation** (about 21 to 25): beginning to consider raising a family – a stage that seems to look quite different in the new millennium – with education and work a strong priority.
8. **Ego Integrity vs. Despair** (about 25 years and older): possessing a comfortable, honest sense of self. Able to accept responsibility for one’s own life - feel self-reliant and empowered.

(Erikson (1963) pp. 247-274)

- Traumatic interruptions in development, such as sexual assault or witnessing violence, documented in the Adverse Childhood Experiences (ACE) study by Robert F. Anda and Vincent J. Felitti, increase the risk for illness and early death in adulthood.
- Gail Sheehy in her book, *Passages*, suggests we go through different stages, conflicts, and crises throughout our lifetime as we incorporate new learning and develop new relationships.

Joycee Kennedy, November 24, 2014

DEVELOPMENTAL HEALTH AND SUBSTANCE ABUSE

Developmental Health: Moving toward maturity - Nelson Mandela talks about learning maturity while he was incarcerated for 27 years in South Africa. He refers to maturity as possessing three significant features: Having a sense of balance, having measured behavior, and having controlled or regulated emotions - from Richard Stengel's book, *Mandela's Way: Fifteen Lessons on Life, Love, and Courage*.

Considering addiction: Gabor Mate, in his book, *In the Realm of Hungry Ghosts*, says, "The addictive personality is a personality that hasn't matured. When we come to address healing, a key question will be how to promote maturity in ourselves or in others whose early environment sabotaged healthy emotional growth. . ." (p.239). Dr. Mate views addiction as a relapsing behavior that satiates short-term needs and endures in spite of negative long-term consequences. He believes adults who are addicted are looking outside themselves for healthy sensory-emotional integration.

As we gain maturity, we acquire high degrees of mindfulness, empowerment, and self-value. In developing effective executive functioning, we gain conscious awareness of freedom of choice, of skills for emotional regulation, and of the ability to inhibit destructive behavior.

Healthy development means looking ahead. Often, trauma-survivors have a foreshortened sense of future. Nelson Mandela talks about the 'The Long Game'. He lived to 95 years old. His challenges were incomprehensible, yet he seemed to have mindfulness each day and he looked to the future as he planned to fulfill his potential. He became the President of South Africa – many believe he prevented civil war.

Joycee Kennedy, revised August, 2016

TRAUMA AND SUBSTANCE ABUSE: Important Considerations

Using street drugs in 2022, is not safe. Last year, in Colorado, over 760 individuals died from Fentanyl – most often laced into another drug. From several media sources, over 100,000 people died in the United States in the last year from overdose.

“Addiction is a complex psychological, physiological process that finds temporary relief or pleasure” (Mate) – relief from pain, often from internal wounds, and/or it brings comfort, biological balance, or homeostasis.

“Addiction is secondary to trauma.” (Mate). PTSD and CPTSD are secondary.

Components of Substance Abuse

Those who seek drugs and alcohol are trying to free themselves from traumatic stress – their identity is often shattered into unclaimed pieces. They will need to find themselves – free from shame.

Those seeking drugs are using declarative memory, our conscious memory system, to shift procedural, our more habitual memory system, away from unrelenting suffering. However, once a person is addicted to a harmful drug, a new self-destructive pathway is coded in procedural memory.

Those struggling with substance abuse are seeking healthy development, enjoyment in school and work, and connection.

Those struggling with creating healthy relationships often have a dysregulated Central Nervous System (CNS). Our CNS includes our brain and our spine. The impact of trauma can derail emotional regulation leading to substance use. The biology can get complicated. Examples of unhealthy connections include parents sharing alcohol with their children and street gang members sharing survival by running drugs.

“No one chooses to be an addict.” (Mate). Professional quarterbacks do not choose to throw interceptions. Professional tennis players do not choose to lose in the finals of a Grand Slam tennis tournament. Just as playing badly in an important playoff game can be painful, behavior while abusing substances can ultimately bring shame. The federal program, “Just Say No to Drugs” failed because addiction is not a choice.

Components of Recovery and Healing

Those who heal have a safe, nonjudgemental, attachment community, such as AA.

Those who recover understand they are ordinary people.

Those who heal have compassion for themselves and forgiveness.

Those who recover understand human fragility.

Those who recover embrace the truth of their own stories.

Those who heal have appreciation for their potential and possibilities that lie ahead.

Dr. Gabor Mate (ZOOM presentation October 22, 2021, sponsored by the Colorado Association of Addiction professionals)

Joycee Kennedy and Sharon Lynch, April 2022

OUR IDENTITY

What does it mean to be human?

We are mortal

We are unfinished

We can be weak

We can be strong

We can act inappropriately

We can behave intelligently

We are imperfect

Taken from, "What I have taught and learned," by Wm M. Chace, *The American Scholar*, Winter, 2015, p. 43

When we consider the notions earmarked by the author, we can use this framework to review our own growth and development. We might ask the following questions:

1. In our own lives, what do we need to finish?
2. In our own lives, what aspects of our character do we need to strengthen?
3. Why might we act inappropriately?
4. Intelligence is complicated – we might have emotional intelligence and common sense even though we don't have a college degree. Why might we not act intelligently?
5. Can we ever be perfect and not make mistakes?
6. What does it mean to have a soul?

Joycee Kennedy, June, 2017

HEALTHY RELATIONSHIPS

Healthy relationships are a buffer to experiencing traumatic stress and are a catalyst to healing. Relationships vary. Without relationships, we risk disconnection.

Important variables to consider for healthy relationships:

- Sensory connection – if sighted, able to look into another’s eyes
- Warmth
- Trust
- Reliability
- Capacity to give
- Safe emotional responsiveness
- Capacity to listen/hearing what is not said
- Honesty/truthfulness
- Ability to foster mutual respect
- Capacity to promote mutual preservation of dignity
- Ability to enhance potential of another, as well as self
- Capability of enhancing health of another, as well as own health
- Thoughtfulness
- Healthy sensory-emotional integration

Revised September, 2016, Joyce Kennedy

LOVE AND MINDFULNESS

Love can have features of passion, biological innocence and mindfulness

*Having a mindful state means being anchored in the here and now –
- accepting the here and now without judgment - being healthy.*

Helpful ways to think about mindfulness include:

1. Being in a sober space
2. Having ability to conduct a biological check for tension, regulated excitement, and calm
3. Able to focus on breathing
4. Capable of using unique sensory system (ex: visualization, hearing sounds, touching, or smelling an odor)
5. Able to identify and share thoughts.
6. Able to observe, identify, tolerate, and share feelings
7. Able to create safety
8. Having healthy sensory-emotional integration

Joycee Kennedy, October, 2014

WHO CAN I TURN TO FOR SUPPORT?

There is more and more scientific evidence having a strong support network of people we trust protects our health – both emotional and physical. When identifying people, please keep in mind the different kinds of support we often need: emotional support, financial, advice, sense of belonging, physical, feeling valued, opportunity to give back, and expressing gratitude.

The following list is of people who might play an important role in our lives. Identifying specific names gives us a sense of being part of a team.

- ◇ Family of Creation (nuclear family – partners, children)
- ◇ Extended Family (parents, grandparents, aunts, uncles)
- ◇ Friends
- ◇ Neighbors
- ◇ Spiritual Network
- ◇ Medical Support
- ◇ Professional Relationships (drug/alcohol counselors, trainers)

Not all of us have family members we can trust, or who are there for us. For instance, we may have a family member in jail. Not all of us have spiritual support from an organized religion. However, it is important we have a few people in our life we can turn to for support. Our world is complicated and there are times we need help. Being with a few trusted people, regulates our heart and protects our health.

Joycee Kennedy, July, 2018

FORGIVENESS

Without memory, there is no healing
Without forgiveness, there is no future

Archbishop Desmond Tutu, who won the Nobel Peace Prize in 1984

In the Socratic tradition, dialectical thinking can help. In one hand we can hold the grief of tragedy often accompanied by human frailty; in the other hand, we can hold the challenge to ourselves to demonstrate personal courage.

Carrying the grief of tragedy is exhausting, consuming much biological energy. If we don't forgive, this exhaustion from emotional responses, such as outrage, anger, hurt, sadness, can take control of our lives.

It is important to forgive ourselves. Forgiveness takes our emotional response out of the cycle of violence. We all make mistakes for many different reasons. We all are human. We have this in common.

Spiritual practices incorporate forgiveness. In Christianity, Christ teaches to please forgive those who harm him, he says, "They know not what they do". Buddhists believe it is important to let go of the suffering of revenge and practice the peace of forgiveness. In Judaism, there is a special day for atonement.

People who harm others or themselves can heal. We do not understand the neuroscience mechanisms of how individuals have the capacity to do harm. However, we do know people can change their lives and not harm again.

Revised, Joyce Kennedy, December, 2017

GUILT AND SHAME AS BARRIERS TO FORGIVING ONESELF

Guilt: refers to feeling badly about how we have behaved. This includes feeling awful about things we have done or things we have failed to do. Guilt can have ethical ramifications as well as legal considerations.

Shame: refers to us feeling badly about who we are. We believe there is something wrong with us. We feel dishonorable. We feel like failures.

Do you feel GUILTY? Yes Maybe No

Name one behavior for which you feel GUILTY:

Do you feel SHAME? Yes Maybe No

Name one behavior for which you feel SHAMEFUL:

How do we tolerate guilt and shame? If we are able to do this, we can forgive ourselves for our mistakes and weaknesses and we can forgive others. Some strategies to do this include:

1. Honesty
2. Being realistic
3. Understanding the context of our mistakes
4. Making amends
5. Seeking forgiveness from others as well as ourselves
6. Looking for strength from a spiritual source
7. Understanding choices can be limited
8. Being aware our virtue may be corrupted by some environments
9. Knowing compassion for self and others is liberating
10. Recasting a new world view

How do you deal with your guilt and shame?

Joycee Kennedy, November 28, 2012

TRAUMATIC GRIEF

1. A traumatic experience is often too big to digest at one time and the story may need to be broken down into digestible pieces. Often symptoms of traumatic stress disrupt the normal stages of grief (denial, anger, bargaining, depression, and acceptance).
2. Establishing safe, secure, and respectful relationships is necessary before beginning traumatic grief work. These connections provide a stable foundation.
3. As a trauma survivor, ask and expect those around you to validate how difficult your experience has been by saying, for example, “I am sorry you had to endure such fright and loss.”
4. Expect hard work ahead. Intense emotions are often coded in the viscera. Learning to tolerate and work with strong feelings takes time and energy.
5. Expect those supporting your recovery from traumatic grief to help you guard against feeling overwhelmed and support your learning stress inoculation skills.
6. Always live with hope. Holocaust survivors, World Trade survivors, and many others give testimony to resilience and the strength of the human spirit.
7. If you have experienced traumatic grief, expect your life to be changed forever, providing new wisdom to bring to your future. Grieving is the core of the healing process.
8. Grieving is the core of the healing process. Sometimes it can be prolonged.
9. We can integrate new information about individuals for whom we grieve at any time.
10. With updated information we can take a new look at a traumatic loss.

(van der Kolk (2014), Pynoos (1985), Kubler-Ross (1969), and Van Derbur (2003).

Revised Joyce Kennedy, December 2023

WHAT DO WE VALUE?

Please check your top 10! Feel free to add values special to you:

- ◇ Authenticity
- ◇ Balance
- ◇ Being Productive
- ◇ Caring
- ◇ Compassion
- ◇ Competence
- ◇ Contributing
- ◇ Dialogue
- ◇ Empathy
- ◇ Excellence
- ◇ Fairness
- ◇ Family Health
- ◇ Forgiveness
- ◇ Financial Security
- ◇ Gratitude
- ◇ Giving
- ◇ Hard Work
- ◇ Humility
- ◇ Innovation
- ◇ Integrity
- ◇ Kindness
- ◇ Leadership
- ◇ Learning
- ◇ Love
- ◇ Loyalty
- ◇ Long View (N. Mandela)
- ◇ Measured Behavior
(N. Mandela)
- ◇ Nonviolence
- ◇ Order
- ◇ Perseverance
- ◇ Personal Growth
- ◇ Physical Health
- ◇ PLAYFULNESS
- ◇ Positive Attitude
- ◇ Safety
- ◇ Selflessness
- ◇ Self-Sufficiency
- ◇ Sincerity
- ◇ Soul
- ◇ Spirituality
- ◇ Thoughtfulness
- ◇ Tolerance

Please Identify Your Top Three:

Please Share Your Primary Dream Considering, "Movement is Success!":

Revised 12/8/22, Joyce Kennedy
Larry Wahlberg and Carol Lease

AWARENESS OF HEALTHY ENVIRONMENTS AND ORGANIZATIONS

As we become aware of the impact of chronic stress on our homeostasis or biological balance, it is important to understand organizations as living, ethical systems. Our manner of functioning creates our organizational health. Some of the environments we may have encountered include:

- Apartment houses
- General hospitals
- Religious organizations
- Government departments
- Drug/alcohol facilities
- Rehabilitation facilities
- Families, including foster families
- Departments of Human Services
- Corporate work environments
- Mental Health facilities
- Educational institutions
- Probation departments
- Military units
- Nursing homes
- Shelters
- Jails

We are becoming more educated about keeping ourselves and other individuals biologically, socially, and morally safe. When we create unhealthy family environments and when we interface with unhealthy institutions, ones that are not trauma-informed, we may not be able to keep ourselves safe. The following is a list of organizational qualities that represent health, as well as, risk:

HEALTHY ORGANIZATIONS

- Promote safety
- Encourage kindness
- Foster learning
- Promote mutual trust
- Encourage empowerment
- Are nurturing
- Are adaptive
- Promote open dialogue
- Value dissent
- Embrace diversity
- Provide coordinated care
- Encourage non-linear thought
- Promote a hopeful vision
- Exemplify a horizontal structure
- Honor justice
- Are partnering
- Are cooperative
- Are innovative
- Validate suffering
- **Are trauma-informed**

UNHEALTHY ORGANIZATIONS

- Allow lack of safety
- Encourage insensitivity
- Foster little new learning
- Promote distrust
- Encourage subordination
- Accept lack of nurturing
- Are rigid
- Promote closed-door dialogue
- Are unable to tolerate dissent
- Are fearful of adversity
- Provide fragmented care
- Encourage linear thought
- Promote a negative outlook
- Exemplify a hierarchal nature
- Are punitive
- Are authoritarian
- Are adversarial
- Are not creative
- Minimize suffering
- **Are not trauma-informed**

(Bloom, S. 1997, 2006)

When an individual member or members of an organization pose imminent harm to themselves or someone else and/or are gravely disabled by illness, a healthy organization needs to change structure to maintain health and safety. With healthy, competent support, both internally and externally, the living organization can regain homeostasis and optimal functioning. A trauma-informed system can carry the stress and have resiliency without the organization wearing down while accessing needed resources.

Revised, April, 2009 Joyce Kennedy

THE IMPORTANCE OF A SENSE OF JUSTICE TO HEALING AND RECOVERY

“Justice needs to be part of the dialogue of recovery.”

--Judith Lewis Herman, MD, ISTSS
Boston, November 14, 2019

Intergenerational, global marginalization and oppression are traumatic, often violent experiences. Validating these experiences, speaking the truth, apologizing when need be, providing safety and community support are essential to healing and recovery. The list of these kinds of experiences is too long to catalog; however, the following are a few: domestic violence, genocide, violence against women, trafficking, surviving incest, enduring incarceration, hate crimes, child abuse, terrorism, war, surviving mass shootings. A collective identity needs to be discussed. It is our collective identity, including our family, our schools, places of worship and places of work – community, that represents the number one protective factor of our being. And, between, as well as within these groups, including our families, we are different from one another (unless we are identical twins). Diversity is our reality and the moral code represented by the institutions we create preserves justice.

Discrimination, representing a range of events, can be traumatic. We have minimized the impact. Marginalized people are at risk for developing painful negative self-concepts. Marginalized people can be at risk for serious disease. Community support regulates the heart.

Donald G Sutton from Colorado, served on the battleship USS Arizona when it was bombed December 7, 1941. At one time, the Pearl Harbor Survivors Association had 18,000 members.

Lauren Bruner, a deceased USS Arizona survivor, said, “...he wanted to return to his ship because he saw it as a way to join old friends who never made it off the warship.” (p.12)

Tabachnik, S. (2019, Dec. 7).
Remembering that Infamous Day, *The Denver Post*
Front page, page 12

Revised December 2022 Joyce Kennedy

USING A WIDE-ANGLE LENS TO UNDERSTAND DIVERSITY

What makes us diverse and unique as individuals cannot be simplified. Alliant International University describes a model that captures important features of our differences. The University identifies four types of diversity:

Internal Diversity

Internally diverse characteristics are things we are born with.

Dimensions of internal diversity might include - race, ethnicity, biological sex at birth, sexual identity, physical features, cognitive abilities, and sensory-emotional integration.

External Diversity

External diversity describes things that are related to a person but are not necessarily features identified at birth.

Possible external factors might include – education, spiritual beliefs, familial status, socioeconomic status.

Organizational Diversity

This type of diversity basically describes differences in individual functioning in the workplace.

Examples might include – seniority, pay type (salary vs. hourly), management status.

Worldview Diversity

This type of diversity is dynamic, integrating multiple factors, such as, age, and life experiences.

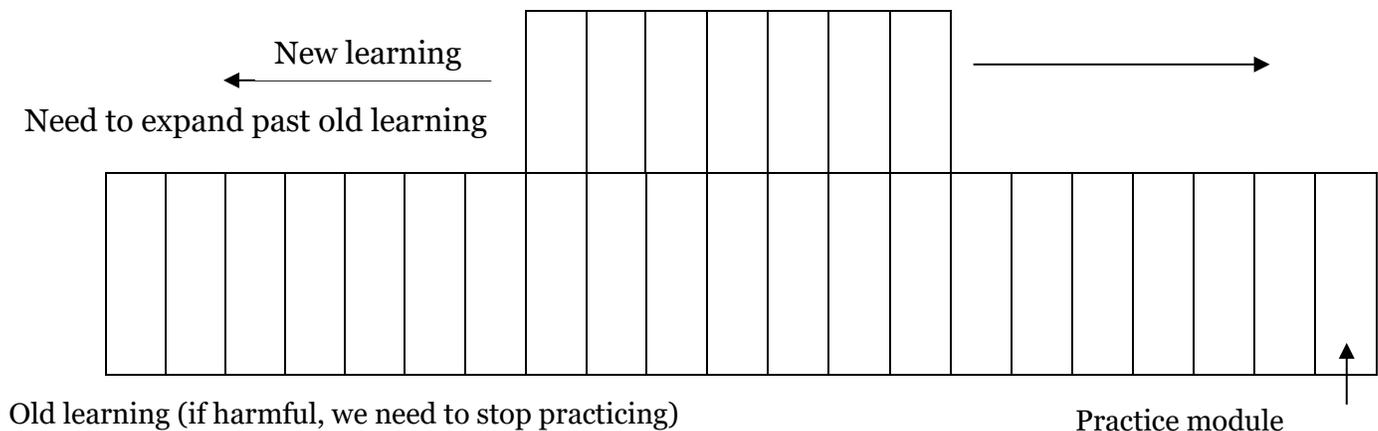
A model for worldview diversity would include – political beliefs and moral code.

What makes us diverse extends beyond race, ethnicity, and gender!

TWO IMPORTANT MEMORY SYSTEMS TO UNDERSTAND HOW WE CHANGE

1. **PROCEDURAL** (or Implicit Memory) is our not-conscious memory, our memory for motor learning, coded in the autonomic branch of our Central Nervous System. The components of our CNS are our brain and our spine. Our brain has about 100 billion cells or neurons and our spine has branches. The sympathetic branch is the branch with nerve endings that react to fear – leading to responses of fight, flight, or freeze. What we practice and what becomes habitual is recorded in procedural memory, examples include:
 - Learning to balance and ride on a two-wheel bicycle
 - Looking both ways before crossing the street
 - Often, when there are repetitive sights, sounds, smells, faces, street corners, the way our body feels, is coded in procedural memory. We become conditioned, such as with an addictive behavior.
2. **DECLARATIVE** (or explicit) memory is our conscious memory, or our information-driven memory. When one wishes to learn the name of the President of South Africa who was incarcerated for 27 years – Nelson Mandela, one would use declarative memory. Memorizing multiplication tables employs a declarative memory process.

Change: We change by initiating a plan, making a commitment, and taking responsibility - using declarative memory. We employ procedural memory to practice. We must repeat what we want to learn, often over and over again so that the brain can code what is happening.



With every repetition, a behavior is enforced.

ELEMENTS OF LEARNING

Cognitive Functions

Attending/Concentrating

Encoding – such as a password

Decoding – blueberry is more than a fruit, it is a password

Retrieving – the password from short and long-term memory

Storing – the password until need to use computer

Employing Working Memory – using the same password again and again

Relying on Executive Function – a dynamic, complex system that provides the grid for thoughtful decisions and behavior

Perceiving Information through Sensory Integration:

Seeing

Hearing

Smelling

Touching

Tasting

Memory:

Procedural

Declarative

Expression:

Written

Verbal

Non-verbal

Joycee Kennedy, March, 2015

CHANGING OUR THOUGHT PATTERNS AND BEHAVIORS

How We Change

1. We change from within – we change when a higher calling than our own is heartfelt
2. We change when we become aware of biological joy and peace

When We Change

1. We heal and recover from traumatic experiences and perceptions
2. We may go through phases
 - Precontemplation – We may be unaware of the need to change, in denial, unwilling to consider change, mistrust reasons to change, or believe the cost of change is too high.
 - Contemplation – We are thinking about making a change, but are ambivalent.
 - Preparation – We are intending to make the change and putting the resources and the necessary help into place.
 - Action – We have made the change in the last six months.
 - Maintenance – We have successfully performed the change for more than six months and the change has become a consistent pattern.
 - Termination – We have succeeded. The unhealthy behavior stops.

Notes from the Men's Parent Sanctuary Classes, Denver County Jail, March 21, 2008 and March 28, 2008.

(Prochaska, Norcross and Diclemente, 1994)
Joyces Kennedy, March, 2008

RESTORATION OF MORAL INTEGRITY

We need to applaud our survival and the actions we have taken in the service of wanting to live.

We need to forgive ourselves for not appreciating our often limited choices.

When choices are limited, the barriers may become our teachers rather than our hearts. Our beliefs about morality may be recast.

In some traumatic environments, our thinking becomes corrupted, and our emotions become dysregulated. Our sense of virtue may be compromised by ambiguity.

Under certain circumstances, it may be impossible to build moral integrity in our own minds.

New learning and understanding about self, about others, about forgiveness of self, about human nature can inspire us to remove barriers redefining a moral path to joy and health.

Recovery of confidence may mean recasting our view of ourselves and our view of the world. Restoration of moral integrity may mean rewriting our ethical code.

Joycee Kennedy, March, 2015

IDEAS RELATED TO SPIRITUALITY

“Spirituality is a way of transcending the material or finite world to capture soulful experiences. It broadens our humanity – allowing us to move beyond our personal reality to include the vast nature of the universe. Spirituality may play an important role in heartfelt connections. Importantly, spirituality embraces faith, trust, unquestionable belief – not requiring proof.”

--Joycee Kennedy

“Spirituality is not religion; it is not feeling guilty. Guilt takes up too much room in the heart.”

--Sister Mary Ann Figlino

“Anger spends our energy, compassion frees it.”

- Sister Jean Abbott

“Spirituality can be unconditional kindness toward oneself – knowing the inner kindness will flow outward.”

- Jackie Larner

“Spirituality is personal, unique; it often embraces prayer, provides comfort, and prioritizes need and social justice. Malala risked her life to attend school in Pakistan, Christ sacrificed his life for others, Mandela sacrificed his freedom to meet the needs of black Africans.”

--Joycee Kennedy

Joycee Kennedy, Revised April, 2015

NOTES ON DEATH

John Doone – 1600 England, poet who lost his father at age four, wrote the poem, “*Death Be Not Proud*”.

*Death, be not proud, though some have called thee
Mighty and dreadful, for thou are not so;
For those whom thou think’st thou dost overthrow
Die not, poor Death, nor yet canst thou kill me.
From rest and sleep, which but thy pictures be,
Much pleasure; then from thee much more must flow,
And soonest our best men with thee do go,
Rest of their bones, and soul’s delivery.
Thou’art slave to fate, chance, kings, and desperate men,
And dost with poison, war, and sickness dwell,
And poppy’or charms can make us sleep as well
And better than thy stroke; why swell’st thou then?
One short sleep past, we wake eternally,
And death shall be no more; Death, thou shalt die.*

Ideas to consider:

1. Fate is beyond our control,
2. Our bodies are finite,
3. Death is an inevitable stage of the life cycle,
4. Some deaths can be prevented,
5. The nature of death can be traumatic,
6. The nature of death can be complicated by cultural and legal issues.
7. Our Spirit lives on in the hearts of others.
8. Loss is integral to the human experience.
9. Valuing the human experience is important.
10. The stories of deceased individuals can be updated at any time.

Joycee Kennedy, December 2022

HAVING A SAFE, MEANINGFUL VOICE

What does it mean to have a voice? As humans, we have the most developed, sophisticated voices known. Our ideas in America are demonstrated through the democratic process. Our words are expressed in many ways – story telling, poetry, lyrics, and laws, to name a few. Our words are spoken through different languages and signs.

As we speak, do we exemplify the voice of reason? Do we model the voice of truth? Is what we have to say self-centered or other-centered? Does someone else’s voice have the same value as our own? Is our voice kind or hurtful – considering content, volume, and tone?

We honor ideals when we have a safe, meaningful voice. Some ideals to consider when speaking out are listed below.

A Safe, Meaningful Voice has:

1. Accountability to show leadership
2. Thoughtfulness in expression of ideas
3. Knowledge behind beliefs shared
4. Humility
5. Has heart
6. Truthfulness
7. Concern that those listening will benefit
8. In place, or has the possibility of supportive laws
9. The intention of prosperity for all
10. Consistency of message
11. Sincere motivation
12. Responsiveness to feedback – is a listening voice

Joycee Kennedy, Jeanette Kryz, Marilyn Morris, Christa Hicks, February, 2016

LEADERSHIP WITH HEART

Leadership is unavoidable – there is always someone observing our behavior

“Americans will never forget her standing shoulder to shoulder with President [Ronald] Reagan, reminding the world that we are not simply carried along by currents in history. We can shape them with normal conviction, unyielding courage and iron will.”

--Barack Obama on Margaret Thatcher, Prime Minister of England
(Denver Post News, p. 12A Tuesday, April 9, 2013)

What are the qualities of an **effective leader**?

- ◇ Trustworthiness
- ◇ Ability to make thoughtful decisions
- ◇ Ability to show stewardship
- ◇ Stamina – emotional and physical
- ◇ Has measured and balanced behavior (N. Mandela)
- ◇ Has a safe and meaningful voice
- ◇ Has knowledge of beliefs shared
- ◇ Is dedicated to prosperity for all
- ◇ Ability to lead by example
- ◇ Moral Integrity
- ◇ Healthy Sensory-Emotional Integration
- ◇ _____
- ◇ _____
- ◇ _____

When was a time that you demonstrated leadership?

Who are the leaders that you have admired?

What does leadership have to do with traumatic stress?

Travelling from Connecticut, the week of April 8, 2013, Sandy Hook families gave testimony in the United States Congress influencing the vote on more restrictive gun laws in America.

Joycee Kennedy, April, 2013

DEFINING *OVERTIME*

A Discussion About Being Called Upon to Work Harder In Our Life

Sometimes, as individuals, we need to go into personal overtime. It is important to understand life often requires us to work harder, to be adaptable - to raise the bar of our patience, our endurance, our sense of peace, and our sense of calm.

We may have the added emotional work of grieving, the added emotional work of living with betrayal of trust or of experiencing a marital separation. We may have the added physical work of looking for a new job or moving into a new apartment. We may have the added personal healthcare responsibilities of adjusting to an illness, an orthopedic injury, or being in a caretaker role.

Once we have accepted overtime, this state feels less of a burden. Sometimes we may win in overtime, as when the young Denver quarterback, Brock Osweiler took the Denver Broncos into overtime against the Cincinnati Bengals on December 28, 2015, and won 20-17. Other times, overtime may last a lifetime. If we have a chronic illness, extra effort is required for life.

It is important to identify overtime! We need to understand the resources and skills to succeed in overtime, however long it lasts. Just as in competitive football, when regulation time ends, the players are tired. They expect to rest. This is not always the case. If we are getting ready for bed and we learn a close relative has had a heart attack, our work will increase, not subside.

Overtime happens.

THE PREVENTION OF VIOLENCE AND TRAUMA

A Self-Awareness Tool for Healthy Sensory-Emotional Integration

A common trait among many individuals who inflict harm to themselves and others is an inability to pick up on the cues of the suffering of someone else at the time of their action. Murderers don't compute screams for help. They don't see tears. People committing suicide don't feel the presence of loved ones. They don't experience warmth or love at the time of the killing. They may have an impaired ability to feel. Their circumstances may promote recasting their moral beliefs. They become numb and desensitized. This condition, commonly, seems to be state dependent, meaning it comes and goes. We call it, *A State of Collapse*.

Healthy sensory-emotional integration may play an important role in preventing all forms of violence.

***See Self-Awareness Tool on next page**

Joycee Kennedy and Larry Wahlberg, 2008

SELF-AWARENESS TOOL

1. Have you felt loved by another?
2. Could you feel your body respond when someone expressed caring for you? Examples of body responses include: increased heart rate, feeling high energy, or feeling calmer.
3. Have you sensed other people's joys or good fortune?
4. Have you responded emotionally to other people's sadness?
5. Sometimes, is your body numb?
6. Have you had times when you believed you were spiritually dead?
7. If you have hurt someone, did you care?
8. If you have hurt another, did you sense what the other person felt?
9. If you have hurt another, did your body feel differently while you harmed him or her?
10. Sometimes people lose the capacity to feel and have no emotions, either on purpose or without awareness. This condition may be intensified by using alcohol or other drugs. Has this ever happened to you?
11. Do you have periods where other people seem emotional and you don't experience feelings?
12. Do you sense how other people feel things?
13. Do you ever harm your own body?
14. Do you have emotional responses when someone close to you dies?
15. Have you seen someone writhe in pain?
16. Have you smelled a decaying animal?
17. Have you touched scar tissue?
18. Have you heard someone crying?
19. Have you had an emotional response to someone crying?
20. Have you thought about responding to the actions of others and yourself practicing emotional safety?

LITERATURE SUPPORTING OUR NEW THINKING ON VIOLENCE PREVENTION

The Little Prince by Antione de Saint-Exupery, Houghton Mifflin, 1943, p. 63

The fox explains, **“One sees clearly only with the heart. . .”**

The Life of Pi by Yann Martel, Houghton Mifflin Harcourt, 2001, p.71

The main battlefield for good is not the open ground of the public arena but the small clearing of each heart.

A Mother’s Reckoning by Sue Klebold, Penguin Random House, 2016, p. 133

...My worst fears have come to pass. I keep thinking about his crazy rage and his intent to die. He lied to us and to his friends. He was so far removed from feeling. I keep trying to understand how that sweet, beloved child got there...

Journal entry, October, 1999

A Rumor of War by Philip Caputo, 1977, Henry Holt and Company, p. 285

...About half the village went up in flames. I could hear people yelling, and I saw several figures running through the white smoke. I did not feel a sense of vengeance, any more then I felt remorse or regret. I did not even feel angry. Listening to the shouts and watching the people running out of their burning homes, I did not feel anything at all.

Joycee Kennedy, December, 2017

Campaign of Empowerment Women for Nonviolence

An Initiative of The Empowerment Program Advisory Council
Denver, Colorado

INFORMATION

All of us can help prevent violence. Individuals who are suicidal and/or homicidal create life-threatening emergency situations just as individuals struggling with heart attacks, strokes, and uncontrolled bleeding. An **individual with a heart emergency** may have **symptoms** of chest pains, labored breathing, and indigestion. Just as with heart disease, **a person who has the capacity for violence** has **symptoms**. The person shuts down feelings of compassion, caring, and forgiveness, unleashing instinctual emotions of fear, anger, and despair. The individual may become exhausted from this imbalance and experience a state of collapse – isolating and obsessing on harmful ideas that may be intensified by using alcohol or other drugs. The campaign members believe the loss of the capacity to feel to be the worst affliction known to humankind.

A person challenged by a heart emergency may have **risk factors**, such as, smoking, not exercising and poor eating habits. **An individual with the capacity for violent behavior may have the risk factors** of lost status, been fired, suspended from school, been separated from someone significant, joined a militant group, or have violent thoughts. **At the time a person has a heart attack, the necessary variable for this state-dependent condition, is a clogged artery. At the time a person acts violently, the necessary variable is impaired sensory-emotional integration.**

We recommend a new diagnosis be developed based on “Impaired Sensory-Emotional Integration”, stemming from the inability to feel, or stemming from the inability to balance the instinctual emotions of fear, anger, and despair with caring, compassion, and forgiveness. This diagnosis will capture the necessary variable in the state dependent, human capacity for violence. The diagnosis can be operationalized with a screening instrument leading to treatment – preventing violence.

The Campaign defines violence in the following way: Verbal violence (frightening and intimidating words and gestures), domestic violence, sexual and physical assault (encompassing rape and murder), child abuse, neglect, all pornography (on and off the internet), genocide, trafficking, torture (including harm to animals), environmental assaults, honor killings, declared and undeclared wars (including gang violence), violent staring, stalking behaviors, and importantly suicide.

The epidemic nature of violence represents a worldwide public health crisis – your participation matters. It might be the difference between life and death. It is time to begin the discussion of how an individual becomes desensitized to the point he or she stops protecting human life and dignity.

ADVOCATING FOR HEALTHY SENSORY-EMOTIONAL INTEGRATION: The Capacity to Experience Compassionate, Caring, And Forgiving Feelings for Yourself and Others

Components of Being **Emotionally Safe**:

1. Motivation!
2. Able to feel distress in your own body and perceive distress in others
3. Able to maintain balance – hold feelings of compassion, caring, and forgiveness at all times
4. Able to separate from the issues of others – set personal boundaries
5. Able to be attuned to adversity
6. Able to serve others expecting nothing in return
7. Able to be trustworthy
8. Able to uphold others in a thoughtful and caring manner
9. Able to ask for and give others validation and credit
10. Able to forgive self and others – make allowances
11. Able to identify being numb or spiritually dead and ask for help
12. Able to connect with others – preserve own dignity and others'
13. Able to show gratitude
14. Able to protect life, health, and the dignity of others – practice nonviolence



The Empowerment Program Advisory Council

Lydia Marshall-Mack, President
Christa Hicks – Vice President
Kellye Monaghan
Marilyn Morris
Shaina Chrissinger

**Empower yourself to
prevent possible harm**

Denver, Colorado

CHECKLIST

This Citizen Checklist can help you identify people who may be at risk for violent behavior:

✓ BE ALERT

Be attuned to people who have a blank stare, are silent, seem frozen or numb, and are isolating. Be aware that some people may appear courteous and successful, yet behave deceptively and violently in specific areas of their life. These are people you may know or observe to be behaving out of the ordinary.

✓ CREATE A BUDDY SYSTEM

- If you are on a public bus, recruit another passenger to stand beside you.
- If you are at a bar or restaurant, recruit a patron, waitress or waiter.
- If you are at home, recruit a family member or neighbor before taking action.

✓ ASK...

1. *Are you okay?*
2. *Would you like to talk?*
3. *Are you going through something and are less sensitive to things you normally care about?*
4. *Are you kind of numb, as if you had lost the ability to feel?*
5. *Are you shutting down or feeling like hurting yourself?*
6. *Do you feel like hurting someone else?*

If the answers to the questions suggest increased risk for violence:

share you are concerned and wish him or her the best;

leave the scene and call 911 from another location.

Please work with police officers in America to evaluate risk and prevent violence.



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