

# Empowerment Template

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## Whispering Flame Space — Positivity & Support Division

Reusable empowerment package — adapt per individual scenario

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### Empowerment Header (fill per person)

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| Field                 | Value                                                          |
|-----------------------|----------------------------------------------------------------|
| Recipient             | [Name / handle]                                                |
| Empowerment ID        | EF-YYYY-MM-NNN                                                 |
| Date Issued           | [YYYY-MM-DD]                                                   |
| Primary Scenario      | [e.g. Body image / mental health / addiction / stress / other] |
| Secondary Concerns    | [any additional areas to address]                              |
| Review Cadence        | [e.g. daily check-in / weekly review / biweekly]               |
| Issued By             | [Empowerer name / role]                                        |
| Board Counsel Liaison | [if applicable — e.g. counseling-degree member]                |

**How to use this template:** Each section below is a standalone empowerment route. Pick the routes that fit the recipient's scenario. You can add, remove, or reorder routes per person. Every route includes what it is, how to properly do it, and a mini example of the benefit — so the recipient understands *why* they're doing it, not just *what*.

### Empowerment Routes

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#### Route 1 — Cognitive Reframing (The 3:1 Ratio)

**What it is:** A structured way to counter negative thoughts by deliberately generating multiple positive or neutral counter-thoughts. The core idea: one negative thought tends to carry more emotional weight than a single positive one, so you offset it by building three positive/neutral perspectives around it. The exact "3:1" ratio comes from Barbara Fredrickson's broaden-and-build work on positive emotion — the precise number is debated, but the underlying mechanism (ruffling out a negative with several grounded positives) is sound and widely used in CBT-adjacent practice.

#### How to properly do it:

1. **Catch the negative thought.** Write it down exactly as it appears in your head — don't soften or edit it.
2. Example: "*I look awful in everything I wear.*"

3. **Identify the type.** Is it self-criticism? Catastrophizing? Comparison? Labeling it reduces its power.
4. **Generate three counter-perspectives.** These don't have to be forced positivity — they can be neutral facts, compassionate reframe, or evidence against the thought.
5. Counter 1 (neutral fact): *"I have clothes that fit and I get dressed every day."*
6. Counter 2 (compassionate reframe): *"I'm judging myself harder than anyone else would."*
7. Counter 3 (evidence): *"There are photos where I look fine, even good."*
8. **Pick one to sit with.** Don't rush to "believe" all three — choose the one that feels most honest and return to it when the negative thought resurfaces.
9. **Track it.** Mark each time you successfully reframe. The count matters less than the practice.

### Mini example — how it benefits:

*Scenario:* A member catches herself thinking *"I'm ugly and everyone notices."*

*Without reframing:* That thought loops, fuels avoidance (skipping events, pulling back), and reinforces the belief.

*With the 3:1 route:* She writes the thought, generates three grounded counter-perspectives, and picks one to hold onto. The next time the thought pops up, she has a practiced response — not a fight, just a redirect. Over time, the negative thought loses its automatic grip because it no longer goes unanswered.

**When to use it:** - Self-critical thoughts - Comparison spirals (social media, peers) - "I'm not good enough" / "I don't measure up" loops - Any recurring negative self-talk

**What to watch for:** - Don't let it become toxic positivity — the counters should be honest, not manic. - If a thought is tied to trauma or deep-seated belief, this route alone may not be enough — escalate to counseling support.

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## Route 2 — Journaling & Written Expression

**What it is:** Putting thoughts, feelings, and observations onto paper (or a digital document) to externalize them. Writing creates distance between you and the thought — once it's on paper, it's something you can look at, not just something happening inside you. It also creates a record you can review later to spot patterns.

### How to properly do it:

1. **Choose a medium.** Notebook, phone note, doc file — whatever's easiest to reach consistently. The medium doesn't matter; the habit does.
2. **Set a minimum time.** Start with 5–10 minutes. Enough to get something down, not so long it becomes a barrier.
3. **Three journaling modes — pick one per session:**
4. **Free write (dump):** Write whatever comes out, no editing, no filtering. Get it out of your head. Stop when the flow dies or the timer ends.
5. **Prompt-based:** Use a specific question to guide the writing. Examples:
  - *"What am I carrying today that I could put down?"*
  - *"What did I handle better than I would have a month ago?"*

- "What's one thing I did today that I can respect myself for?"

6. **Structured log:** Date, mood (1-10), one thing that hurt, one thing that helped, one thing to try tomorrow. Quick and repeatable.
7. **Don't re-read immediately.** Give it space. Re-read after a few days or a week to spot patterns — recurring themes, triggers, progress.
8. **Dispose or keep as you choose.** Some people burn/shred old entries as a release ritual. Others keep everything as a progress record. Both are valid.

#### Mini example — how it benefits:

*Scenario:* A member has been carrying a low-grade "I hate how I look" feeling all day but hasn't been able to name why.

*Without journaling:* The feeling stays diffuse — a background hum that shapes everything but can't be addressed because it has no shape.

*With journaling:* She free-writes for 7 minutes and discovers the feeling spiked after a specific event (someone commented on her appearance, or she saw a photo, or she tried on something that didn't fit). Now the problem has a target. She can address the event, not just the vague feeling.

**When to use it:** - Diffuse, hard-to-name distress - After a triggering event - As a nightly wind-down - To track progress over time

**What to watch for:** - Writing can surface heavy material. If it consistently brings up trauma or thoughts of self-harm, that's a sign to bring in professional support — don't handle it alone. - Don't turn it into another thing to perform perfectly. A bad journaling session still counts.

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### Route 3 — Breathing & Nervous System Regulation

**What it is:** Structured breathing patterns that signal safety to the nervous system. When distressed, the body shifts into sympathetic activation (fight/flight/freeze) — breathing is one of the fastest levers to pull it back toward parasympathetic (rest/digest). It's a physiological intervention, not just a mental one.

#### How to properly do it:

1. **Pick a technique — start with one:**

2. **Box breathing (4-4-4-4):**

- Inhale through nose for 4 seconds
- Hold for 4 seconds
- Exhale through mouth for 4 seconds
- Hold empty for 4 seconds
- Repeat 4-6 cycles

3. **Extended exhale (4-6 or 4-8):**

- Inhale for 4 seconds
- Exhale for 6-8 seconds (longer than the inhale)

- The long exhale is what drives parasympathetic activation
- Repeat 5-10 cycles

#### 4. **Physiological sigh (quick reset):**

- Two short inhales through the nose (one big, one top-up)
- One long exhale through the mouth
- 1-3 cycles — fastest acute reset, used by Stanford neuroscience research (Huberman Lab popularized it)

5. **Position:** Sit or lie down. Unclench your jaw. Drop your shoulders. Unfurl your hands. The body should look like it's allowed to rest.

6. **Focus on the sensation, not the counting.** The count is a scaffold — the actual mechanism is the slow exhale and the attention on breath sensation.

7. **Use preventatively, not just reactively.** A few cycles before a known stress point (meeting, mirror time, social situation) work better than waiting until you're already spiraling.

8. **Track it lightly.** Note when you used it and what state you were in. Over time you learn which technique fits which situation.

#### **Mini example — how it benefits:**

*Scenario:* A member is getting ready to go out and the familiar body-image panic starts — heart racing, avoiding mirrors, stomach tight.

*Without breathing regulation:* She pushes through the physical symptoms, which reinforces the association between "getting ready" and "panic."

*With the route:* She stops, does 4 cycles of extended-exhale breathing (4 in, 8 out), and the heart rate drops. The panic doesn't fully disappear — but it drops from "I can't handle this" to "this is uncomfortable but I'm okay." That shift is enough to continue instead of cancel. Over time, the body learns it doesn't need to escalate.

**When to use it:** - Acute anxiety or panic symptoms - Before a stress-provoking activity - After a triggering event, to come down - As a daily regulation practice (morning or night)

**What to watch for:** - Dizziness means you're overdoing it — slow down, breathe normally, try again later. - Breathing helps regulation; it doesn't resolve the underlying thought or situation. Pair it with Route 1 or Route 2 for the cognitive side.

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### **Route 4 — Body Neutrality & Body Awareness**

**What it is:** A middle path between "love your body" (which can feel fake and unreachable) and "hate your body" (the current default for many). Body neutrality means treating the body as a thing that exists and functions, not as a project to be judged. Body awareness adds attention to physical sensation without judgment — noticing rather than evaluating.

## How to properly do it:

1. **Shift from evaluation to function.** When a judgmental thought comes up ("I look bad"), redirect to a factual functional statement:
2. *"My legs walked today."*
3. *"My lungs are breathing right now."*
4. *"My hands let me hold things."*
5. **Practice neutral observation.** Look at yourself (mirror, photo, in-person) and describe what you see in purely physical terms — no aesthetic judgment:
6. *"I have a round face, brown eyes, hair that's shorter on the sides."*
7. Not: *"I look fat/thin/ugly/pretty."*
8. **Somatic check-in (2-3 minutes):**
9. Close your eyes or soften your gaze.
10. Scan from head to toe. Notice sensation without labeling it good or bad: tightness, warmth, pressure, tingling, nothing.
11. If judgment intrudes, note it ("that's a judgment") and return to sensation.
12. **Reduce body-checking behaviors.** Identify the repetitive checks (mirror scrutiny, pinching, comparing photos) and set limits. Not elimination — limits. Example: one mirror check to get ready, not ten.
13. **Dress for the body you have today, not the one you think you should have.** Clothing that fits now is an act of neutrality — it says "this body exists today and gets to be covered comfortably."

## Mini example — how it benefits:

*Scenario:* A member stands in front of the mirror and the usual critique starts — *"too much here, not enough there, I look wrong."*

*Without body neutrality:* The critique runs its course, she feels worse, and either avoids mirrors or spirals.

*With the route:* She catches the critique, shifts to neutral description (*"my shoulders are broad, my stomach is soft"*), and moves on. It's not self-love — it's the absence of active hostility. That absence is real progress. Over time, the neutral description becomes the default instead of the critique.

**When to use it:** - Body image distress - Mirror or photo-triggered negativity - Disordered eating patterns (as a support, not a replacement for treatment) - Any scenario where the body is the focus of judgment

**What to watch for:** - Body neutrality can feel wrong or fake at first. That's normal — it's a new habit, not a switch. - If body image issues are tied to an eating disorder or body dysmorphia, this route is supportive — not a standalone treatment. Escalate.

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## Route 5 — Gratitude & Positive Receipt

**What it is:** A deliberate practice of noticing and acknowledging things that are okay, helpful, or good — not to erase the bad, but to make sure the good also gets registered. The brain has a negativity bias (it grabs threats and problems more readily than neutral or positive events). Gratitude practice is a counter-weight, not a cure.

### How to properly do it:

1. **Keep it small and specific.** "I'm grateful for my health" is too big and vague to register. "The coffee this morning was the right temperature" is specific enough to land.
2. **Three things — minimum.** At the end of the day (or during it), name three things that were okay, helpful, or better than expected. They can be tiny.
3. **Include yourself.** One of the three can be something *you* did: "*I took the breathing route when I felt tight — that was me taking care of myself.*" This builds the self-efficacy that pure gratitude (everything is great, I'm lucky) sometimes undermines.
4. **Don't force it on bad days.** On a genuinely bad day, the three things can be:
5. "*I got through it.*"
6. "*I ate something.*"
7. "*I reached out / I didn't isolate.*" That's honest gratitude, not toxic.
8. **Write it down.** Same reason as journaling — externalizes it, creates a record, stops it from evaporating.

### Mini example — how it benefits:

*Scenario:* A member had a hard day — a negative thought loop, an awkward interaction, and she picked at her appearance all evening.

*Without gratitude:* The day is "bad" and that's the whole story. She goes to sleep with the bad day as the final impression.

*With the route:* She writes three things: "*I did the breathing exercise when I felt tight. I made dinner even though I didn't want to. I didn't send that message I was going to regret.*" Now the day is "bad + three things I handled." The bad is real, but it's not the whole picture. That's the benefit — a more accurate impression, not a fake happy one.

**When to use it:** - Daily wind-down - To counter a negativity bias spiral - To build self-recognition (things *you* did well) - As a palate cleanser after a hard event

**What to watch for:** - Don't use it to invalidate real pain. "*I'm grateful so my problems aren't as bad as theirs*" is comparison, not gratitude — it shuts down rather than opens. - Gratitude is a supplement, not a substitute for addressing real problems.

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## Route 6 — Accountability & Check-In Structure

**What it is:** The structure that makes the other routes actually happen. An empowerment without follow-through is a suggestion; an empowerment with accountability is an issued commitment. The check-in is where the recipient reports what they did, what they noticed, and what's hard — and where the empowerer adjusts the plan based on real feedback.

### How to properly do it:

1. **Set the cadence.** Based on the recipient's capacity and the scenario:
2. Daily quick check-in (text or message, 2–3 sentences: what I did, what I noticed, what's hard)
3. Weekly fuller review (what's working, what isn't, adjustments)
4. Biweekly or monthly for lower-intensity scenarios

5. **Make the check-in specific.** Not "how are you?" but:
6. "Did you do the breathing route today? When?"
7. "What negative thought came up, and did you reframe it?"
8. "What's one thing that was easier this week than last?"
9. **Recipient reports honestly.** The check-in isn't a performance — it's data. If they didn't do the routes, that's useful information, not a failure.
10. **Empowerer adjusts.** Based on the check-in:
11. A route isn't landing → swap it or adjust how it's framed
12. A route is working → keep it, maybe add a second
13. Something new came up → address it, maybe add a new route
14. **Escalation path.** If check-ins reveal something outside the group's scope (trauma, self-harm thoughts, clinical depression, active addiction), the escalation is:
15. Board counsel liaison (if available — e.g., the member pursuing addiction counseling)
16. Professional referral (licensed therapist, addiction counselor, crisis line)
17. Not handled alone within the group

### Mini example — how it benefits:

*Scenario:* A member was issued Routes 1 (reframing), 2 (journaling), and 3 (breathing) for her body image / mental health scenario.

*Week 1 check-in:* She did breathing twice, journaled once, and the reframing felt fake. She's honest about it.

*Without accountability:* The empowerment is issued, nothing is tracked, and two weeks later she's doing none of it and the group assumes she's "not interested."

*With accountability:* The check-in surfaces that reframing isn't landing yet. The empowerer adjusts — maybe start with just breathing and journaling, add reframing later when she's ready. The plan fits her actual state instead of the idealized version.

**When to use it:** - Always. Every empowerment has a check-in structure — it's what makes it an empowerment rather than a suggestion.

**What to watch for:** - The check-in should feel like support, not interrogation. Tone matters. - If a recipient consistently can't meet the cadence, reduce it — the goal is consistency over intensity. - If a check-in surfaces crisis-level material, escalate immediately. Don't wait for the next cadence.

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## Route 7 — Physical Self-Care Baseline

**What it is:** The basic physiological foundation that makes everything else easier. Sleep, food, movement, hygiene — not as moral obligations or appearance projects, but as the body's operating requirements. When these are off, mental and emotional regulation is harder. When they're stable, the other routes have a better shot.

### How to properly do it:

1. **Identify the baseline gaps.** What's consistently off? Common ones:
2. Sleep (not enough, irregular, poor quality)
3. Food (skipping meals, bingeing, disordered patterns)

4. Movement (completely sedentary, or compulsive/overdone)
5. Hygiene (showering, brushing teeth, changing clothes — often the first thing to go when mental health is low)
6. **Pick one to stabilize first.** Not all four at once. One. Example: "*This week, I shower every other day minimum.*" Small and achievable.
7. **Tie it to function, not appearance.** The reason to shower isn't "I'll look better" — it's "my body gets cleaned and it feels different afterward." Framing it as appearance re-triggers the body judgment route.
8. **Make it easy.** Reduce friction:
  9. Sleep: same rough window, reduce late screens if possible
10. Food: one reliable meal a day, even if it's simple
11. Movement: a 10-minute walk, not a workout
12. Hygiene: keep supplies visible and accessible
13. **Track it as a baseline, not a score.** Did you hit it? Yes/no. No moral weight. If you didn't, ask why (too tired, forgot, avoided) and adjust.

### Mini example — how it benefits:

*Scenario:* A member's mental health is low and she's been skipping showers, eating irregularly, and sleeping badly for two weeks. She's also spiraling on body image.

*Without the baseline:* She's trying to reframe thoughts and journal while physically depleted. The cognitive work is harder because the body is running on empty.

*With the baseline:* She stabilizes one thing first — showers every other day. The act of showering is neutral (not appearance, just "this body gets cleaned"). Two weeks later she adds a reliable meal. The physical baseline improves and the mental work has more traction. The benefit is indirect but real — you can't do emotional work well on a broken physical foundation.

**When to use it:** - When physical self-care has slipped - As a foundation before or alongside cognitive/emotional routes - When body image issues are tied to neglecting the body

**What to watch for:** - Don't let this become another body project. The goal is function and baseline, not improvement toward some ideal. - If food or exercise patterns are disordered, this route is supportive — not a replacement for treatment.

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## Putting It Together — Example Empowerment Package

### Sample: Body Image + Mental Health Scenario

**Recipient:** [Member name] **Empowerment ID:** EF-2026-08-NNN **Primary Scenario:** Body image distress, negative self-talk, low positivity **Review Cadence:** Daily quick check-in + weekly review

**Routes Issued:**

| Route                                | Why It Fits                                                 | Implementation                                                                |
|--------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Route 1 — Cognitive Reframing</b> | Recurring negative self-talk about appearance               | Write the thought, 3 counters, pick one. Daily.                               |
| <b>Route 2 — Journaling</b>          | Diffuse distress, hard to name what's driving it            | 7-minute free write, 3x/week. Prompts on days she doesn't free-write.         |
| <b>Route 3 — Breathing</b>           | Physical panic symptoms when getting ready / facing mirrors | Extended exhale (4-8), 4 cycles, before mirror time and when panic spikes.    |
| <b>Route 4 — Body Neutrality</b>     | Mirror-triggered critique is the core issue                 | Neutral description practice, reduce mirror checks, dress for the body today. |
| <b>Route 6 — Accountability</b>      | Without this, the routes don't happen                       | Daily 2-3 sentence check-in. Weekly review to adjust.                         |

**Not issued yet (watch and consider):** - Route 5 (Gratitude) — add if the negativity bias is dominant and she's not registering good things - Route 7 (Physical Baseline) — add if sleep/food/hygiene have slipped

**Check-in prompts (daily):** 1. Did you do the breathing route today? When? 2. What negative thought came up, and did you reframe it? 3. What's one thing that was easier today than it would have been a week ago?

**Check-in prompts (weekly review):** 1. Which routes are working? Which aren't landing? 2. What's new that we should address? 3. Do we add, remove, or adjust any route?

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## Adaptation Guide — Other Scenarios

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### Addiction Recovery Scenario

*(Board counsel liaison with addiction counseling focus — engage them)*

| Route                       | Why It Fits                                                   |
|-----------------------------|---------------------------------------------------------------|
| Route 1 (Reframing)         | Cravings and shame spirals — reframe the urge, not obey it    |
| Route 2 (Journaling)        | Track triggers, wins, slips — pattern spotting                |
| Route 3 (Breathing)         | Urge regulation — breathing through a craving wave            |
| Route 6 (Accountability)    | Critical — daily check-in on use/abstinence, honest reporting |
| Route 7 (Physical Baseline) | Sleep and food stability reduce vulnerability                 |

**Add:** Professional referral path (licensed addiction counselor, sponsor, treatment program). The group supports; it doesn't replace treatment.

### Stress / Burnout Scenario

| Route                | Why It Fits                                                     |
|----------------------|-----------------------------------------------------------------|
| Route 3 (Breathing)  | Nervous system down-regulation                                  |
| Route 2 (Journaling) | Identify stressors, separate what's addressable from what isn't |

| Route                       | Why It Fits                                                  |
|-----------------------------|--------------------------------------------------------------|
| Route 5 (Gratitude)         | Counter the tunnel vision that comes with burnout            |
| Route 7 (Physical Baseline) | Sleep and food often collapse under stress — stabilize first |

## Grief / Loss Scenario

| Route                    | Why It Fits                                                                  |
|--------------------------|------------------------------------------------------------------------------|
| Route 2 (Journaling)     | Externalize the weight — grief that isn't expressed internally accumulates   |
| Route 5 (Gratitude)      | Gentle — only if it doesn't feel wrong. Skip it if it does.                  |
| Route 6 (Accountability) | Consistent presence — someone checking in signals "you're not alone in this" |
| Route 3 (Breathing)      | Acute waves of grief hit the body — regulation helps ride them               |

**Add:** Grief-specific resources, crisis line if loss was traumatic or sudden. Grief isn't a problem to solve — it's a process to move through with support.

## General Low Positivity / Low Mood Scenario

| Route                    | Why It Fits                                   |
|--------------------------|-----------------------------------------------|
| Route 1 (Reframing)      | Negative thought loops                        |
| Route 5 (Gratitude)      | Register good things that are being missed    |
| Route 2 (Journaling)     | Identify what's under the low mood            |
| Route 6 (Accountability) | Consistent contact — isolation feeds low mood |

## Escalation Triggers — When to Bring in More Support

The group provides peer support. It is not a substitute for professional care. Escalate when:

- **Self-harm or suicidal thoughts** — immediate. Crisis line, emergency services if imminent.
- **Trauma disclosure** — the group can listen; it shouldn't be the only container. Referral to trauma-informed professional.
- **Active eating disorder / body dysmorphia** — Route 4 (body neutrality) is supportive; treatment is the core.
- **Active addiction** — Route 6 (accountability) and the board counsel liaison help; treatment program / counselor is the core.
- **Clinical depression symptoms lasting weeks+** — low mood, loss of function, sleep/ appetite disruption, hopelessness. Professional evaluation.
- **Anything the recipient flags as "this is bigger than me / bigger than what you can help with"** — believe them, escalate.

**Escalation path within the group:** 1. Flag to empowerer 2. Flag to board counsel liaison (if applicable — e.g., the member pursuing addiction counseling) 3. External referral (therapist,

counselor, crisis line, treatment program) 4. Follow up — the group stays connected; the referral happens in parallel, not instead of the group

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## Template Quick Reference — What to Fill In Per Empowerment

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Empowerment ID: EF-YYYY-MM-NNN  
Recipient: [name / handle]  
Date Issued: [YYYY-MM-DD]  
Primary Scenario: [what they're dealing with]  
Secondary Concerns: [any additional areas]  
Review Cadence: [daily / weekly / biweekly / monthly]  
Issued By: [empowerer]  
Board Counsel Liaison: [if applicable]

### Routes Issued:

☐ Route 1 – Cognitive Reframing  
☐ Route 2 – Journaling & Written Expression  
☐ Route 3 – Breathing & Nervous System Regulation  
☐ Route 4 – Body Neutrality & Body Awareness  
☐ Route 5 – Gratitude & Positive Receipt  
☐ Route 6 – Accountability & Check-In Structure  
☐ Route 7 – Physical Self-Care Baseline

Check-in Prompts (daily): [customize per scenario]  
Check-in Prompts (weekly): [customize per scenario]

### Not issued yet (watch and consider):

[list routes to consider if current ones aren't enough]

### Escalation triggers to watch for:

[specific to this recipient's scenario]

### Notes:

[anything else – context, sensitivities, what's already been tried]

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*This template is a living document — adjust routes, add new ones as the group learns what works, and refine the language over time. The structure (scenario → routes → accountability → escalation) stays; the content adapts per person.*

*Whispering Flame Space — for internal use across the group's positivity & support division.*