ISLANDS OF HEALING

TRAUMA RESILIENCY IN THE SCHOOLS

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To my mom, her spirit and collection of Buddha's provided me with an unspoken

sentinel of guidance.

ABSTRACT

Students experience high levels of distress as a result of issues related to poverty. This distress manifests as poor attendance, behavior problems, poor personal/social skills, emotional issues, and poor test scores. As a result of these issues, students are frequently unable to attend to the classroom activities with a result of poor academic performance, lack of school affiliation, and high probability of school drop-outs. In addition, students in poverty are more likely to have school referrals and discipline actions, engage in illegal activities that range from: prostitution to gang activity and drug and alcohol related concerns.

This paper addresses these concerns and is organized in seven sections. The first section describes the problem of poverty and provides supporting data of the current levels of poverty nationally and in Oregon. The second section develops concepts of biological, emotional, psychological, physiological and spiritual childhood development as it relates to stress and trauma. The third section takes the reader from risk to resiliency and the profound impact neurological interventions can make for the individual. The fourth section will introduce and describe the Trauma and Resiliency Model (TRM) developed by Laurie Leitch, Phd and Elaine Miller-Karas, LCSW with the Trauma Resource Institute. The next section will describe a pilot project in the school

setting using the TRM Model. The last section will look at how this project is oriented to socially engaged Buddhism.

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And How Are the Children?

Among the many fabled and accomplished tribes of Africa, no tribe was considered to have warriors more fearsome or more intelligent than the mighty Masai. It's surprising, then, to learn the traditional greeting passed among the Masai warriors; "Casserian Engeri," one would always say to each other. And what it meant was, "And how are the children?"
It is still the traditional greeting of the Masai, acknowledging the high value the Masai placed on the children's well being. Even warriors with no children of their own would always give the traditional answer, "All the children are well." This meant, of course, that peace and safety prevail; the priorities of protecting the young and the powerless are in place; that the Masai people had not forgotten their reason for being, their proper function, and their responsibilities.
"All the children are well" means life is good. It means the daily struggles of existence, even among poor people, include the proper care of the young and defenseless.
I wonder how it might affect our consciousness of our own children's welfare if we took to greeting each other in the same daily question, "And how are the children?"
I wonder, if we heard that greeting passed along to each other a dozen times a day, whether it would begin to make a difference in the reality of how children are thought of and cared for in this country. I wonder what it would be like if every adult among us—parent and non- parent alike—felt an equal weight of responsibility for the daily care and protection of all the children in our town, in our state, and in our country. I wonder whether we could truly say without hesitation, "The children are well. Yes, all the children are well."
What would it be like if the President began every press conference, every public appearance by answering the same question: "And how are the children, Mr. President?" If every governor of every state had to answer the same question at every press conference: "And how are the children, Governor? Are they well?" Wouldn't it be interesting to hear their answer?

speech by Rev. Dr. Patrick T. O'Neill

POVERTY

Today, at this moment, one in five children in the United States is living in poverty. This means one in five children is likely to go to bed and wake up hungry. If that were the extent of the problem then most likely there would be an easy, solvable solution. However, one in five children living in poverty also means that these children are likely to have witnessed, received or participated in violence and substance use, often have no reliable or stable housing, and have minimal to no access to equitable resources regarding health and welfare. Fear and hunger walk hand in hand with poverty and the result is an unperceived toll on our social, emotional, health and economic infrastructure, the very core of the American institution.

According to the census bureau, 46.5 million families are recorded to be at the poverty level. The Bureau defines poverty for families as earning $17,552 or less for a family of three. The poverty rate for children living in the United States has increased to 22% in 2010. A breakdown of the statistics indicate the following:

• Households that are led by a single mother have a 31.6% poverty rate;

• Today, one out of every four American children is on food stamps;

• It is being projected that approximately 50% of all U.S. children will be on food stamps at some point in their lives before they reach the age of 18;

- There are 314 counties in the United States where at least 30% of the children are facing food insecurity;

- More than 20 million U.S. children rely on school meal programs to keep from going hungry;

- It is estimated that up to half a million children may currently be homeless in the United States (Census Bureau, 2011).

According to the National Center for Children in Poverty, nearly 15 million children in the United States, 21% of all children, live in families with incomes below the federal poverty level. Most of these children have parents who work, but low wages and unstable employment leave their families struggling to provide a stable living environment.

Poverty can impede children's ability to learn and contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor physical and mental health. Risks are greatest for children who experience deep and persistent poverty. Research is clear that poverty is the single greatest threat to children's well being (NCCP, 2010; APA, 2010, ASCA, 2009). Findings support a neurobiological hypothesis for why impoverished children consistently fare worse than their middle-class counterparts in school and, eventually, in life. "Chronically elevated physiological stress is a plausible model for how poverty could get in the brain and eventually interfere with achievement," wrote Cornell University child development researchers Gary Evans and Michelle Schamberg in a paper published in the *Proceedings of the National Academy of Sciences*.

For decades, education researchers have documented the disproportionately low academic performance of children and teenagers living in poverty. The current language of this performance is referred to as the Achievement Gap. (Gary W. Evans and Michelle A. Schamberg. *Proceedings of the National Academy of Sciences*, Vol. 106 No. 13, March 30, 2009)

Economic hardship has been linked to a myriad of adverse educational, health and other outcomes for children. These children are less likely to be healthy and it is estimated that at age four, poor children are 18 months behind developmentally and that gap remains at age ten. Two-thirds of youth with mental health problems drop out of high school and become part of the disengaged, often referred to as at-risk, youth population. (NCCP, 2010)

Research suggests that stable housing is important for healthy child development. Yet, children living in low-income families are two times more likely to have moved in the past year and two times less likely to live in families that own a home compared with children living in above low-income families. Additional facts include:

- 19 percent of children in low-income families – 5.7 million – moved in the last year.

- 9 percent of children in above low-income families – 3.9 million – moved in the last year.

- 40 percent of children in low-income families – 12.1 million – live with a family that owns a home.

• 82 percent of children in above low-income families – 36.0 million – live with a

family that owns a home.

(NCCP, Fact Sheet, 2009)

OREGON POVERTY

In November, 2011, T*he Oregonian*, Portland Oregon's largest newspaper wrote

a front page article with the headlines: "Half of Black Children in Oregon Live in

Poverty, New Census Data Show". This was certainly an eye-catching title that

gave hard data on the current status of black children specifically. However, the

article addressed the numbers of children and poverty and it was overwhelming

to note the challenges identified in this article. One of every two black children in

Oregon lives in poverty, among the highest rates in the nation. An estimated

49.3% of the state's 20,000 African American children were poor in 2010, the

highest among all ethnic and racial groups. The data also shows that 35% of the

state's Latino children live in poverty, as do 41% of children who are Native

American or a race other than Asian. Almost 75% of poor children in Oregon

have at least one working parent, according to the National Center for Children in

Poverty at Columbia University.

People on low incomes have no buffer. "Children who grow up poor are more

likely to drop out of school, spend time in prison, suffer poor health and have

children who also live in poverty" (Karen Gibson, associate professor of Urban

Studies at Portland State University, November 24, 2011, Oregonian). To further

describe the state of poor children in Oregon, the following data points can be found on the NCCP web page:

- 20% (167,195) of children live in poor families (defined as income below the federal poverty level);

- 23% (38,064) of children in poor families have at least one parent who is employed full-time, year round;

- 51% (85,766) of children in poor families have at least one parent who is employed either part-year or part-time;

- 26% (43,365) of children in poor families do not have an employed parent;

- 46% (44,298) of children whose parents do not have a high school degree live in poor families;

- 16% (93,957) of white children live in poor families;

- 30% (51,388) of Hispanic children live in poor families;

- 19% (6,751) of Asian children live in poor families;

- 22% (62,036) of children, under age 6, live in poor families;

- 18% (105,159) of children, age 6 or older, live in poor families;

- 18% (108,500) of children in urban areas live in poor families;

- 31% (44,704) of children of immigrant parents live in poor families;

- 18% (119,735) of children of native-born parents live in poor families;

- 24% (39,309) of children in poor families live in owner-occupied housing.

It has been demonstrated that homeless and runaway youth have poor educational outcomes. However, it has not yet been determined whether these

outcomes are attributable to preexisting risk factors commonly seen among youth who have experienced episodes of being runaway or homeless, such as, family instability or distress and social and emotional health risks.

Immigrant families are disproportionately likely to experience poverty and other hardships that can place children at risk, and research points to significant gaps in meeting their needs. Young children of immigrants have less access to pre-kindergarten programs than children with native-born parents. Immigrant families face barriers accessing the health services they need, particularly in the area of mental health. (US Bureau of Census, 2011) (NCCP, 2010)(Children's Defense Fund, 2010)

Clearly stated, poverty impacts families at multiple levels and has far ranging effects on the community in many areas that are frequently not observable to the general public. In this regard, the plight of families, and most certainly children, is rarely addressed except by those most immediately connected; schools and social service agencies.

NEUROSCIENCE AND BIOLOGY

Compelling evidence from neuroscience about how early relationships and experience influence the architecture of the brain assist us in focusing on the special challenges of helping babies, toddlers and early childhood development impact growth. (NCCP.2010) (Shore,1997)

We are not born with fully developed brain structures and connections; rather our brains develop and change in response to experience and maturation. "There are millions of potential synaptic connections available in our brains at birth: those that are used are strengthened and become increasingly efficient, and those that do not receive input are pruned away". (Abiz et al. 2007 - Blaustein and Kinneburgh, 2010 p10)

Dr. Paul MacLean of the National Institute of Mental Health Brain Science Center authored a perspective of brain development referred to as the Triune Brain. His theory is that the human brain evolved form the bottom up. Each new layer added new functions that helped in the struggle to survive and dominate. As the fetal brain develops, it repeats the evolutionary development with the primitive lower layers maturing first and the cortex evolving last.   A burst of research in the last two decades along with new technologies (PET and MRI/FMRI imaging) has conclusively shown what were previously unimaginable truths about human brain growth. (Zen Brain Retreat-Upaya Zen Center, 2011, TRI Training Level I & II-Upaya Zen Center, 2010 &2011) The implications of this new understanding are both promising and discomforting. While the human baby is born with literally trillions of un-programmed circuits just waiting to be stimulated into great poetry, science or music, the reality is that for many key capacities, circuits not used may die. The life experiences of a child will determine how these circuits are connected (Stein and Kendall, 2004). Like a tapestry constantly being woven, the brain responds to the world around it. While this adaptability is clearly an

evolutionary asset, the brain's dependence on the environment and relationship to that environment can also have devastating results. When stimulation is nonexistent or aberrant, opportunities can and are lost or muted. (Blaustein and Kinniburgh, 2010)

The brain is divided into four basic parts and develops in a hierarchical progression starting with simple and gradually moving to more complex functions. This development begins with the brain stem. The brain stem is considered the master controller. It is part of the central nervous system (CNS) that is responsible for physical process. It regulates all of our internal bodily processes such as digestion, heartbeat, and routing of sensory information. The midbrain controls appetite and sleep. The limbic brain is the seat of emotion and impulse. The cortex is responsible for logic planning and cognitions (considered executive functions). All incoming sensory information is sent to specific parts of the brain for processing. The limbic brain, responsible for survival, houses the thalamus, hypothalamus and amygdala. These structures are critical players in processing, decoding and regulating more than two-hundred million bits of information per second via all of our senses. In order to concentrate on any one thing, it is necessary for something to dampen down the effect of all that information bombarding our brain each second. The master regulatory system, like a thermostat, gauges all internal processes and responds with chemical commands to the pituitary gland, which regulates the entire endocrine system.

(Zen Brain, 2010 &2011, TRI Training, 2010 &2011, Blakeslee &Blakeslee, 2008, Stein & Kendal,2004)

The limbic system lies wrapped at the center of the protective layers of the cortex. The cortex, with its more advanced rational and uniquely human capacities, sits above the limbic brain ready to edit, adapt and analyze the impulsive behavior originating from an ancient source of fight, flight or freeze mobilization. Central to the limbic system is the amygdala, which generates strong emotional signals, acting as an emotional guardian. Under conditions of great emotional excitement, signals from the amygdala may bypass the neocortex - the rational and strategic part of the brain. (Goleman,1995) In the brain's architecture, the amygdala is poised somewhat like an alarm company where operators stand ready to send out emergency calls to the fire department, police or neighbors whenever a home security system signals trouble. (Burns,1996, Scaer, 2005; Cohen, Mannarino, Deblinger, 2006)) The amygdala won't necessarily wait for analysis by the thoughtful neocortex before it floods the brain with the neuro-chemicals for fight, flight or freeze. The more painful the connection experienced, the more quickly the limbic alarm response will be triggered. If stimulated intensely or often enough, this alerting system may not subside. Hyper vigilance may be the result, so that the individual becomes extremely sensitive to associated cues, that warn of potential oncoming threats. It is believed that this kind of trauma, occurring often enough or intensely enough, can rob a child of the ability to learn normally by pulling circuitry meant

for other tasks to monitoring for threatening cues in the environment (Zen Brain Retreat-Upaya Zen Center, 2011; Stein & Kendall, 2004; Burns, 1996; Thomsen,2002). These occurrences induce chronically fearful states of hyper-arousal in children. If the child is unable to run or resist, she will develop surrender or dissociate. Neuro-chemicals and hormonal response enable children to go numb or freeze. Over time, such states may become integrated as traits in the developing child (Levine, 2010; Malchiodi, 2008).

Experiences, environments and especially relationships that don't create a warm and nurturing atmosphere, have been referred to by scientists as "toxic stress." (Blakeslee & Blakeslee, 2008). This toxic stress refers to high and consistent levels of stress such that growing brains cannot integrate their experiences in ways that promote growth, health and learning. Experiences and environments that have high levels of stress pose increased vulnerability and risk to the developing child. (NCCP, 2010; Scaer, 2005)

Childhood Development and Impact of Trauma

Child development is dynamic. Developmental tasks build on themselves, laying the foundation for potential success and efficacy through the years of growth. (Early Childhood Resource, 2011). A child who is able to develop skills and negotiate relationships with other children and adults has created a foundation to engage successfully through later years. (Burns, 1996; Balustein & Kinniburgh, 2010)

All developmental skills grow, initially, within the context of our earliest relationships and environment. A key concept in development is neural plasticity - brains adapt and change in response to the experience. (Blaustein & Kinnniburgh, 2010; Cohen, Mannarino, Deblinger, 2006))

Continued study of neurochemistry represents the leading edge of scientific inquiry in a number of diverse, but related fields including learning, behavior, stress and well-being.   Long term, consistent behavior alters the base-line function of the brain. (Zen Brain-Upaya Zen Center, 2011) The chart below demonstrates differences between a vulnerable child and a child that has a stable living environment:

STABLE CHILD	VULNERABLE CHILD
genetics	genetics
material sufficiency	poverty
proper diet	poor diet
functioning family	family discord or abuse
developmental needs met	unmet needs
hopeful	hopelessness
care and bonding	neglect and abandonment
sense of meaning	sense of meaninglessness
sense of control	sense of powerlessness

(Burns, 1991)

Risk indices that reflect such stress include single parenting, receiving public assistance, unemployment, teenage parenting, and parents (one or both) who don't have a high school diploma or General Education Diploma (GED). Twenty-six percent of families enrolled in Early Head Start (a Federally funded pre-school program that enrolls children who are: living in poverty, identified disability, or placed in foster care) experienced four or more risk factors. One can return to 2003 to look at data on risk factors some of which are indicated below:

• 150,000 children under age 6 were in foster care, including 25,000 infants;

• Over 300,000 children were incarcerated youth;

• An estimated 550,000 children were in homeless families;

• Over 175,000 infants and toddlers were victims of substantiated abuse and
   neglect.

 These children from known circumstances of high risk have most likely experienced stress-induced neurological deficits. Parental risk factors are also known to impair effective parenting and further compound the stated concerns. Impaired parenting is defined as harsh, inconsistent or indifferent and is known to be related to poor developmental and emotional outcomes. Factors that place young children at serious risk for such parenting include maternal depression, substance abuse, and domestic violence. (NCCP, 2010, Child Defense Fund, 2010, Early Childhood National Resource Center, 2011)

Children tend to be at greatest risk when they are experiencing "toxic stress" and have inadequate resources to deal with it effectively. So, what is a healthy

ecology for children? There are four main institutions that impact a child's life:

community, parents, peers and schools. A healthy ecology supports and assures

a safety net for all children. (Thomsen, 2002, Blaudstein & Kinniburgh, 2010)

Nancy Phillips (Burns, 1991, 1996) provides a meaningful framework to

understand what influence the environment has and the pattern of experiences

that impose a healthy or unhealthy ecology. She outlines the three most basic

human needs: bonding, meaning, and control with self-concept as the

overarching key to well being in life. These needs can be further defined as:

Sense of Control

• feeling capable and competent,

• having an impact on one's own environment

• having power over one's self

• Use of social and life skills

• Power to change one's self and environment

Sense of Meaning

• Sense of importance

• relevant

• having a sense of dignity and honor

• being able to accomplish tasks

Sense of Bonding

• Healthy connection and relationship to family, peers and community

• To feel and be wanted

• To feel and be loved

• To have a sense of belonging

• To have basic needs met

As a beginning step in laying out this impact it is essential to synthesize

developmental stages from leading theorists:

Brain Development	Level of Intelligence	Piaget	Erikson	Maslow	Kohlberg	Steiner
brain stem: birth to 2 yrs.	physical: self preservation and survival	sensorimotor	trust vs. mistrust	survival, safety and satisfaction	------------	godness orientation
2-6 yrs.	emotional: relationship	pre-operational	autonomy vs. shame	love and affection orientation	punishment and obedience	beauty orientation
6-12 yrs.	concrete thinking and problem solving	concrete operational	initiative vs. guilt Industry vs. inferiority	belongingness orientation	instrumental operational interpersonal concordance	truth orientation
teens to adults (frontal cortex)	thought: abstract thinking and meaning making	formal operational	Identity vs. identity diffusion	esteem orientation	social orientation	soul orientation
mind heart connection	heart: compassion and service	--------	intimacy vs. isolation	self-actualization	principled orientation	spiritual orientation

The above table is a map of how some developmental theorists look at the

stages of childhood development. An attempt was made to take various

viewpoints: Jean Piaget-cognitive development, Erik Erikson-social and

emotional development, Abraham Maslow-hierarchy of human needs, Lawrence

Kohlberg- moral development, Rudolph Steiner- spiritual development (influential

contributor of Waldorf School Movement). (Burns, 1996)

Joseph Pearce discusses human intelligence, which is related to the biological

development of the brain, and wrote extensively on how the structure of

intelligence undergoes fundamental changes when it is repeatedly faced with the

threat of abandonment or harm.(Pierce, 1986) If there is too much threat in the

environment, the structure of intelligence becomes defensive, controlling and

moves into flight, fight or freeze mode. It cannot unfold. When a child is living in

an environment where there is constant threat of violence, abandonment or

chaos, defensiveness develops deeper and stronger. (Starkman, Scales,

Roberts, 1999). The longer the child stays in this defensive posture, the more

controlling she becomes in her life. The focus is on controlling feelings, thoughts

and evaluating potential threats rather than exploring her environment and

learning how to cooperate with others. When there is a perception of safety and

security, the child can feel comfortable, relaxed and open to inquiry, cooperation

and creativity. (Malchiodi, 2008)

A seldom discussed aspect of child development, most notably in the education

arena, is the spirituality of the child. Yet, there is reference to the innate being of

development. (Burns, 1996; Glazer, 1999; Siegel, 2011; Kessler, 2000)

One definition of spirituality: "Spirituality is an active sense of identification with a

power greater than self which gives our lives a sense of meaning, significance

and purpose." (Glazer, 1999) This purpose allows for respect, care and concern.

To be able to bond is to become actively involved in the life-force of another. The quality of this bonding is love. Scott Peck - The Road Less Traveled defines love as the commitment one has to the spiritual development and growth of another. (Peck, 1978)

Parker J. Palmer has written of the 'pain of disconnection' from the heart. Authentic spirituality wants to open us to truth - whatever truth may be, wherever truth may take us. Such spirituality does not dictate where we must go, but trusts that any path walked with integrity will take us to a place of knowledge. Such spirituality encourages us to welcome diversity and conflict, to tolerate ambiguity, and to embrace paradox. By this understanding, the spirituality of education is not about dictating ends. It is about examining and clarifying the inner sources of teaching and learning, ridding us of the toxins that poison our hearts and minds. (Palmer,1998)

 Palmer looks to an education that is prayerful and transcendent - for only when both are present can authentic and spontaneous relations flourish between ourselves and the world. Here we touch on what Parker Palmer views as the insight most central to spiritual experience: ' "Early in my career, I attempted to define the place of spirituality in holistic education. A basic premise of holistic education is the belief that our lives have a meaning and purpose greater than the mechanistic laws described by science, and greater than the 'consensus consciousness' of any one culture. This transcendent purpose is a creative, self-

guiding energy which we ought not attempt to suppress. No ideology, no social

order devised by wealth- or power-seeking factions should be allowed to corrupt

the delicate, miraculous unfolding of this creative energy. . . . Ultimately, a

spiritual worldview is a reverence for life, an attitude of wonder and awe in the

face of the transcendent Source of our being." (Palmer,1990, p. 154).

It is interesting to note, in the context of the current neurological research, that a

child would not have access to this level of spirituality if her body were in a

constant state of stress. Even if the education system is open to teaching from

the heart, the body may not be open and available to receive such teachings.

Scientific literature on trauma is beginning to acknowledge the increasing

complexity not only of what we define as traumatic stress, but also the physical

and emotional symptoms and illnesses that may result from it. Researchers are

beginning to recognize that exposure to trauma and its effects may be more

insidious and pervasive than we realized and may be contributing to the texture

and meaning of a person's reservoir of life trauma. (Scaer, 2005) pg. 129

Growing up in poverty has been proven to directly impact the brain, neurology

and biology of the developing child. (Burns, 1996; Blaustein & Kinniburgh, 2010,

Cohen, Mannarino, Deblinger, 2006)) Multiple research studies have

demonstrated that the level of stress that is induced during chaotic and

disorganized lifestyles in families directly influences child development:

physically, emotionally, spiritually, and socially (Levine, 1997, Levine, 2005)

Peter Levine clearly states that trauma will not be fully healed until we address

the essential role played by the body. Understanding how the body is affected by

trauma and its central position in healing provides a pathway to effectively

dealing with all levels of trauma that exist in our world today. (Levine, 1997)

TRAUMA AND CHILDHOOD

"It is an ultimate irony that at the time when the human is most vulnerable to the

effects of trauma, during infancy and childhood, is when human's are generally

presumed the most resilience (Perry, Pollard, Bladley, Baker, & Vigilante, 1996,

p. 272, Treating Traumatic Stress, p 13}

It is critical that we revisit the impact of the brain and neurological system as we

look at trauma and childhood. In particular, the function of the executive and

limbic Systems are worth repeating. Development of executive functions

parallels development of the prefrontal cortex. These skills help children

navigate through the world in a goal-directed, thoughtful way. These skills are:

• delaying or inhibiting response
• active decision making
• anticipating consequences
• evaluating outcomes

• generating alternative solution

With normal development, these skills become increasingly sophisticated in their cognitive meaning making and problem solving. (Scaer, 2005, Zen Brain Retreat-Upaya Zen Center, 2011)

When stress overwhelms normal coping mechanisms and the danger response is activated, key survival systems - limbic system - takes charge. Again the limbic system provides us with the qualitative relationship with our environment. It is the part of the brain associated with our feeling responses and is involved in willpower, metaphor, story telling and analogy. It mediates everything that we are capable of learning, that we have learned and that we will learn in the future. It is the emotional brain. Consider how a level of upset interferes with the ability to remain focused on a difficult task or the ways in which using your "thinking brain" (logic) can help decrease feelings of being overwhelmed. If the limbic is set on "high" the coordination of the brain to do it's work is unable to engage.

Research indicates that children who have experienced trauma lag behind their peers over time in development of age-appropriate executive function skills. They do less well on tasks requiring several distinct abilities: to inhibit responses to plan and make active choices and to sustain attention. (Thomsen, 2002; Levine, 1997)

For children who experience chronic trauma, the ongoing exposure to danger (both real and perceived) takes a toll on the development of high cognitive

abilities. With the increased sensitization to danger signals, the brains of

chronically traumatized children are frequently readying the body to run, or shut

down and therefore prioritizing limbic over prefrontal activation. (Stein & Kendall,

2004) Because there are many potential triggers of danger, these children may

be as likely to be in limbic control in the midst of math class as they would in a

dangerous community environment situation.

A home that is marked by chaos, where the child receives inadequate and

unpredictable care, has sporadic or non-existent response to needs. Deficits in

communication exist, both in child requests and responses. In the absence of a

safe system, the child's exploration will be impacted. The child in the stressed

environment has less control, and a less predictable understanding of the world,

and often begins to internalize a sense of helplessness. (Crittenden & DiLalla,

1988; Balustein & Kinniurgh, 2010) Absence of developmentally appropriate

skills or external supports leaves the child's emotional reactions steeped in

behavioral strategies that are unhealthy and detrimental and in some cases may

be learned generational responses:

• Emotional numbing/constriction

• Withdrawal/avoidance

• Indiscriminate attachments

• Hyper-control of the environment/rigidity

• Substance use/abuse

• Alteration in eating patterns

• Constricted or excessive sexual behaviors

• Self-injury

• Sensation-seeking behaviors

• Aggressive or other externalizing behaviors
(NCCP, 2010; Thomsen, 2002)

While the body is designed to recover quickly from physiological responses to acute stress, it is long term or chronic stress that can jeopardize emotional and physical well-being. As we develop a greater understanding of what impact complex trauma has on the developing child, we are able to develop more capacity for intervention and strategies.   The knowledge of brain plasticity and adaptability provides opportunity to believe in the possibility of change. This knowledge gives great hope toward the goal of children developing competencies, systems of meaning, and creating safe caregiving environments.

It is of immense importance to provide children with the greatest possible exposure to non-threatening and supportive environments, positive stimulating models, and varied opportunities to become actively involved in age-appropriate learning experiences.

The rise in the number of children in poverty, as evidenced by the earlier stated data from the US Census Bureau, has contributed to making our nation's classrooms more diverse than ever before, but also more complex. Indeed, this makes both teaching and learning more challenging. This issue can remain a challenge for teachers as opposed to becoming a problem. Short of political and

socio-economic redesign, restructuring the educational structure and changing of belief systems, it seems the best opportunity to support childhood resilience and the potential for a healthy ecology for learning and growth is by providing a strong skills foundation through programs that engage a biological intervention in order to facilitate readiness to engage in the learning process.

TRAUMA RESILIENCY MODEL (TRM)

As previously discussed, brain and neurobiology is directly impacted by chaotic and stressful conditions and that in fact, the body retains a firm memory of traumatic experiences that solidify over time if these experiences are chronic and persistent.

The Trauma Resiliency Model (TRM) developed by Elaine Miller-Karas, LCSW and Laurie Leitch, PhD acknowledges the body's natural system of response to traumatic experiences. This model is directly linked to a biological intervention versus a psychological focus of re-telling the story as a cognitive approach. Approaching trauma with an understanding and appreciation for the body-memory creates an opportunity for healing in a way that compliments other research on traumatic healing. Miller-Karas and Leitch discuss the nervous system as the body's computer system. Whether an acute or chronic trauma, the nervous system puts on the brakes in an attempt to reach a sense of balance.

Previous models have approached trauma by primarily examining the effects of the event itself and the story that follows from that event. This TRM approach, one that is founded in recent research around trauma, is that "story-telling" in fact reinforces that state of trauma when repeated within the first days, weeks and months of the event. By allowing the individual to notice where the trauma sits in the body, the bodily experience will move the person to a more balanced and restorative state.

The underlying principle of TRM is that the human body has the inner capacity to heal and restore itself. As the client and practitioner bring awareness to sensations to help interrupt the disorganized automatic nature of traumatic responses, the client is able to regulate affect and bodily sensations without being overwhelmed. These skills can easily become self-managed without needing the assistance of a practitioner. (TRM Training, 2010)

The Model is an approach to re-establish the "Resilient Zone": a place that provides calmness in both body and mind. A person in the Resilient Zone can handle stress, which allows for clear thinking and skillful management of feelings and sensations inside the body. (TRM Training, 2010)

TRM has established steps and core skills to engage the individual in process of somatic experiencing. To develop self-regulation, the model uses the following language and key concepts:

The Eight Core Skills:

1. Tracking: using observation as a diagnostic tool

2. Grounding: being fully present in the moment

3. Resourcing: using positive or neutral factors to create non-traumatic sensations

4. Resource Intensification: expanding details of the resource to build positive or neutral sensations

5. Titration: working with small increments of arousal

6. Pendulation: alternating between traumatic and resource sensations

7. Shift and Stay: Shifting to a resource and staying in the resource state

8. Completion of Defensive Responses: inviting completion of motions, vocalizations, actions that were blocked during the event.

 Resilient Zone: calm state

 Trigger: an event, sight, sound, or taste that releases parts of original trauma

 Memory Capsule: embedded within the brain and body, which contains all parts of the trauma experience including sounds.

 Regulation: the ability to move from upset to calm state (Dysregulation-up regulated/down regulated)

TRM and its biological approach provides an intervention for those individual's who have experienced various levels of trauma. This model uses a paradigm shift from pathology to biology. The nature of this shift along with the method creates an equitable and accessible intervention in the school setting. In fact, for our young people to be active, successful, community members of society, our role as adults is to insure they are able to function with self awareness and self-management skills. (TRM Training, 2011)

TRAUMA AND RESILIENCY- PILOT PROJECT

Imagine a seven or eight year old child who is living in a family struggling with poverty. The father has lost his job, the mother is working part time with no health benefits and the paycheck does not cover the basic needs of housing, food and day-to-day living expenses. In spite of the challenges of this situation, the family is intact and has close connections to extended family and a spiritual community. Imagine another child with more challenging variables. This child belongs to a cultural minority, English is a second language. This child is witness to regular domestic violence, has no structure or parental supervision, has been enrolled in eight different schools during his first four years of education, has no regular or consistent support outside of school and often has his main meals at school. Add the role of an unsafe neighborhood and community violence. Witness a classroom that exists in many schools, but most certainly at Marysville, and there would be a variety of such stories to greater or lesser degrees. The difference between the stories could mean an outcome of either academic success or failure.

TRM initially seemed to be the perfect approach to major traumatic events that people experience in life. However, with practice of this model and opportunities to work with the students and staff on daily events that impact student's space and ability to learn, it became clear that the model could support efforts to help

students self-regulate with daily doses of upset from daily stress of chaos in their living environment. After consultation with both Laurie Leitch and Elaine Miller-Karas (founders of TRM), it seemed most appropriate to pursue the model by addressing the impact of poverty in the daily lives of the students at Marysville.

The goal of this project was to address the multiple impacts a student experiences as a result of chaotic living environments that impede academic and personal/social development in the educational setting. The intention was to assess the level of impact by looking at student self-evaluation of feelings and emotions when arriving at school and throughout the school day. In addition, it was important to provide the student with skills (TRM) to help support the transition into school and to manage the enormity of emotions that arise throughout a given day. The framework of this model was an effort to develop self-regulation and competencies relevant to navigating life experiences both in the home environment and educational setting. Specifically, the objective was to support the school and guidance counseling curriculum in acquiring the following skills in the domain of academic and personal/social development: (ASCA Model, 1998)

• Social skills: to be able to accurately read others intentions, negotiate interactions, experience empathy and tolerate delay, disappointment, and frustration. The ability to work cooperatively and tolerate compromise is

particularly important. Other skills that are essential to develop are problem-solving and affect regulation skills.

• Academic skills: self-regulation to promote the ability to focus and attend to teaching and learning. Assist children in asset building around investment in feelings of positive regard for school involvement and academic success.

• Personal skills: to develop an appreciation for routine and structure (rules) and responsibility for behavior around peer/adult interactions, academic learning and development.

The following data is provided in an effort to give a presentation of the enormity of impact of poverty and unstable living environments at this specific school.

Marysville K-8 School Data

1. EDUCATIONAL PROGRAM CHARACTERISTICS
• Free and Reduced Meals
• Title I Funds
• Special Education
• English Language Learners
• Talented and Gifted

2. ENROLLMENT CHARACTERISTICS

   • Racial/Ethnic Background:

Asian-15.2%, African American-11.4%, Hispanic-17.3% Native American-1.5%
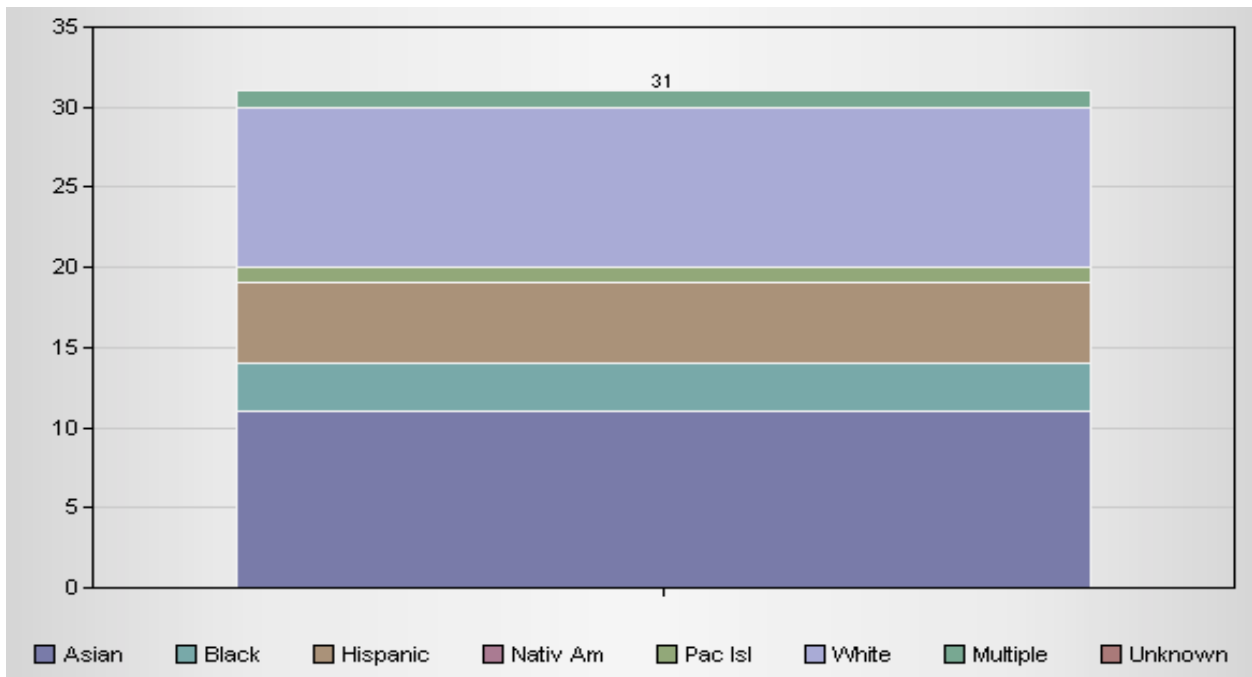   White-38.1% Multiple Races-6.4%   Unspecified-0.0%

3. NEIGHBORHOOD ATTENDANCE CHARACTERISTICS
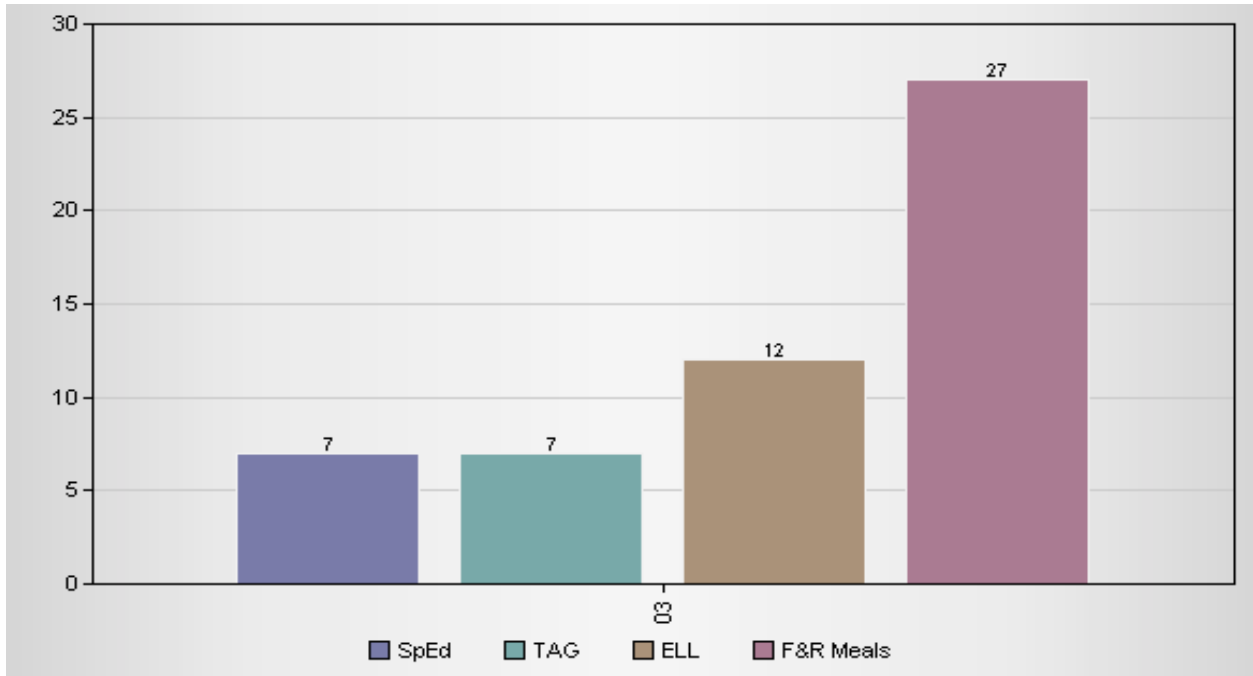
• Population 378

4. EDUCATIONAL PROGRAMS

• School made Adequate Yearly Progress in 2009-10;

• Drop in enrollment is due to temporary relocation to Rose City Park because of a school fire in November 2009;

• Federal Lunch Program: 87% application for Free and Reduced Lunch.
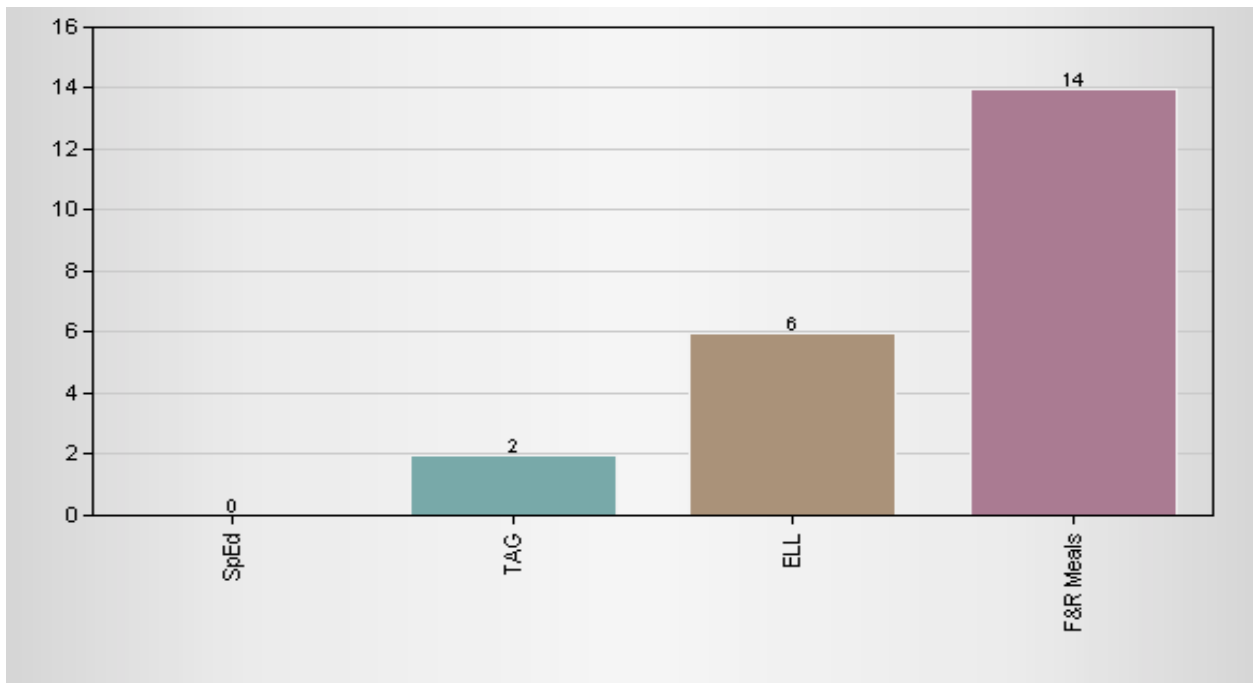
Marysville School Data

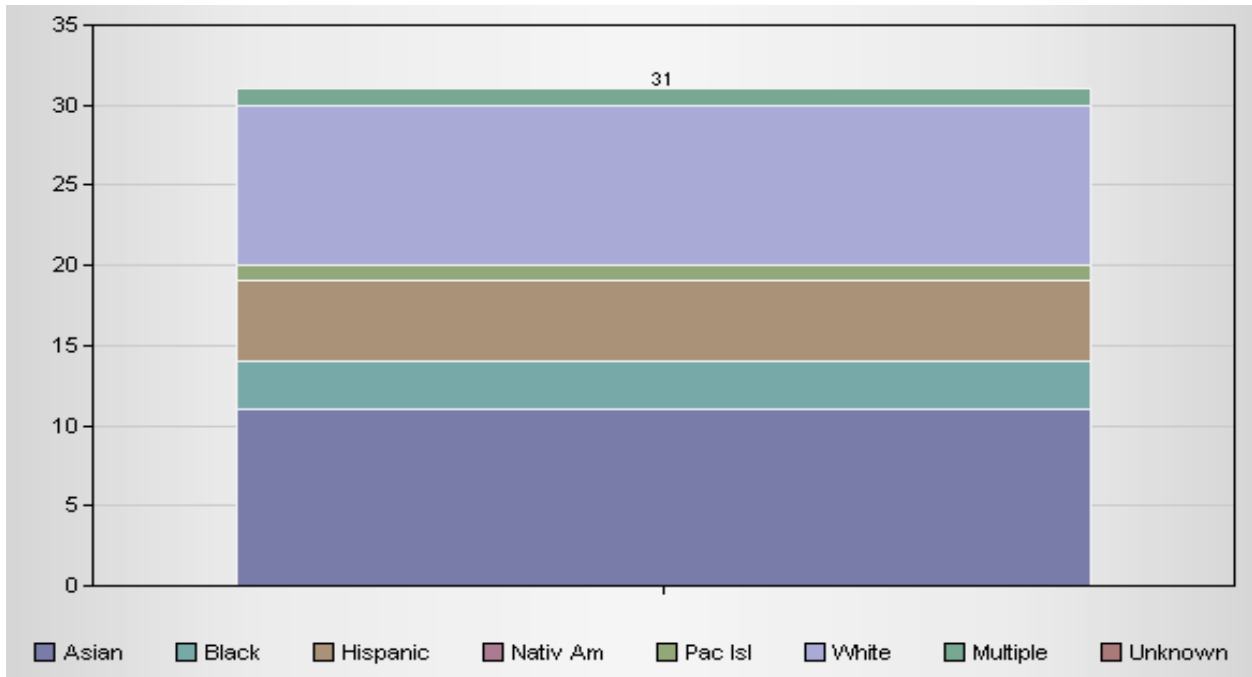*Number of students by race and ethnicity

*Number of students in Special Education (SpEd), Talented and Gifted (TAG), English Language Learners (ELL), Free and Reduced Meals (F&R Meals) indicative of below poverty level

Student data for 2nd Grade class

*Number of students in Special Education (SpEd), Talented and Gifted (TAG), English Language Learners (ELL), Free and Reduced Meals (F&R Meals) indicative of below poverty level

*Number of students by race and ethnicity

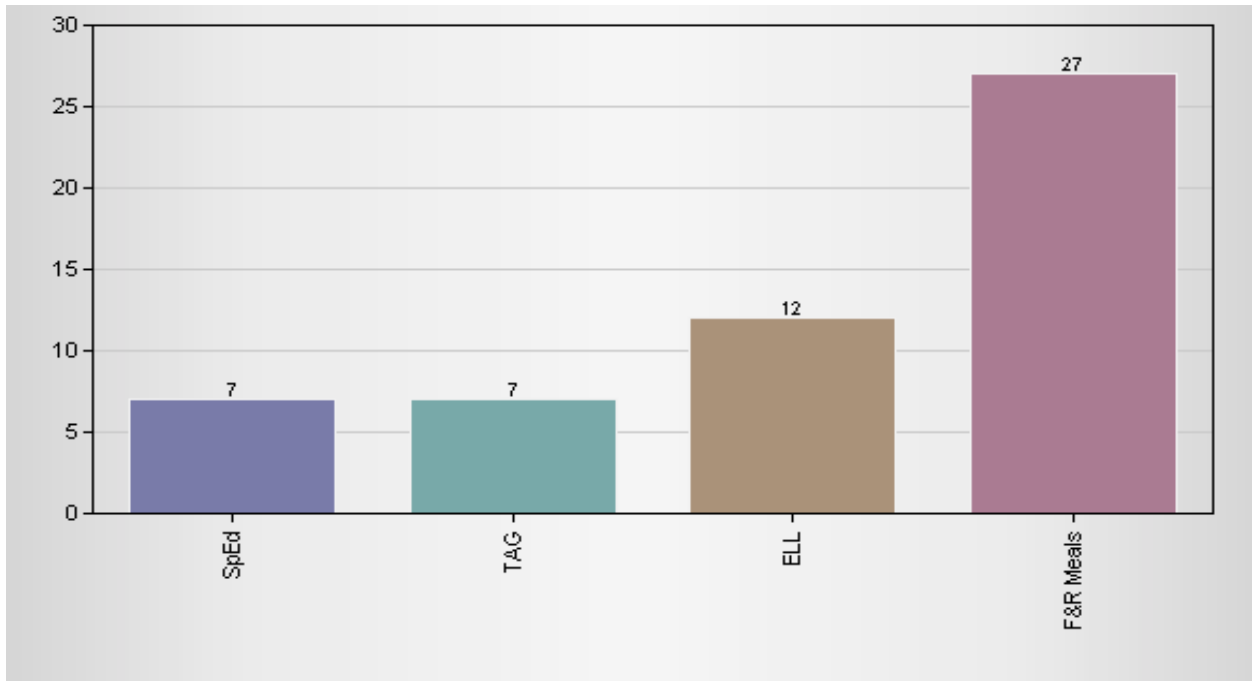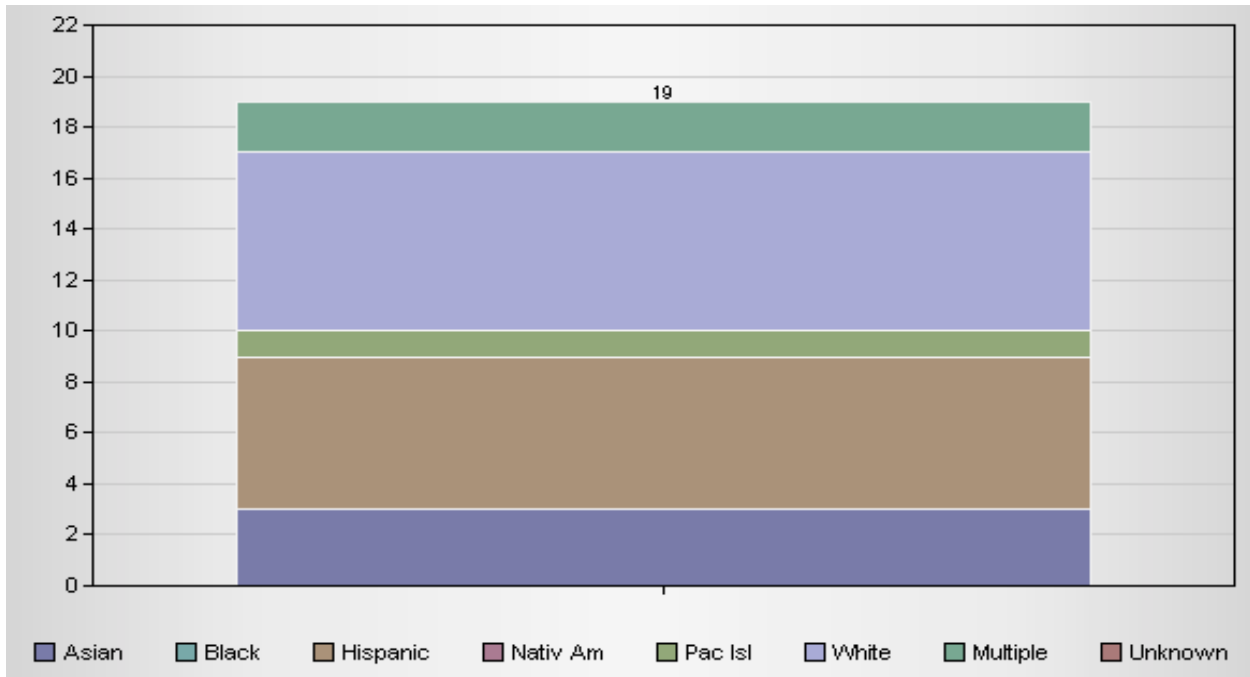## Student Data Enrollment for 3rd Grade

*Number of students in Special Education (SpEd), Talented and Gifted (TAG), English Language Learners (ELL), Free and Reduced Meals (F&R Meals) indicative of below poverty level

*Number of students by race and ethnicity

Marysville School has a fluctuating enrollment of students and families at poverty

level and is typically between 82 -87%.   Poverty level is determined by

parents/guardians completing the Federal Government Nutrition Assistance

Form. Eligibility for free and reduced price meals and free milk is determined for

the period from July 1, 2011 through June 30, 2012. These guidelines are used

by schools, institutions, and facilities participating in the National School Lunch

Program (and Commodity School Program), School Breakfast Program, Special

Milk Program for Children, Child and Adult Care Food Program and Summer

Food Service Program. The annual adjustments are required by section 9 of the

Richard B. Russell National School Lunch Act. The guidelines are intended to

provide direct benefits to those children most in need. In order to be eligible, the

family must meet conditions set by the Federal Government. Any family meeting this eligibility is considered at or below the poverty level. (Department of Agriculture web page, July 1, 2011)

 Marysville School serves Kindergarten to 8th grade students. On November 25, 2009 there was a fire at the school during the school day. The fire alarm went off during the lunch period when many of the children and teachers were not in the classrooms, but rather in the cafeteria, playground, teachers lounge, bathrooms and hallways. When considering the TRM for this project the fire incident immediately came to mind as an event that would be conducive to this model. After a year as the school's counselor, it became evident that although the fire certainly was a traumatic event that impacted the children, adults and the community, the more pervasive issue was the impact of poverty for families and in the community. The loss and relocation of the school had tremendous impact at multiple levels but the overriding challenges for the students and teachers is soundly the daily effects of poverty. Children arrive to school after a 40 minute bus ride. Many of them often arrive in a dysregulated, upset emotional state. It became evident after working with the children, families and staff and assessing the environment, that the larger sphere of influence on learning and development was the varied and changing living environment the children arrived from more than the traumatic event of the fire.

After a year of building relationships, engaging at various levels with the children, families and staff, it became abundantly clear to me that the focus of this project would not be centered on the FIRE, but the day to day traumatic events that impact these childrens' personal/social/emotional and academic experiences. The essential nature of all these children is a deep desire to learn and grow and engage. Observations and reflections from teachers indicated that many children have daily upset stories that they either arrive with or that surface throughout the day. The stories vary from an incarcerated parent or sibling, domestic violence, community violence, substance use and abuse, parent depression or angry and dysregulated emotional states, and transitory living situations, to mention a few. Many children will present either up regulated or down regulated with an inconsistent ability to participate in daily academic instruction.

For the purposes of this project, two classrooms were selected to pilot TRM. The classrooms were second and third grade with teachers who showed a specific and enthusiastic response to learning and working with the model. The TRM training also required that the teachers give up one period a week and be willing to learn and practice the skills with the students throughout the week as particular situations and conditions arose with the class or individual students. Heather Robertson (3rd grade) and Wendy Sharp (2nd grade) were wonderfully responsible and engaged teachers. Most teachers see the impact of poverty on the students they teach and are eager to find ways to intervene. The school

schedule is challenging and difficult with federal and state mandates for teaching curriculum and testing, teaching planning days and various school holidays. These identified classrooms seem to provide the most flexibility with these expectations and limitations.

PROJECT

This project was designed as a pilot project to determine if the constraints and limitations of the school environment would support teaching and integration of this model. Two classrooms were selected with the support of the school administration and the classroom teachers. It was agreed that three steps of the model would be used:

1) Grounding, 2) Resourcing, and 3) Shift and Stay

Language and Definitions:

Something's UP": indication by student to self or teacher (adult) that they are noticing some painful or uncomfortable reaction or emotion in body
The Zone: the physical/emotional stability point
Grounding: supporting activity to move yourself to a safe, strong and balanced feeling
Resourcing: places, people, experiences, and memories that are positive
Shift and Stay: moving from "Something's UP" to a more calm and connected place

PROCESS

Each class received 40 minutes of instruction on TRM, one time per week. The following schedule and curriculum was followed:

WEEK 1: Introduction to TRM and orientation with the students

WEEK 2: Feelings: read story on feelings and had class identify different feelings

WEEK 3: Continue work on feelings and activity on sensing feelings in body

WEEK 4: Introduction and implementation of FEELINGS journal *

WEEK 5: Grounding skills introduction: use of metaphors (tree, wind, slinky)

WEEK 6: Role play and practice grounding skills. Introduction of exit ticket*

WEEK 7: Introduction of resourcing skills

WEEK 8: Development of resourcing concept

WEEK 9: Resourcing stations: children moved to 6 stations that had different and varied resource examples

WEEK 10: Development of resource book*

WEEK 11: Review all resource books and begin integrating concept of Shift and Stay

WEEK 12: Integration: Grounding, Resourcing, Shift and Stay

Both classes identified with and immediately began to practice the skills when they were taught. FEELINGS: The area that seemed to be of most struggle was being able to sense the feelings rather than remain cognitively connected to feelings of anger, sadness, happiness etc. A number of strategies were used to assist the children to learn to identify sensations within their body when feeling certain emotions. The most successful connection was the exercise of drawing a full-scale outline of their body and after re-reading the story on feelings, to draw

where in their body outline they would or might experience this emotion and identify the size, color and shape of that emotion.

GROUNDING: We utilized the concept of the tree, with long root systems to understand the sense of being stable and not being "thrown off" by the wind. Various exercises were introduced in order to establish a strong concept of grounding - to actually *feel* into the ground, to experience the sense of stabilizing the body and engage with a sense of a connected self.

RESOURCING: Several examples were given and utilized to help the students understand the concept of resourcing. A rotation of six stations were set up to assist the students with experiencing resourcing: pictures, quiet and relaxing music, warm and wooly blanket, stuffed animal, drawing and clay. With practice and review they were given an opportunity to make a personal resource book they could use to help them with the efforts to restore their emotions to a balanced state. Once completed, these resource books became a proud piece of their process. Work will continue to assist them in understanding how these internal and external resources they have identified can facilitate their ability to restore balance and calmness.

The teacher had instructed students to let her know if, during the course of the school day, they notice that something is up to use the TRM language and they will be allowed to use a wrist band (provided by TRI), move to an identified space to ground and resource with the intent to shift and stay and return to the classroom. Once this has occurred, they return the wrist band to indicate they

are no longer needing the resource space. This routine is still in process. It

seems process is a workable solution to managing the multiple and varied

emotional upsets and triggers that occur throughout any given school day.

Below, is a copy of a page of the feelings journal used with the students. The

children would complete a section for each day after arriving to the classroom.

The intent of this journal was to: 1) assist with helping them to identify what they

were feeling and begin the connection to sensing those feelings and learning the

skills to self-manage the challenges that are often out of their control or would

trigger the mountain of trauma that has been built up over time.

Example of feelings journal

Monday, November _____, 2011

| happy | angry | worried | afraid | sad | _____ |

Tuesday, , November _____, 2011

| happy | angry | worried | afraid | sad | _____ |

Wednesday, November _____, 2011

| happy | angry | worried | afraid | sad | _____ |

Thursday, November _____, 2011

| happy | angry | worried | afraid | sad | _____ |

Friday, November _____, 2011

| happy | angry | worried | afraid | sad | _____ |

The Exit Ticket below is a strategy used to assist the students with reflecting on their day and looking at the self-management of issues, challenges and experiences that have surfaced for them. It is an opportunity for them to anchor into the skills of grounding and resourcing right before leaving for their home where they might need to access these skills throughout the night or weekend. The Exit Ticket also provides information about the number of times a student requested or accessed the TRM skills.

EXIT TICKET

Take two deep breaths in and out and reflect on today.

Did "something come UP" for you today?   YES   NO
Did you ground today?   YES   NO
Which grounding strategy did you use? _____
How did you feel before grounding? _____
How did you feel after grounding? _____
Were you able to return to the zone?   YES NO

SOCIALLY ENGAGED BUDDHISM

This project is deeply steeped in socially engaged Buddhism and the three Tenets of the Zen Peacemaker Community: Being with Not Knowing, Bearing Witness to the joy and suffering of the world, and Compassionate Action. Each day as I enter Marysville School, and especially as I engaged with the students in Mrs. Sharp and Mrs. Robertson's class, I was intentional with the Precepts and experienced the thoughtful and mindful implicit and explicit accounting of the precepts. Holding to what is true, for the children and their stories, listening with compassion and loving kindness allowed for the spirit to open and the magic of childhood to unfold, even as challenges and difficulties abound for them. Their excitement and enthusiasm for my arrival to class and the work is difficult to document but was warmly expressed through their smiles, hugs and request for attention. At these times, it was not about teaching a skill, but holding space for their stories, their emotions and the value for their very being, their Spirit!

I continue to be eager to discover opportunities for individuals, and children in particular, to explore, discover and experience their inner life. The process has always included building meaningful connections and developing strong relationships so the exploration could occur. My own study and inquiry into the faith tradition of Buddhism has supported these efforts over many years. Practicing that which we are not strong in helps to give us strength and removes

fear and lack of confidence. It is with this belief that I opened up the door to TRM for the children at Marysville.

Whether you call it Buddhism, Tenets, or accessing witness from another faith tradition, the importance of bearing witness to suffering and to support the transformation of that suffering to healing...of JUST THIS, is the ultimate outcome of healing.

CONCLUSIONS

This project allowed me to see into the lives of the children in the 2nd and 3rd grade classes at Marysville School through a familiar lens but in greater detail. The children's rapid response to the skills of grounding and their enthusiastic interest in making their Resource Book opened my eyes to the thirst they have for the need for "calm". I witnessed no resistance on their part to participating in the classes and, in fact, they stated firm and clear disappointment when the TRM class had to be canceled or re-scheduled. I was delightfully appreciative of the teacher's interest, encouragement and creative engagement with the process, often adding their skills or ideas into our planning or their teaching day.

This project was extremely limited by:
- Student attendance including requests for student attendance in special programs
- Limited schedule for teaching the curriculum and practicing the skills
- Crisis events or responsive services required of the counselor

• School holidays, parent conferences and other scheduled events (including fire

drills)

In spite of these limitations, the curriculum (TRM) was implemented in its entirety.

The two teachers were extremely accommodating when there was a need to re-

schedule and in fact stepped up to teach supplemental concepts at various times

during the course of the school day/week.

With the exception of the Feelings Journal and Exit Ticket, most of the data is

anecdotal at this point. The following reports have been shared by the teachers:

TRM became part of our morning routing

One student in particular had "something up" several times a day. When directed to ground she would do so and return to the class or individual activity each time.

"I was having a very hard day and clearly struggling with my lessons. A student said to me: 'Mrs. Robertson, you need to ground' and she was right, we did it together."

Students began using the grounding skills during Playworks when in conflict with another student.

It was amazing to watch how they identified feelings in their body outline activity...the colors were so different, it was fun to see their attention to the experience.

It has been noticeable to see the difference when the kids come in from lunch and recess and ground, or if they get worked up, suggesting a pause to ground helps them refocus.

<u>Feelings Journal</u>

The feelings journal was given to each student in both classes during the months

of October and November.   Compliance and completion were sometimes an

issue early in the project as a result of late busses or substitutes for the classroom.

Exit Ticket

The exit ticket was used to give the student an opportunity to report on their day and to refresh and remind them of the skill they could use once they have left the guidance of the teacher and the structure of the school setting.

Results:

FEELINGS JOURNAL: The feelings journal identified six feelings; happy, angry, worried, afraid and sad with one empty face to allow for student to choose an emotion outside of those listed. Without exception, the majority of identified feelings were happy. The next predominate feeling was anger and sad, worried followed with afraid and self-identified feelings (tired, bored).

EXIT JOURNAL: Most students indicated use of grounding skills at least one time per day. There were unremarkable reports of periodic usage by other students.

STRATEGIES: There is continued support for this model and the markers used to assist the teachers in supporting the students with their emotional instability upon return from winter vacation. The intention is to return and review the TRM skills, **reconnect** with the Feelings Journal and Exit Tickets as well as provide additional support to the teachers and classroom with recognition of their work.

During the March, 2011 Chaplaincy Core Class at Upaya Zen Center, Roshi Joan Halifax introduced Otto Scharmer's prototyping inquiry which helped to formulate a framework for this project. Response to this prototype inquiry follows with regards to the Islands of Healing Project:

1. *Is it relevant? Does it matter to all the key stakeholders: individually, institutionally, and socially?*

The relevancy stretches to many stakeholders. The children were engaged in all aspects of this class. They were able to assimilate their learning of the skills and with guidance use the skills during a moment of upset, up or down regulation. This moved the child back to a calmer state which made room for participation and learning in the classroom. Participation in the classroom gave space and time for the teacher to teach and other children to learn rather than focus on the upset child. Of course, the opportunity to learn reflects in school engagement, and ultimately test scores. A child who is better able to self-manage is able to function in the world in a positive way and is less likely to use unhealthy coping skills.

2. *Is it right? Can you see the whole microcosm that you focus on?*
Using the plethora of research and information on poverty and the impact of poverty on child development, addressing the neurological, biological systems and teaching skills provides great benefit to the child as she continues to develop socially, physically and academically and give her a chance to engage as a

productive, functioning and contributing member of society. Besides, in the words of one of the students: "It feels better."

3. *Is it revolutionary? Is it new*?

The knowledge of how the human body is impacted, how society is impacted by poverty and stress is not new. There are several decades of substantiated information driving the current research and evolving field of stress reduction and trauma. However, the idea that classrooms (students/teachers) can use a 3-step model during the course of the day to assist the calming of the environment and open up space for learning is not part of standard based education. In fact, the curriculum is focused on academics and much of the "character education" elements of the day have been discontinued. Reviving a method of supporting students during an era of constant educational staff and program cuts can be "revolutionary".

4. *Is it rapid?* Can you do it quickly?

Yes, it has been shown that this model is able to go in to highly traumatized environments and support those in crisis. TRM had dramatic results for many students who found themselves emotionally upset and returned to calm (The Zone) in moments without large and complicated interventions.

5. *Is it rough? Can you do it on a small scale/locally?*

Yes, this model was introduced in a small scale involving only two classrooms out of 16 in the school building. It has been used with individual students who

have been in crisis. It has been supported by the staff at the school but also with the district wide counseling staff.

6. *Is it relationally effective? Does it leverage the strengths, competencies and possibilities of existing networks?*

TRM encompasses the goals and competencies of the ASCA Model (National School Counseling guidelines) and many strategic plans developed by most schools. It has the potential to be delivered throughout the Portland Public School System and the Portland community.

7. *Is it replicable? Can you scale it?*

Teachers in the school building who witnessed or heard the results of the class TRM project are very interested in participating. Counselors in the district have expressed high levels of interest in learning the model and implementing it in their buildings.

In Summary: this project is a very strong start to using a model that will support children both at school and home when they experience challenges, stress and upset. Adaptations that will be considered:

• Strengthen the use and follow up of both the Feelings Journal and Exit Ticket.
• Train and educate the support staff with the language and skills.
• Provide parent training in the model.
• Engage peer mentors to assist the students in the model.
• Place posters up in the classrooms as a reminder of the model.

Schools have long held the possibility to be the "tribe" to support and nurture children at risk. The school is the only institution providing ongoing, long-term relationships with all of our children. Some children spend only minutes a day in conversation with parents, but all are required by law to be in extended contact with the adults who staff our schools. The possibilities for establishing deep relationship and connecting at an intimate, often surrogate parent role has never been greater within the school environment. Sadly, the larger institution continues to place bigger restrictions and larger expectations and mandates that place barriers on the building of relationship and connection, the core elements that establish safety and openness for learning and growth.

TRM necessitates relationship. It requires the teacher to provide a safe, slow, careful and inviting environment to teach these skills. If the student is reluctant, fearful and/or unable to participate with the skill instruction, it is critical to wait until a greater containment of safety can be created. In this regard, there is deep respect for the relationship and the process of building a container of safety so that the body can do its work to release the stress and trauma.

In the final analysis, the values of compassionate caring, bearing witness, and socially engaging with the lives of our young children is essential. The Trauma Resiliency Model through the foundation of relationship and authentic presence allows for these children to have a real opportunity to live and heal into their lives.

Let us always be willing to ask:

"AND HOW ARE THE CHILDREN? ARE THEY WELL?

The Journey

Above the mountains
the geese turn into
the light again
Painting their
black silhouettes
on an open sky.

Sometimes everything
has to be
inscribed across
the heavens

so you can find
the one line
already written
inside you.

Sometimes it takes
a great sky
to find that

small, bright
and indescribable
wedge of freedom
in your own heart.

Sometimes with
the bones of the black
sticks left when the fire
has gone out

someone has written
something new
in the ashes of your life.

You are not leaving
you are arriving.

~ David Whyte ~
(House of Belonging)

REFERENCES

Blakeslee, Sandra & Blakeslee, Matthew, (2008), *The Body has a MInd of Its Own* Random House

Blaustein, Margaret & Kinnibaugh, Kristine, (2010), *Treating Traumatic Stress in Children and Adolescents,* Guildford Press

Burns, Timothy, (1996) *Our Children Our Future* Marco Polo Publisher

Cohen, Judith, Mannarino, Anthony, Deblilnger, Esther, (2006), *Treating Trauma and Traumatic Grief in Children and Adolescents,* The Guildford Press

Dahir, Carol A., Sheldon, Carolyn B., Valiga, Michael J., (1998), *Vision into Action: Implementing the National Standards for School Counseling Programs.* ASCA

Glazer, Steven, (1999), *The Heart of Learning: Spirituality in Education,* Penguin

Goleman, Daniel (1995), *Emotional Intelligence,* Bantam

Kabat-Zinn, Jon, (2009), *Full Catastrophe Living,* Delta Trade Paperbacks

Kessler, Rachael, (2000), *The Soul of Education,* ASCD

Levine, Peter, (2010), *In An Unspoken Voice,* North Atlantic Books

Levine, Peter, (1997), *Waking the Tiger-Healing Trauma,* North Talntic Books

Malchiodi, C., (2008), *Creative Interventions with Traumatized Children,* The Guilford Press

Scaer, Robert, (2005), *The Trauma Spectrum: Hidden Wounds and Human Resiliency,* W.W. Norton & Company

Siegel, D., (2007), *The Mindful Brain,* Norton & Company

Siegel, D., & Bryson, T., (2011), *The Whole-Brain Child,* Delacorte Press

Starkman, Neal; Scales, Peter; & Roberts, Clay, (1999), *Great Places to Learn,* Search Institute

Stein, P., & Kendall, J.,, (2004), *Psychological Trauma and the Developing Brain,* Routledge

Thomsen, Kate, (2002), *Building Resilient Students,* Corwin Press

RETREATS AND TRAININGS:

TRI Level I Training: Laurie Leitch, PhD & Elaine MIller-Karas, LCSW, The Trauma Resource Institute, Upaya Zen Center, March 2010

TRI Level II Training: Laurie Leitch, PhD & Elaine MIller-Karas, LCSW, The Trauma Resource Institute, Upaya Zen Center, August, 2011

Zen Brain Retreat: Trauma, Stress, Loss, and Happiness, Roshi Joan Halifax, PhD, Al Kaszniak, PhD, Dr. George Chrousos, George Bonanno, PhD, Philippe Goldin, PhD Upaya Zen Center August, 2011

Zen Brain Retreat: Roshi Joan Halifax, PhD, Al Kazniak PhD, Laurie Leitch PhD, Susan Bauer-Wu PhD, Jim Austin, MD, Shauna Shapiro PhD. Upaya Zen Center August, 2010

WEB LINKS:

U.S. Bureau of Census Web Sites: retrieved November 22, 2011 from:

http://www.census.gov

Bureau of the Census:

2010 Current Population Survey, Table POV01 (Below 100 percent of poverty).

Poor Children (under age six): U.S. Department of Commerce, Bureau of Census, Table 6. People with Income Below Specified Ratios of Their Poverty Thresholds by Selected Characteristics: 2010.

Children in Extreme Poverty (under age 18 and under age five), number and percent: U.S. Department of Commerce, Bureau of the Census, 2010 Current Population Survey, Table POV01 (Below 50 percent of poverty)

Poverty Thresholds (dollar amounts used to determine poverty status): U.S. Department of Commerce, Bureau of the Census, "Poverty Thresholds for 2010 by Size of Family and Number of Related Children Under 18 Years."

Bureau of the Census, 2010 Current Population Survey, Table POV01 (Below 100 percent of poverty).

Poor Children (under age six): U.S. Department of Commerce, Bureau of the Census, Table 6. People with Income Below Specified Ratios of Their Poverty Thresholds by Selected Characteristics: 2010.

Children in Extreme Poverty (under age 18 and under age five), number and percent: U.S. Department of Commerce, Bureau of the Census, 2010 Current Population Survey, Table POV01 (Below 50 percent of poverty)

Poverty Thresholds (dollar amounts used to determine poverty status): U.S. Department of Commerce, Bureau of the Census, "Poverty Thresholds for 2010 by Size of Family and Number of Related Children Under 18 Years."

Poor Children (under age 18 and under age five), number and percent: U.S. Department of Commerce,

Children's Defense Fund Web site: Child Poverty in America, 2010: retrieved, November 21, 2011from: http://childrensdefense.org

Early Head Start National Resource center Web Site: Child Development and impact of poverty: retrieved, November 20, 2011 http://www.ehsnrc.org

NEWSPAPER ARTICLE:

Hannah-Jones, Nikole. (2011, November 25, 2011). *Half of Black Children Live in Poverty, New Census Data Show*. The Oregonian, pp. A1, A4.