Disrupting the Intergenerational Transmission of Trauma among Alaska Native People: A Conceptual Model for the Family Wellness Warriors Initiative

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Disrupting the Intergenerational Transmission of Trauma among Alaska Native People: A Conceptual Model for the Family Wellness Warriors Initiative*

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Abstract

Background: Increasing evidence demonstrates the life-long physical, emotional, and social effects of traumatic experiences. In recognition that many health disparities are driven by high rates of traumatic experiences, Alaska Native and American Indian people have created wellness programs that build health by first healing historical and lifetime trauma. Yet, many of these promising community-based interventions are not described in the health sciences literature. Southcentral Foundation’s Family Wellness Warriors Initiative (FWWI) was created by Alaska Native people, addresses traumatic experiences as the root cause of family violence, and builds on cultural strengths. The goal of this study was to build a conceptual model for the program, which has more than 11,494 participants.

Methods: Focus groups were conducted with 27 training graduates and 7 program staff. Transcripts from previous focus groups with 52 total participants were also analyzed. The evaluator and 15 program staff used participatory qualitative analysis and grounded theory to build the conceptual model.

Results: Participant responses indicated that change occurred in stages, with healing from the pain and shame of trauma a necessary precursor to building self-esteem, improving family relationships, making positive life changes, and helping others. Activities reported to drive changes included sharing story in group and receiving affirming responses, connecting to others with similar experiences, and actively practicing interpersonal skills, goal setting, and observing and accepting emotions. Additionally, respondents said that participating in a strengths-based Alaska Native-led process was healing and increased self-esteem.

Conclusion: As trauma survivors often develop behaviors that disrupt family life and affect the next generation, FWWI heals this trauma to prevent its transmission. The specific techniques utilized and symptoms addressed closely match evidence-based interventions for complex trauma.

*We would like to acknowledge the many FWWI staff members who participated in the group qualitative analysis. We thank Michelle Tierney for guidance and edits. We thank the University of Washington Patient-Centered Outcomes Research Partnership for their support of this project.
FWWI differs because it is Alaska Native-led, emphasizes culture and spirituality, and uses peer leaders and modeling rather than clinical hierarchy.

**KEYWORDS:** Alaska Native; family wellness; Tribal health; community-based intervention; strength’s-based; adverse childhood experiences; intergenerational trauma; domestic violence; child abuse
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**INTRODUCTION**  
**Historical and intergenerational trauma underly Alaska Native health disparities**

Family values are a central part of Alaska Native (AN) cultures. These values have been lived and transmitted for generations, often during traditional activities, as family members work together to hunt, fish, gather, prepare food, and make tools, clothes, and handicrafts. Although specific values vary by cultural group, common values include respect for elders, sharing, love for children, respect for others, listening with your heart and mind, honor your family, and share your stories. Skills and values are actively modeled for the next generation, who learn by observing and by doing. Elders play an important role in communities, and lead by positive example as well as by encouraging youth.

Over the past few centuries, Alaska Native and American Indian (AN/AI) families have faced considerable challenges to their family structures and ways of life (Maria Yellow Horse Brave Heart, Chase, Elkins, & Altschul, 2011; Duran & Duran, 1995; Napoleon & Madsen, 1991). Children have been removed from families where they learned life skills and respectful relationships through modeling, and, as recently as the mid-1970s, sent away to boarding schools. Youth in boarding schools were punished for speaking their language and taught that their culture was inferior (Maria Yellow Horse Brave Heart, 1999). Communities noted that after all youth were removed, everything felt lonely without the joy of children laughing and playing. Access to land and resources were challenged through government policies that often penalized traditional, family-oriented subsistence activities, resulting in considerable community distress (Maria Yellow Horse Brave Heart, 1999; Napoleon & Madsen, 1991; Walters, Beltran, Huh, & Evans-Campbell, 2011). Traditional forms of spirituality were discouraged and stigmatized, and an approach to Western religion was promoted that often forced people to adhere to new belief systems (Sullivan & Brems, 1997). Traditional leadership by elders was replaced with Western governance, and many aspects of AN culture were looked down upon.

Through all of these changes, AN families have adapted and found their own paths forward by combining traditional and modern activities. For example, while some customary subsistence activities historically took weeks of travel and camping, families used improvements in transportation to travel to pick berries or fish during shorter periods of time outside of work or school. Across the state, AN families fish, hunt, and gather with their children. Young people regularly give their first catch to elders, and communities are revitalizing languages and dances that were formally discouraged as recently as a generation ago. Tribal organizations are taking on community responsibilities ranging from healthcare to education and natural resource management. Cultural values and traditions still guide many family and community activities.

AN communities have shown resilience in the face of significant challenges. This is not to minimize the fact that AN communities face real health disparities, including higher rates of family violence, childhood trauma and PTSD (Bassett, Buchwald, Manson, & epidemiology, 2014; Gottlieb & Outten, 2011; Sarche & Spicer, 2008). The theory of historical trauma connects current health disparities across time to policies that disrupted traditional family structures,
Positing that traumatic experiences such as removal from family at an early age affects not just those who experience an event, but also their descendants (Maria Yellow Horse Brave Heart, 1999, 2003; Duran & Duran, 1995). This receptualizes behavioral health disparities as the sum of normal reactions to unbearable circumstances that have affected entire populations (Maria Yellow Horse Brave Heart et al., 2011; Sotero, 2006). Historical trauma theory provides a variety of mechanisms for the transmission of trauma across generations (Sotero, 2006). One major mechanism is through disrupted parenting: those who have been traumatized, especially during childhood, sometimes face life-long emotional and relational challenges (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). Youth sent to boarding schools sometimes experienced a childhood lacking close family relationships or cultural models for positive parenting (Maria Yellow Horse Brave Heart et al., 2011). As such, some survivors struggled to raise their own families and passed on their traumatic experiences (Maria Yellow Horse Brave Heart, 1999). Trauma may also be transmitted through direct grief over historical events and the loss of ancestors and culture (Jervis et al., 2006). Additionally, long-term policies of taking away rights and resources, that started with historical events and continue as various forms of ongoing discrimination, have left many communities economically disadvantaged and have generated further adverse experiences (Sotero, 2006).

Tribal are addressing health disparities by healing historical/intergenerational trauma

The historical trauma framework implies that behavioral health disparities need to be addressed by healing from historical traumas and disrupting the intergenerational transmission of trauma (Maria Yellow Horse Brave Heart et al., 2011; Sotero, 2006). AN/AI communities have found various approaches. One approach described by Braveheart (1999) involved education on generational trauma and opportunities for catharsis through sharing experiences, followed by education on traditional Lakota parenting values, and opportunities to connect with others. Gone (2013) described various approaches centered on building cultural identity, spirituality, and values, which can provide a sense of identity, belonging, empowerment, meaning, and purpose. These programs use the historic trauma framework to explain personal struggles as natural reactions to the dramatic challenges AN/AI families and communities have faced, rather than as behavioral health diagnoses (Gone, 2013). All of these programs are community-based: rather than promoting solutions developed elsewhere, they incorporate local knowledge and draw on the natural strengths of their communities (Maria Yellow Horse Brave Heart et al., 2011; McLeroy, Norton, Kegler, Burdine, & Sumaya, 2003).

One successful tribally-created and AN led program is Southcentral Foundation’s (SCF) Family Wellness Warriors Initiative (FWWI) (see Appendix 1 for detailed program description). SCF is a non-profit tribal health care organization that is created, managed, and owned by AN people. SCF serves over 65,000 AN/AI people, and provides medical, behavioral, dental, traditional, and residential services. SCF services are designed around AN values and community priorities, and these include a holistic approach to health and a recognition of the family as heart of the Native Community.

In 1996, SCF conducted a comprehensive needs assessment and AN people ranked domestic violence and child abuse and neglect as among their top five health issues. SCF created FWWI to meet this need. The goal of FWWI is to end domestic violence, child sexual abuse and child neglect in the State of Alaska in this generation. FWWI uses storytelling to help participants break the silence about harms they have experienced in order to heal the wounds of past trauma,
prevent unhealed pain from creating future child maltreatment and family violence, and enhance personal growth and family relationships. FWWI’s focus on preventing violence by healing trauma is supported by considerable evidence on the lifelong consequences of adverse childhood experiences (Felitti et al., 1998).

The loss of sovereignty, culture, and spirituality has negatively impacted AN wellness. AN leaders have noted a need to go back to the essence of who we are as Native people, to empower communities by building back what was lost, to weave together aspects of traditional and modern life, and to reclaim what it means to be a warrior. Change for AN people must come from within the AN community, acknowledging historical losses and embracing traditional values. As such, FWWI trainings are built on a foundation of Alaska Native traditional values including Respect and honor your elders (Cup’ik), Sharing; We welcome everyone (Alutiiq), Love for children (Athabascan), Respect for others (Inupiaq), Respect for self (Tlingit), Listening with your heart and mind (Yup’ik), Honor your family (Athabascan), and Share your stories (All).

FWWI’s intensive five day trainings draw on AN cultural strengths: Sharing story, which replicates AN oral traditions, involves exploring the harms one has experienced, in order to heal from the pain, develop a more positive sense of self, understand the root causes of current struggles, and to set goals for change. Listening and responding, which reflects AN traditions of respectful words, empowers participants to create a safe environment, to heal each other through affirming words, and to develop communication skills. Facilitator participation, which comes from the AN culture of learning by doing, is when the presenters and Learning Circle leaders, who have completed FWWI trainings and are often survivors themselves, model the sharing of story and demonstrate listening and responding as they participate in group. This gives participants the courage to share their own stories. Building healthy relationships is key to the healing process, and draws on AN traditions of collaborative activities such as harvesting, food preparation, or dancing.

The FWWI model draws on the traditional role of Alaska Native men as warriors who use their strength to protect, not to harm. In keeping with its community-based philosophy, all FWWI trainings are Alaska Native-led, and regional trainings are only conducted after tribal invitation and in collaboration with a Community-Based Steering Committee(CBSC). Trainings provide a structure, core philosophy, and framework for the healing, but the Alaska Native people of each region develop the plans for implementation. FWWI has a variety of other components, such as a program to engage communities across the state, that are beyond the scope of this paper but are described in detail in Gottlieb and Outten (2011), which also describes the history and development of the FWWI training (Gottlieb & Outten, 2011).

Although SCF and other AN/AI organizations are working to heal current and historical trauma in order to reduce various health disparities, much of this important work lives outside of the behavioral health literature. Gone (2013 p 697) explains that “a project parallel to that undertaken by the mental health establishment is flourishing in these [tribal] settings.” The goal of this research was to work with Southcentral Foundation FWWI staff and participants, using participatory qualitative methods and grounded theory, to build a conceptual model demonstrating how the program works. This conceptual model will facilitate communication with other health professionals and will inform research and evaluation of the program.

METHODS
The goal of this project was to use grounded theory to develop a conceptual model for FWWI, drawing on personal changes participants and group leaders attributed to the training (Charmaz, 2014; Strauss & Corbin, 1998). This project was carried out as an internal evaluation, and all steps were reviewed by AN program leadership to ensure cultural sensitivity and to prevent risk to participants.

Four evaluation focus groups were conducted in 2015 with 27 FWWI training graduates. All four focus groups used a semi-structured focus group protocol (Bernard, 2011) and included questions asking participants how the training affected them and if they had made any changes as a result of the training. Those reporting changes were asked what aspect of the training led to those changes. Additionally, the first two focus groups asked specifically about differences in family relationships since the training. The second two focus groups asked participants about specific key aspects of the training, such as sharing story and facilitator participation.

One focus group was conducted with a purposive sample of 7 very experienced FWWI group leaders. Focus group questions discussed personal changes made as a result of FWWI trainings, how the training led to these changes, and general thoughts on how the FWWI process leads to positive change. Additionally, questions addressed changes observed in group members, and key training aspects such as sharing story, listening and responding, and facilitator participation.

Focus groups were recorded and transcribed, and imported into Atlas.ti. Transcripts were coded, using a mix of inductive and deductive codes (Miles & Huberman, 1994), into major thematic groups, such as Sharing Story, Listening and Responding, Relationships, and Facilitator Participation. The evaluator (LR) met four times with groups of experienced FWWI staff in order to collaboratively interpret the coded quotes (Taylor & Drake, 2014). In total, 15 FWWI staff participated in the collaborative data analysis. Staff broke into small groups of two or three, read quotes, and wrote emerging themes onto index cards.

Small groups came together in a larger group to sort themes into piles of similar themes, to discuss the relationships between themes, and to organize piles accordingly. All information was recorded by the evaluator, and written up as a preliminary conceptual model and accompanying narrative.

The draft conceptual model was brought back to FWWI staff, and discussed in a participatory exercise where staff suggested edits to the model. When themes that had not initially emerged were suggested during the participatory exercises, the evaluator incorporated focus group data from 2014 and 2016, which had been conducted with 52 participants from 5 rural regions across Alaska. Transcripts from these focus groups were scanned for these themes and relevant data was extracted, analyzed, and incorporated into the model. An additional meeting was held with FWWI staff members to connect the elements of the conceptual model to AN culture. An important philosophical underpinning of our work is that it is as important to triangulate our findings by connecting them to culture as it is to connect them to the academic literature. Existence of similar knowledge or practice within AN cultures helps to validate our model.

RESULTS

A clear theme from the participatory process was the hierarchical nature of change (Figure 1). First, participants worked to heal themselves, through a variety of FWWI activities (Table 1).
Focus group participants noted that healing from their own traumatic experiences was a necessary precursor to other personal growth. This healing led to increased self-esteem and self-efficacy (Table 2). These personal changes were the foundation for building better relationships (Table 3). Participants also reported using skills learned during the training, such as listening and responding, to improve their relationships (Table 3). Finally, people who had healed and improved relationships were able to give back and to support others in their healing journeys (Table 4). Sample participant quotes for the themes described in the tables can be found in Appendix 2.

Figure 1 FWWI conceptual model
Table 1 Level 1: Heal and understand self

<table>
<thead>
<tr>
<th>Healing activity</th>
<th>Why it matters</th>
<th>Why the activity works</th>
</tr>
</thead>
<tbody>
<tr>
<td>Break the silence by telling one’s story of harm experienced and receiving affirming responses</td>
<td>Keeping silent about harm suffered: - made people feel different/isolated from others - damaged self-esteem - led to people blaming themselves for things that were not their fault - made healing difficult to heal due to unresolved pain and anger</td>
<td>- Sharing a painful story brought relief Affirming responses from group members: - helped people stop blaming themselves - accelerated healing and restored dignity - increased self-esteem Hearing others’ similar experiences made people feel less different/alone</td>
</tr>
<tr>
<td>Build a narrative of experience for meaning and understanding</td>
<td>Participants often: - carried negative stories about themselves - did not understand negative reactions or patterns in their lives</td>
<td>Many participants noted that exploring their story helped them - Redefine themselves in a positive way - Find meaning - Let go of the past - Understand how their childhood affected their current reactions.</td>
</tr>
<tr>
<td>Strengthen healthy emotional responses</td>
<td>Participants often described: - being reactive in personal situations - having anger, fear or anxiety interfere with their relationships.</td>
<td>Many participants explained that: - Recognizing emotions makes it easier to understand their source/respond appropriately - Normalizing a response to painful events diminishes the power of those events - Resolving pain and anger and decreasing anxiety makes it easier to stay calm</td>
</tr>
</tbody>
</table>
Table 2: Level 2: Build self-esteem and self-efficacy

<table>
<thead>
<tr>
<th>Healing activity</th>
<th>Why it matters</th>
<th>Why the activity works</th>
</tr>
</thead>
</table>
| Reject shame and false beliefs    | Participants often noted that pain and shame previously prevented them from accomplishing goals | - Affirmations from group (where people were assured that what happened was not their fault) increased self esteem  
- Improving self-esteem increased belief in own ability to make changes  
- Being accepted inspired participants to make own changes |
| Increase sense of control         | Many participants described a prior sense of powerlessness                     | Participants noted that  
- Increasing understanding of their own emotions and actions led to a greater sense of control  
- Seeing others with similar experiences make positive changes helped people believe change to be possible  
- Practicing speaking up/handling conflicts increased control over personal circumstances |
| Build cultural connectedness      | - Growing up, many participants were made to feel shame for their culture and who they were | - Healing from cultural loss included sharing stories about that loss  
- Understanding the harms experienced by previous generations helped participants forgive culture-bearers who had harmed them  
- As people healed, culture emerged as a source of meaning and identity |
| Build spirituality                | For many participants:  
- Spirituality had been important, but experiencing traumatic events damaged their faith/sense of meaning in life. | - Connecting the training to faith gave religious participants permission to explore harms and to heal  
- Building spirituality provided meaning and self-esteem, which positively influenced mental, physical, and emotional health  
- The training helped people find resolution, forgiveness, peace, and strength |
Table 3: Level 3: Build healthy relationships

<table>
<thead>
<tr>
<th>Healing activity</th>
<th>Why it matters</th>
<th>Why the activity works</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build trust and relationship-oriented goals</td>
<td>Many noted that harm from loved ones made it harder to trust or to form positive relationships</td>
<td>-Experiencing healthy relationships in Learning Circles helped people to connect to and trust others, to heal, and to value and believe in positive relationships</td>
</tr>
</tbody>
</table>
| Build awareness of effect on others                  | Difficult experiences in younger years often created anxiety, a need for control, and impatience with family members | -Hearing other participants’ stories made people think about how they affected others  
- Leaders acknowledging how their behaviors harmed others gave participants the courage to do the same and to set goals for change  
- Curriculum on importance of parent/child relationships helped some participants recognize the need for changes |
| Increase empathy                                     | Before the training, some participants noted they lacked understanding of others’ perspectives           | -Listening to participant stories increased understanding of others’ behaviors and perspectives                                                                 |
| Develop relational skills                            | Many participants described:  
-a history of dysfunctional relationships  
-tolerance for toxic behaviors  
-fear of not meeting others’ expectations  
-an inability to advocate for themselves in relationships | Participants  
-used skills that they practiced in the training, such as listening, responding, being open to others, and healthy conflict resolution to improve relationships  
-became more open with own feelings, less reactive, more patient, and more solution-oriented  
-learned it was acceptable to not participate in disrespectful interactions |
Table 4: Level 4: Help others

<table>
<thead>
<tr>
<th><strong>Healing activity</strong></th>
<th><strong>Why it matters</strong></th>
<th><strong>Why the activity works</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping others</td>
<td>Helping others builds meaning and self-esteem, but many participants had low self-worth prior to training and felt they had nothing to offer</td>
<td>Participants explained that as they healed and built better relationships, they were inspired to help others to improve their lives</td>
</tr>
</tbody>
</table>
Participant Responses to the Training Process

Learning through modeling and the absence of clinical hierarchy are central to the FWWI process. Focus group participants reported that hearing leaders share their stories made it safe for everyone else to share. Leaders also model relational skills, as they lead the group through difficult conversations and healthy conflict resolution. Participants felt that the process worked because the Learning Circle leaders were people like them, which helped them believe it was possible to grow and help others after experiencing traumatic events. Many participants appreciated the non-clinical setting, which felt less judgmental and more affirming. Additionally, multiple participants noted that having an AN-led process was healing. Individuals also experienced a sense of connectedness in hearing similar stories from other participants and knowing they were not alone.

DISCUSSION

Focus group results and historical trauma theory

A central tenet of historical trauma theory is that the pain from historical and lifetime trauma underlies many health conditions, both physical and behavioral, and must be addressed directly in order to improve these conditions (Beltran et al., 2018; Gone, 2013). This was a major theme that emerged in our study: until participants directly spoke of and processed both lifetime and historical traumatic experiences, many described themselves as “stuck” with unresolved pain and resultant health and life challenges. This is why participants described sharing traumatic experiences for healing as the foundation of the pyramid, a necessary precursor to other personal growth and life changes. Additionally, as a major part of historical trauma was the prohibition of many cultural activities, and the shaming of people for their indigenous identity and spirituality, many historical trauma interventions emphasize the need for indigenous-led programs that build positive cultural and spiritual identity (Beltran et al., 2018; Gone, 2013). This was also an important theme in our study: participants repeatedly noted the importance of participating in an AN-led program and building cultural and spiritual identity. Focus group participants indicated that they were able to heal, build self-esteem, improve relationships, and make positive life changes due to the FWWI training.

These qualitative results are supported by FWWI quantitative evaluation results, which show statistically significant increases, at 6 and 12 months, in participant scores on standardized measures of protective factors, including self-esteem, cultural connectedness, family cohesion, and spiritual wellbeing and statistically significant decreases in participant scores on standardized measures of risk factors including as depression, trauma symptomology, anxiety, and unhealthy substance use. These empirical findings support the historical trauma theoretical models’ claims that processing trauma in a culturally-grounded community intervention can lead to positive health changes.

The literature includes different models for the transmission of historical trauma (e.g. Walters 2011). Many focus group participants traced their childhood trauma to disrupted parenting and family structures that resulted directly from the boarding school experiences of parents and other relatives. Additionally, many participants spoke of the pain of being shamed for their culture, traditions, and identity. FWWI trainings work to disrupt the transmission of trauma by rebuilding family structures and parenting skills, as well as pride in cultural and traditions.

How does FWWI compare to evidence-based practices for treating trauma?
Gone (2013) notes that there can be considerable tension between current calls for evidence-based practices (EBPs), and tribal interventions that address community priorities such as addressing historical trauma and building cultural connectedness. In recognition of this tension, we compared the elements of FWWI that emerged as effective from focus groups with EBPs for treating trauma and PTSD (Tables 5a and 5b). As seen in Table 5, FWWI trainings and many mainstream trauma treatments address the same trauma symptomology, often using similar activities of relating narratives and building skills. FWWI trainings differ mainly in their peer-led delivery of this content, their cultural and spiritual emphasis, their focus on adults rather than on youth, and their recognition of the cycle of violence and belief in positive change for those who have caused harm. FWWI delivery differs from clinical trauma treatments because all content is presented in a culturally-appropriate format that is characterized by 1) group leaders modeling and sharing personal stories in order to transmit most skills 2) the absence of clinical hierarchy: group leaders (who are not usually clinicians) share first; participants interpret and are the experts on their own experiences; participants provide each other with empathy and support and 3) the importance of respect and acceptance: there is a total lack of diagnosing or pathologizing.
Table 5a: Many FWWI activities are comparable to those used in mainstream EBPs

<table>
<thead>
<tr>
<th>FWWI activities</th>
<th>Comparable evidence-based practice activities</th>
</tr>
</thead>
</table>
| Sharing story (traumatic experiences) and receive healthy, affirming responses in order to reject shame and blame | Cognitive-behavioral therapy (CBT): emotional processing theory: a person must process traumatic memories to replace incorrect and harmful thought patterns (Rauch & Foa 2006, Foa & Meadows 1997)  
Narrative therapies: narrative formation drives social and emotional experiences, building a coherent narrative helps survivors make sense of and contain their experiences (Wigren, 1994)  
Attachment-based therapies: integrating traumatic experiences helps people understand how they influence current feelings and actions (Kinniburgh, Blaustein, Spinazzola, & Van der Kolk, 2005) |
| Naming emotions                                                                | Naming and observing feelings is a common technique in various therapeutic modalities (Harvey, 1996; Kinniburgh et al., 2005)                                      |
| Connecting emotional reactions to past experiences by exploring one’s story     | Trauma-focused cognitive behavioral therapy (TF-CBT) teaches cognitive tools for understanding how thoughts influence emotions and for replacing harmful thoughts (J. A. Cohen, Deblinger, & Mannarino, 2016).  
Attachment, Resilience, and Competency and Trauma Affect Regulation (ARC): Guidelines for Education and Therapy help participants realize how childhood experiences drive reactions in order to find new ways to react (Ford & Russo, 2006; Kinniburgh et al., 2005; Van der Kolk, 2005). |
Table 5b: Many FWWI activities are comparable to those used in mainstream EBPs

<table>
<thead>
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<th>Comparable evidence-based practice activities</th>
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<tbody>
<tr>
<td>Normalizing responses to trauma through group leaders’ and other participants’ stories</td>
<td>Many treatments use education about PTSD to normalize symptomology (Judith A Cohen, Issues, &amp; Issues, 2010; Cook et al., 2005).</td>
</tr>
<tr>
<td>Building interpersonal skills:</td>
<td>ARC builds interpersonal competencies by teaching skills in assertiveness, cooperation, empathy, perspective-taking, and boundary-setting, among others (Blaustein &amp; Kinniburgh, 2010; Kinniburgh et al., 2005).</td>
</tr>
<tr>
<td>-providing experiences with healthy relationships</td>
<td>TF-CBT reduces symptomology that interferes with interpersonal relationships and teaches new skills to improve functioning (Judith A Cohen, Berliner, &amp; Mannarino, 2010). Various CBT models teach social problem solving and assertiveness skills (Ford &amp; Russo, 2006).</td>
</tr>
<tr>
<td>-increasing participant empathy and awareness of their effect on others</td>
<td>Youth-focused treatments such as Skills Training in Affect and Interpersonal Regulation (STAIR), Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), and TARGET all use a group format to help participants connect with each other and build interpersonal skills (Cloitre, Koenen, Cohen, &amp; Han, 2002; Cook et al., 2005).</td>
</tr>
<tr>
<td>-building skills for connecting, communicating, setting boundaries, and resolving conflicts</td>
<td>Several treatments draw on interpersonal skills components from Dialectical Behavior Therapy (DBT) (Miller, Rathus, DuBose, Dexter-Mazza, &amp; Goldklang, 2007).</td>
</tr>
</tbody>
</table>
How do FWWI’s techniques compare to AN culture?

The FWWI training reflects cultural values and approaches. First, *learning through modeling* is common across AN cultures. Numerous AN people, from youth to elders, describe learning to hunt, fish, gather, cut fish, and process traditional foods by observing and then participating. *Respect for others* is also a key value in many AN cultures and a common theme within traditional stories. AN cultures traditionally used *storytelling* to transmit values and life lessons. *Stories* were used to describe appropriate relationships and respectful behavior, as well as the consequences of disrespect.

*Acknowledging loss* and *healing through relationships* are present in all AN tribes, evident through community gatherings and ceremonies that mark events such as death. For example, many communities practice the protocol of surrounding a grieving family for three days. Community events such as funerals and potlatches bring people together, with traditional activities to commemorate the loss. These activities could involve spiritual songs, traditional foods, gift-giving, or abstaining from specific activities. For example, in some communities, immediate family members avoid subsistence activities for a year after a loss, while others in the community provide them with food. Through common traditional activities such as berry picking, fishing, or steam baths, people naturally have meaningful conversations, disclose difficult experiences, and engage in healthy relationships. Many AN cultures also recognize the *power of words spoken*, and teach the need for mindful speech and the ways words can cause damage. Finally, many AN cultures recognize that those who have harmed can be restored to healthy relationships, and engage wayward youth in productive activities. For example, youth could be brought out to the river to fish, returning to provide for others in the community. Through this comes the opportunity for someone to transition from brokenness to a sense of worth and purpose.

CONCLUSION

SCF recognizes that the historical trauma faced by AN communities has had an impact on AN peoples’ health, as those who have experienced trauma often react with behaviors that disrupt family life and affect the next generation. As such, the Family Wellness Warriors Initiative is calling out the warriors, men and women who are building healthy families by healing unresolved wounds and strengthening relational skills, thus disrupting the intergenerational transmission of this trauma. FWWI training participants reported that prior to the training they had experienced shame, guilt, poor self-esteem, low sense of control over their lives, overwhelming emotions, and difficulties with interpersonal relationships. These are typical symptoms experienced by trauma survivors, and are addressed by FWWI as well as most evidence-based and promising interventions for complex trauma. FWWI participants heal from trauma and build self-esteem by sharing their story in a group setting and receiving healthy responses that help them to reject false beliefs that caused shame and build a positive sense of self. Through participation in the group, FWWI participants learn that their responses to trauma are normal, build interpersonal skills and positive relationships, set goals, and practice observing and managing emotions.

FWWI utilizes techniques similar to those used by mainstream trauma therapies, which often involve narration of traumatic experiences, education on PTSD symptomology, learning thought patterns that increase self-esteem, connecting past experiences to current reactions, and building skills for managing emotions and building relationships. FWWI stands out for its emphasis on culture and spirituality, as well as its non-clinical, non-hierarchical approach, in which all skills
Disrupting the Intergenerational Transmission of Trauma
Ray et al.

are taught through modeling, and group leaders are former participants who share their own stories. This approach reflects AN culture, in which traditional activities were learned by doing, and is supported by Bandura’s well-accepted social cognitive theory, which emphasizes the effectiveness of social learning. Participants emphasized that because FWWI is AN-led, it helped them to reverse cultural damage and to restore pride in self, community and culture. FWWI is demonstrating that people can heal from trauma and that healing trauma is the foundation for other positive life and health changes. This shows that AN-led, strengths-based programs that heal trauma and build resiliency can be a powerful tool for addressing health disparities.

REFERENCES
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APPENDIX 1

Program Description: Southcentral Foundation Family Wellness Warriors Initiative Trainings

In 1996, SCF conducted a comprehensive needs assessment and Alaska Native people ranked domestic violence and child abuse and neglect as among their top five health issues. In response, an international search began for a culturally-responsive program that addressed those needs. Open Heart’s Ministry’s Survivors of Abuse Leadership Training Seminar (SALTS) was chosen as the program to adapt for Alaska Native people and FWWI was created. The goal of FWWI is to end domestic violence, child sexual abuse and child neglect in the State of Alaska in this generation. FWWI uses storytelling to help participants break the silence about harms they have experienced in order to heal the wounds of past trauma, prevent unhealed pain from creating future child maltreatment and family violence, and enhance personal growth and family relationships. FWWI’s focus on preventing violence by healing trauma is supported by considerable evidence on the lifelong consequences of adverse childhood experiences (Felitti et al., 1998).

The loss of sovereignty, culture, and spirituality has negatively impacted Alaska Native wellness. Alaska Native leaders have noted a need to go back to the essence of who we are as Native people, to empower communities by building back what was lost, to weave together aspects of traditional and modern life, and to reclaim what it means to be a warrior. Change for Alaska Native people must come from within the Alaska Native community, acknowledging historical losses and embracing traditional values. As such, FWWI trainings are built on a foundation of Alaska Native traditional values including Respect and honor your elders (Cup’ik), Sharing; We welcome everyone (Alutiiq), Love for children (Athabascan), Respect for others (Inupiaq), Respect for self (Tlingit), Listening with your heart and mind (Yup’ik), Honor your family (Athabascan), and Share your stories (All). The FWWI model draws on the traditional role of Alaska Native men as warriors who use their strength to protect, not to harm.

In keeping with its community-based philosophy, all FWWI trainings are Alaska Native-led, and regional trainings are only conducted after tribal invitation and in collaboration with a Community-Based Steering Committee (CBSC). Trainings provide a structure, core philosophy, and framework for the healing, but the Alaska Native people of each region develop the plans for implementation. CBSC members lead the process of change in their region: they train as group leaders, engage members of their communities, and adapt trainings to the local culture.

FWWI trainings involve large group presentations as well as Learning Circles, which are small groups of participants who work together and build relationships the entire five days. A course workbook also provides written activities. An atmosphere of safety is developed through use of a Learning Circle Agreement which addresses confidentiality, boundaries, and general guidelines to create a healing environment. In the large group, presenters (who have themselves experienced the FWWI training process), work through a curriculum by covering both standard material and sharing relevant aspects of their own stories. After each large group session, participants break into their Learning Circles to explore the curriculum through story. At the beginning of all Learning Circles, participants discuss how they personally connected to the stories and identify their emotions. Learning Circle leaders are the first to relate their own stories, which models the process for group members to follow, and creates a safe environment. Next, group
members then explore their own stories, and all stories are met by healthy responses from group members. The ten module curriculum moves through three main segments. The first phase involves looking back at harms experienced during a person’s younger years, in order to break the silence and being exploring their story. The second phase, which is the most intense and difficult part of the training, focuses on the present: understanding how past trauma plays out in a person’s current life and relationships. The third phase restores hope that life can be different and participants set goals for positive life changes.

In the first section of the training, participants break the silence and share experiences of harms experienced in their younger years. Participants learn to recognize abuse, why it is important to break the silence in order to heal, and how to listen and respond to others’ stories in a way that is healing and affirming. Workbook activities include reflecting on past harms, reasons for sharing story, and ideas for safe and healthy responding. Large group presenters are the first to break the silence and to speak of their experiences of harm during their younger years. Then, in Learning Circles, Learning Circle leaders relate their stories of harms experienced, and group members practice responding appropriately. Next, all participants share their own story. At this point, Learning Circle participants help each other to reject false beliefs (referred to as lies) driven by shame, such as “I am dirty and worthless.” A person is assured that what happened was not their fault.

In the second phase of the training large group teachings address the impact of harms experienced during their early years on adult life. At this point, participants reflect on how their actions affect others. Curriculum and group leader stories address the aftermath of unhealthy parenting, the effect of abuse on a child’s worldview and self-esteem, and how shame and anger generated by abuse can negatively affect a person’s life. For example, many children who lack safety in their home grow up to experience lifelong longing for love and safety, and often feel that there is something missing in their lives. Group leaders share how harm experienced in their younger years affected their lives, including their approaches to relationships. In Learning Circles, leaders and participants explore the role of their younger years in their adult lives, including ways they may be negatively affecting their families or others closest to them. At this point, people identify learned relationship and emotional patterns that may be unhealthy, see what healthy relationships look like, and develop relationship and emotional management skills.

The final sections of the curriculum focus on new beginnings and new identities, as leaders model goal setting and share stories of successfully making life changes. Participants map out positive changes they want in their own lives. During this time, Learning Circle members share affirmations with each other, writing a positive message speaking truth, sharing hopes, and encouraging group members.

Several key values drive FWWI trainings. One is the importance of both spirituality and culture, which are key protective factors that help participants build meaning and a positive identity. FWWI recognizes the restorative power, at a cultural level, which comes from AN people reversing the effects of cultural damage, such as the stigmatization of AN spirituality and traditions, by leading the initiative. Cultural healing come through AN leaders rising up to combat past and current messages that erode the confidence and self-esteem of their people. In addition to discussing harms related to culture, culture is celebrated through evening cultural activities that may include beading, or drumming and dancing performances, and are adapted to the region hosting the training. Every morning, spiritual reflection is provided which includes prayer,
dancing, singing, flute, and drumming, and which recognizes the importance of spirituality in Native cultures. The trainings create space for spirituality to be a part of the healing process for those who desire it. The curriculum describes spiritual abuse, and teaches people that having faith does not mean being controlled or submitting to various kinds of abuse or disrespect. Participants are taught not to use religiousity to minimize others’ problems. All faiths and belief systems are welcomed.

Other key FWWI values include the role of elders in giving permission to talk about traumatic experiences, and the view that men are part of the solution to ending domestic violence, rather than part of the problem. Additionally, it is recognized that maltreatment is cyclical and often those who harm others were themselves harmed earlier in the cycle. As such, language such as “victim” and “perpetrator” is avoided, and people who disclose stories of causing harm are offered a safe environment and support for healing. In this way, those who harm can be restored to a healthy style of relating.

FWWI has a variety of other components, such as a program to engage communities across the state, that are beyond the scope of this paper but are described in detail in Gottlieb and Outten (2011), which also describes the history and development of the FWWI training (Gottlieb & Outten, 2011). One component of note is a workshop that trains people who have completed an FWWI training to become FWWI group leaders themselves. This offers people the opportunity, as they heal and change their lives, to use their experience to help others.
## APPENDIX 2
### Tables of Representative Participant Quotes

<table>
<thead>
<tr>
<th>Topic</th>
<th>Quote</th>
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<tbody>
<tr>
<td><strong>FWWI process</strong></td>
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<tr>
<td>Facilitator Participation</td>
<td>“To hear the facilitators share their story helped me. It played a big part in my ability to trust the group and the process.”&lt;br&gt;“the people that are leading the circle are people that experienced [similar challenges]. That they’re not sitting behind a wooden desk with pen and paper documenting what you say. …it’s not them looking down at us while we’re speaking.”&lt;br&gt;“I could relate to that they’re human too. They went through a lot like any of us did.”&lt;br&gt;“I believe that the person that helps the other guy the most is the one who’s already walked in his shoes. And I believe that’s why these Learning Circles are so important, because the leaders are ones who have all this dysfunction in their background, as well as the person that’s sitting there talking.”</td>
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<tr>
<td>AN-led process</td>
<td>“We have so much trauma in Alaska from people from the outside coming in saying ‘I’m going to save you.’ You’re going backwards when you do that, you need people from the region to help.”</td>
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<tr>
<td>Not alone/connectedness</td>
<td>“It touched me when they shared their stories. I knew that I wasn’t alone.”</td>
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<tr>
<td>Growth possible after traumatic events</td>
<td>It helped me realize that everybody has a story – we’re all on our own journey. Somedays it was heartbreaking but in the end I liked how we were able to hear what was positive that happened from their traumatic experiences.&lt;br&gt;They were honest and non-judgmental when I shared my story and that gave me hope to hear them and think “wow, maybe I can be like that someday.”</td>
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## Level 1: Heal and understand self

<table>
<thead>
<tr>
<th>Cost of silence</th>
<th>“I always felt like I was worthless.”</th>
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<tr>
<td></td>
<td>“[I felt] like I was the bad seed, the bad person. I always wanted to be somebody else, because you always felt like you were a leper or something.”</td>
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<td></td>
<td>“When you] hide it and hold it for years that doesn’t fix it, it just hurt as much or even worse. So it’s better to just be honest and talk about it when it’s happening or after. Because it’s pretty damaging and it threw me into addiction, holding on to those secrets.”</td>
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<td>Sharing story brings relief</td>
<td>“I felt a heavy load lifted off my shoulders for the first time in 30 years. It was a very healing experience for me.”</td>
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<td>Sharing story helps people let go of shame</td>
<td>“I feel like it’s helped me a lot, me talking about what happened to me. I got raped, letting go of that shame, and realizing that it’s not my shame it’s his. Not being so hard on myself because of what happened allows me to love myself.”</td>
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<td>Sharing story brings closure and helps with letting go of painful emotions</td>
<td>“One [change] was just learning to let go a lot of anger and resentment. …just talking about my story or my life [for the first time] …that’s where a lot of that anger and resentment was attached to.”</td>
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<tr>
<td>Feeling understood is healing</td>
<td>“And the biggest part [of the training for me] was not being judged and embraced with who I was.”</td>
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<td>Not alone, less different</td>
<td>“It surprised me. There were some people in there telling stories, that I had no idea that some things happened to them. …Just normal everyday looking people too. And I’m thinking to myself that must be what other people think of me. The things that have happened to me, people probably would have no idea.”</td>
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<tr>
<td>Talking openly is needed to break cycle</td>
<td>“I’m now realizing that because I as a child, I wasn’t able to talk … I didn’t want to tell because they told me not to tell and I thought I would get hurt. …And now I could tell my son that he doesn’t have to be afraid to tell me, whatever happens.”</td>
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<td>Narrative brings understanding, understanding brings power to change</td>
<td>“To understand why I am the way that I am, why I have done the things that I’ve done. And knowing how childhood has such a huge part of that gave me a sense of freedom. And also knowing that it can change, rather than going through that every day sense of living without a meaning.”</td>
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### Re-define self in more positive way

“I didn’t know from one moment to the next what was going to happen to me in my growing up days. And now, I can look back at that. And I don’t deserve to be abandoned. I don’t deserve to be abused. I don’t deserve any of those things. Those things don’t define who I am.”

### Understanding and managing emotions

“And I know why I feel angry. And can I say it. And I can feel it. And I can claim it. … I was gonna like explode, but no, it [the training] taught me a different way of how to do it - sit on it and just deal. …my kids could see a difference, and tell me, mom, how come you aren’t arguing back? And I’m like, “I’m listening.’”

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### Level 2: Improve self-esteem and self-efficacy

#### Unresolved trauma damages self-esteem/self-efficacy

“[A person might think] these are my goals or aspirations. And then, “oh, but you can’t do that, because you’re just a – or you’re nothing but a – or you’ll never amount to” – or whatever the shame message was that shut down the aspiration or the hope.”

#### What others think has a big influence on self-esteem

“I felt, for a long time, that you’re average. You’re mediocre. That I’m the one that carried all this bad stuff that nobody ever did. And then, despite your group hearing those things about you, and when they give you these affirmations – the cards that tell you what they think of you, it was like, oh my gosh, I’m so awesome.”

#### Self-esteem leads to self-efficacy (feeling better about self leads to desire for positive changes)

“But just reflecting on yourself – instead of in a negative way, a positive way. How can you change your life? Letting go of the past, breaking down those walls of shame. … Start to feel good about the good things about yourself, rather than dwelling on the past, because that’s not going to be your destiny.”

#### Acceptance can inspire positive change

“There’s no judgment, there’s no bias, there’s no fixing you, because the fixing you comes in the fact somebody’s listening to you – somebody that’s not saying those words you’ve heard all your prior life: “Well, maybe, if you this or that.”

#### Seeing other people succeed after abuse helped people believe change possible

“They had speakers come in talk to us and they were all successful survivors, they’re not victims. There’s a lot of stigma-if you’re abused, you are not going to succeed as much as a normal person would. And that’s not true, it’s just the barriers that hold me back; and I just feel empowered, a little bit stronger, and I have a better self-worth.”
### Speaking up for self-increases control over life

“But, what it has also done for me is it removed a lot of barriers that I placed, and I’m able to stand up for myself and speak what needs to be said…So I’m able to actually have conversation and not sit silent.”

### Participant recounted being shamed for culture, traditions, identity

“No Indians allowed, you know, in growing up … everywhere, there are signs like that. And people grew up not wanting to be Native.”

“There was so much hate about our language. Because my dad where he went to school he was punished for speaking his language and punished for doing any kind of cultural subsistence activities. He made sure that I would know nothing about [these things]. Everything about cultural everything … was wiped out.”

“So we have a city council. Not shortly afterwards, … the tribal councils. All of these things made a big, huge impact on our communities and the health of the community because all of these new entities kind of cover everything that happened in the village. The elders no longer had a voice in anything and some villages, they even said they missed it right away.”

“In this one village… just about all the men were slaughtered. And this was in the early 1880’s. That’s how close it is, you know. Just in our grandparent’s day. Very close, very nearby to this time.”

“And we had a Native male elder get up and share his story. And a part of his story was that, in boarding school, he was shamed for singing his Native song. And he was beaten publicly, in front of everyone. … he made a resolve that it wasn’t going to take his voice – that he was going to sing this song. And then, he stood in front of the whole entire audience and sang his song.”
| Healing increases connection to culture | “I was able to understand that my family had story. That they were hurt just the same, so that’s what was brought forth. … And I was able to let go of the anger toward them, which connected to everything about our life.”

And after this program I was like, hey, I actually want a part of that [traditional food preparation]. And I was more connected to my Yupik culture, which I found odd ‘cause I didn’t think it was an issue. I was ok with not helping. Hey, I’m Yupik, I have more pride in that now than I did. |
|---|---|
| Trauma damages spirituality | “I was blaming myself, I was angry, I was hating everybody, everything, even God. And my mind was like, why, why, why? There’s no answer. There’s never any answer.”

“I carry a lot of anger at God because he took away my dad.”

“So I had my main abuser speaking to me about the Bible, telling me Scripture, saying you have to follow this or you’ll go to Hell.” |
| Connecting the training to faith gave religious participants permission to explore harms and to heal | “It is spiritually-based. And that was very important for me, because I really feel that wherever people are at, that spirituality that they have is really what’s going to get them through whatever they’re doing.”

I believed that my past was my past, and I needed to leave it there. And then I learned that it’s ok to go back and look at things. I didn’t know that was healing, and with the Scripture involved, it encouraged me to listen to others and to look at my own experiences and how they affected me today. So that helped me spiritually – in my spiritual health. And because of that, it also helped my physical health, where I take care of myself and I exercise. It’s helped with my mental health … and my emotional health. |
| Restoring spirituality brings peace and resolution | “[after sharing story] I feel that I have more forgiveness for my higher power.”

“The way I was brought up, there were so many tough things that happened in my life, in my childhood, that I just quit trusting God, that I believed there was no God. …. Through FWWI, I found God. And it ties into my whole being, my physical, my mental, my soul. I really enjoy my spirituality.” |
| Connecting to culture and spirituality resulted in healing and self-esteem | “We don’t have to be feeling like we’re not anything. I mean, we are proud of who we are. We really are. We’ve come a long way, spiritually and traditionally.” |
Level 3: Build healthy relationships

<table>
<thead>
<tr>
<th>Harm from the hands of family and loved ones made it harder to trust or to form positive relationships.</th>
<th>“And often times, trauma done or experienced by children has a potential to damage one’s ability to trust others. So often, keeping people at a distance, not connecting with family, friends, loved ones.”</th>
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<tbody>
<tr>
<td>Training helps participants build trust set and relationship-oriented goals</td>
<td>“This training not only talks about relationship, it actually helps them experience the depth of relationship. They can see that they can be safe in relationships, and how to be safe in relationships.”</td>
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<td>“I was harmed in the context of a family. And you guys were the band aid of a family –you bandaged me back and helped me to stay whole, and gave me a sense of community that I didn’t have – that I lost through all the trauma in our family. …. And to just trust – that was the greatest gift here. … I never felt any judgment, and that was so freeing.”</td>
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<td></td>
<td>“How does the training help group members to make these changes in their lives? I’ve seen group members speak about what their plan is when they go home. “I want to listen to my kids. I don’t want to yell at them anymore and cause pain in my family.”</td>
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<td>Build awareness of effect on others</td>
<td>“Definitely the small groups, the sharing of the stories. …having it spelled out in specific stories – the impacts and the harm and the pain that so many of us have experienced. I don’t want other people to have to adapt or adjust to be around me. I don’t want to put them in that situation. …How much our words and our actions have impact on other people, and we’re just not aware of it.”</td>
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<td>“As grandma, I can say to my adult children, “so I know that this is how I raised you”. And I’ve apologized to them for those behaviors. [I say to them] “Think about this. And what you want the outcome to be… And make a healthier choice.” And so that has taken that particular adult family to a place of wow, if we want our kids to turn out well, we have to model that for them. They’ve gotten counseling and therapy. They’ve healed their family. So it has become an improvement through a couple of generations.”</td>
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<td>“Being able to recognize how that [need for parental love] impacts my children. And being more mindful of that and not necessarily wrapping my days around activities that I want to do, but involving my kids and really connecting with them in order to have that relationship.”</td>
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Increase empathy

“We’re interacting with people standing next to us – whether co-workers, friends, whomever. And...the back of my brain’s like, oh, so I don’t know that person’s story, but there must be a lot going on there. To realize that we’re not what we present to the rest of the world, and it is a real good reminder – when we’re dealing with other people – to try to find that space for them.”

“One of my greatest wounds was with my mom. ...And so, having a mom telling her story of how she’s harmed her son through her relational stuff, and her tears, her agony, her pain, her desire to change profoundly impacts me, because I’m getting to see a mom from a different angle. ... And to actually realize that my mom was a human being, and that she had problems and struggles and story in herself.”

Develop relational skills

“The biggest change was just learning to be more connected with the people in my life and just to be more open and honest. And I think the magic was that this provided hands on training in a safe place. As a result, I’ve learned to use it in my personal life.”

“The switch has been for me to seek to understand before being understood. I think before I always wanted to get my point across. I always wanted to be understood first – but now, I think it’s gone the other direction, where I really want to try to understand the other person – whether it be my wife or my kids or whatever. I really try to understand what’s going on, and that seems to lower the tension level a lot in the relationships I have.”

“[before] I would’ve pushed my feelings on everybody and would’ve pushed everybody away. But [now] I was able to...actually listen to how they felt.”

“And the training has offered me the opportunity to focus on the solution. Because life’s way short. Why do you want to pick a fight?”

“In my relationship with my son, I have a lot more patience. I play the tape through when I think about the consequences. I mull it over for a while. And if you do get a good night’s sleep, the next day, your perspective can be totally different, rather than reacting on impulse – having a crisis in front of your kids ‘cause the toilet overflowed.”

“So, since the training, I have been able to intervene on myself and the way I’ve been doing things for 20 years. I validate my wife – even if I may not agree with her at the time. I just validate her feelings.”
Develop relational skills | “I’ve always been kind of domineering in my life. And just the way I’ve seen things, real traditional. … So [in my current relationship] I have an opportunity not to be domineering. … To try to work it out in a way that it’s not like somebody is losing or winning…to where it seems like it’s an equal-type deal.”

| “Well, since this last training, I actually let go of a relationship. And I really believe that what you folks have taught me was that I don’t need to settle. And that I’m worthy of being treated with respect.”

| “I didn’t have a healthy relationship with my dad. This process has allowed me to connect with guys of all ranges now. And learning and seeing that not all guys act and behave like the men that were in my life growing up. Not all men are abusive – just that stereotypical drinking – all those unhealthy things that every other guy in my life modeled. So to see that it can be different.”

Level 4: Help others

| Participants realize what they have to offer | “Then I start to realize, wow, there’s more depth to me than I thought. And I realized, wow, I have something to offer other people. And to be able to help other people in the same manner is even more rewarding.”

| “One said she hoped “somebody can learn something from those horrific things that I happened to live through.””

| Helping others is rewarding | “They [group members] were very caring and I just felt that. And they also talked about being inspired. I’ve never gotten that, no one has ever said they were inspired by me.”