



PTSD in the Family:

Breaking the Cycle Through Alternative Approaches

Learning to Love More Series

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Table of Contents

Overview.....	1
Case Study of Treatment of Trauma and Crisis.....	1
Community Strengths	2
Noteworthy Statistics	2
Mental Health Collaborators and Stakeholders	3
Relevant Statistics on the Issues of Rural Life	4
Challenges to Sustainable Mental Health	4
Women’s Sense of Self.....	4
Emotional Distancing.....	5
Poverty and Effects of Risk-Laden Life	5
Exclusion as a Component of Traumatized Communities.....	6
Areas of Focus for the Resolution of Trauma.....	6
Building the Foundation of Self-Reliance in Women and Children.....	7
Infant Mental Health and Home Visitation Programs	8
Las Clinicas Program.....	9
Collaborations	9
Outcome Data from the Silver City First Born Program	10
School-Based Health Centers	11
LCDN Contribution	11
Confidential Services.....	11
Expressive Activities that Promote Self-Knowledge and Self-Love in Children.....	12
Details of Projects	12
Tangible Outcomes of Self-Expressive Projects.....	12
Nature Program.....	13
Development of Youth and Adults in the Workforce.....	15
Education of the Educators	16
Repeated Traumatization of Educators and Mental Health Professionals.....	17
Therapeutic Modeling and Self Care	18
Loving.....	18
Acting.....	18
Attitude	19
Forgiveness and Intention	19
Appendix A: Mental Health Treatment Data for Local Rio Arriba Villages	21
Mental Health Treatment Factors	21
Mental Health Diagnostic Considerations	22
Appendix B: Bullying and the Consequences of Complex PTSD.....	23
Overview of British Research.....	23
Psychological Harm.....	24
Mapping Health Effects of Bullying onto PTSD and Complex PTSD.....	25
Annotated Bibliography.....	27
Contacting Presenter	29

Overview

"If you want to see the heroic, look at those who can love in return for hatred. If you want to see the brave, look for those who can forgive." —Bhagavad-Gita

The consequences of unresolved trauma affect all creatures. These effects are seen in the individual's ability to express innate gifts, in the collective ability to create political and religious structures that engender loving support and evolution, and in the social ability to form assertive and nonviolent families and communities who can respond reasonably to life's challenges. With resolution of past traumas and successful crisis and shock management in the present, caring and healthy families and communities can be established over time organically.

Traumatic experiences, especially in cases where a person or family is repeatedly re-traumatized over time without resolution, can result in Post-Traumatic Stress Disorder (PTSD). Although PTSD is described as a mental disorder in the DSM-IV, many researchers and practitioners, including the author, consider it an injury as opposed to a mental illness. Injuries can be healed, and so can post-traumatic stress (PTS). To heal it, it helps to know that PTS is what you are treating. Post-traumatic stress can look like depressive and anxiety disorders, personality disorders, attention deficit disorders, eating disorders, conduct disorders, and other disorders in the DSM-IV. The possible symptoms of PTS include reactive depression, anxiety, panic, unhealthy and controlling behavior in relationships with self, others, and substances, afflictive personality factors, distraction and hyperactivity, and more. Resolve the trauma, and these afflictive manifestations of the stress resolve as well over time. Often individuals and families experiencing PTS are misdiagnosed with other disorders, which may trigger a cycle of treatment and medication that mask the PTS and prolong the suffering of individuals and families.

This paper shows that the resolution of trauma mobilizes the natural resources and innate intelligences of rural children and their guardians so that all may enjoy a greater ability to relate empathetically to other living beings. It navigates through methods of trauma resolution, focusing on the establishment of safety, the expression of love and heartfelt praise, repeated healthy social interactions and play, freedom of choice, and ultimately somatic healing. It describes the alternative methods that clinicians and counselors in the local Rio Arriba villages of El Rito, Abiquiu, Medanales, and Ojo Caliente in Northern New Mexico have used to break the cycle of family trauma and Post-Traumatic Stress Disorder (PTSD) and meet the challenges that practitioners and patients face.

Case Study of Treatment of Trauma and Crisis

To consider the area where the author lives and works, Rio Arriba County in Northern New Mexico, the students of the Mesa Vista Consolidated Schools District, with schools in the villages of Ojo Caliente and El Rito, are primarily (97%) Hispanic; Anglos are counted as 2%, and African American/American Indian/Asian, 1%. Poverty and government support are more the rule than the exception. The social factors of rural life,

military service, and the provision of care complete a recipe for those enthusiastic and curious souls who love to rise to a challenge and integrate all the gifts available to us.

This section describes

- Strengths of community
- Selective data on Rio Arriba County and New Mexico from 2000, 2001, and 2003 reports
- Collaborators and stakeholders who figure in these rural communities
- Relevant statistics on the issues of rural life
- Challenges to sustainable mental health

Community Strengths

The communities in Northern New Mexico face the challenges of poverty, drug and alcohol abuse and addiction, and violence, and also bring strengths to the equation:

- Extended families rally together in crisis and often can effectively solve immediate challenges.
- In cases where the biological parents of children are engaged in at-risk behaviors, grandparents often step in to help both their children and grandchildren. This raises its own issues of the stress the grandparents sustain at a time when they might be winding down their own work lives.
- Pride of culture exists, and may result in denial of the implications of poverty, drug and alcohol abuse and addiction, and violence; this pride can also set a foundation for rising to the challenges.

Noteworthy Statistics

The New Mexico Department of Health has formed an initiative, the VAST Program, focusing on four major issues that impact the quality of life for New Mexicans: Violence, alcohol, substance abuse, and tobacco use.

The VAST page of the New Mexico Health Web site reports these overall statistics for New Mexico:

- In 2001, 19,913 victims of domestic violence were identified from 26,544 reports across the state of New Mexico. These reports were from 87 of 131 state law enforcement agencies.
- Alcohol is the leading cause of death under the age of 65 in New Mexico. New Mexico has one of the highest rates of alcohol-related motor vehicle crash fatalities in the nation.
- Criminal suspect and victim use of alcohol and drugs as reported by law enforcement was 88% (in 2001).
- Cigarette smoking is the leading cause of lung cancer and heart disease and the second leading cause of all premature death in New Mexico (second only to alcohol).

Per US Census 2000 for Rio Arriba County:

- 71.9% households are families; 31.4% householders are female without a male present.
- 31.3% finished high school, in population of 25 and over.
- 57.8% grandparents are guardians of grandchildren.
- 69.9% drive alone to work.
- 24.3% of families with children under 5 live at poverty level.
- 10.3% of families have income of less than \$10,000.

Per 2003 New Mexico Health Profiles, for Rio Arriba:

- 40.5% of investigations into adult abuse are substantiated.
- 28.6% of all child abuse cases are substantiated.
- 14.8% of deaths of children 1-14 years old are due to motor vehicle accidents (MVAs).
- 28.6% of deaths of youth 19 or younger are due to MVAs involving alcohol, with 40.1% of all individuals in alcohol-related MVAs being killed and 27.1% injured.
- 390 babies are born to single mothers
- \$22,153 is average annual salary.
- \$16,350 is average per capita personal income.
- 10.4% of adults have diabetes (2002).

Mental Health Collaborators and Stakeholders

Mental health professionals from the following organizations have collaborated to provide care to children and their families and other stakeholders in this area.

The main collaborators to this effort include

- **Las Clinicas del Norte (LCDN)**, a large three-clinic non-profit organization that provides an infant mental health program, school-based services, and community services.
- **Llama Deara Ranch (LDR)**, an educational and therapeutic llama farm where children and families can come in groups and individually for cooperative games, therapy, and education in self-discovery.
- **Synergy Holistic Healing (SHH)**, a health center combining both traditional and alternative preventative and healing practices.

These groups, among others, are collaborators:

- Ghost Ranch Conference Center
- Mesa Vista Consolidated Schools
- NM Coalition of Sexual Assault Programs
- Las Cumbres
- Garden of Radical Presence

The main stakeholders in the communities include

- Children
- Their families
- Schools, both for children and youth and for future educators
 - Classroom teachers
 - School administrators
 - School counselors
 - Teaching assistants
 - School Board members
- Law enforcement and justice system
- Mental and behavioral health counselors and therapists
- Substance abuse counselors
- 12-Step groups and other support and rehabilitation groups
- Extended villages
- Churches, spiritual organizations, and places of worship
- Government agencies such as Children, Youth, and Family Department (CYFD)

Relevant Statistics on the Issues of Rural Life

Domestic violence, suicide, drug addiction and dealing, alcohol abuse, and physically aggressive crimes such as kidnapping and murder are prevalent issues. Many children from a young age have been exposed to loud and punitive behavior from adults, neglect and abuse, sirens and flashing lights, and police brutality. In addition to the excesses of drug and alcohol use in the adult population, some children are born with Fetal Alcohol Syndrome (FAS) or are addicted to heroin or crack at birth. Children may start their own drug and alcohol use as early as eight- or nine-years-old. Trauma, crisis, and impulse are more common than peace, comfort, and forethought.

In the Fall of 2006, the author gathered treatment data from the clinicians and counselors working at the centers of the main collaborators, LCDN, LDR, and Synergy. For a summary of data on treatment issues and diagnostic considerations faced by clients in our local Rio Arriba County villages, see Appendix A.

Challenges to Sustainable Mental Health

Women's Sense of Self

One of the greatest challenges that rural women may face is realizing the power and beauty in themselves. The dominant Hispanic culture of Rio Arriba in Northern New Mexico tends to regard the male as the ultimate leader and head of the family; this may in fact be a national trend, regardless of culture. Some men may treat women as powerless and worthless, and minimize their efforts and contributions by comparison to their own. The female's formidable gifts of nurturing, holding a family together emotionally, earning a living, creating a home, and organizing the children for school often go unrecognized, both by the males of the family and by the women themselves.

Additionally, the cycle of domestic violence can keep females feeling trapped. Women naturally long for the solace of sexual relations with their partners, and the sense of safety and affection that this affords them. They also are aware of the difficulties of sustaining their lives with their children without at least some support from a partner or family member. Financial considerations can perpetuate their tendency to return to an abusive relationship, except possibly in the most violent cases where the legal system intervenes irrevocably.

The development of emotional and financial self-reliance must take a priority in rural women's lives: Continue to love and honor their partners in the community, at the same time as building their independence from them until a reasonable balance of the feminine and masculine in both males and females is achieved.

Emotional Distancing

A challenge to the creation of caring and cohesive education and community is the element of trauma and crisis in the environment or geographic area. When traumatized, an individual is often overwhelmed by fear, hopelessness and helplessness, and uncertainty. These feelings can lead to self-centeredness, emotional distancing, and exclusion. Excessive self-absorption generally precludes attention to others and reduces the individual's ability and/or motivation to recognize the needs of others or appreciate their neighbors and colleagues. Repeated re-traumatizations often lead to passivity; often the resolved trauma manifests as physical paralysis and trapped energy in the body, which further immobilizes the individual. Add to this an inability to conceive of free will or wherewithal to change circumstances. At times, the children and families with whom the author works cannot consider the possibilities for the rest of the day, let alone envision how they would like their lives to unfold.

Additionally, an effect of a deeply ingrained sense of inferiority, which many of us experience, can be a projection of superiority. Feeling not good enough and inadequate is common to populations of all ages, gender, races, cultures, and socioeconomic status. When superiority is projected, it can alienate others.

Poverty and Effects of Risk-Laden Life

The factor of poverty, as well, may force people to focus on practical matters, such as buying food and securing shelter and warmth. True to Abraham Maslow's Hierarchy of Human Needs, when it is a stretch for a family or individual to meet basic needs, people may enjoy little available psychic energy for the complexity of human relationships or individual development as a whole person; in cases of poverty, spiritually introspective choices, such as building community and character, may be viewed as a luxury.

In poverty, people sometimes feel inherently threatened and at risk. The threat may be perceived to come from the visible authorities—the educators, law enforcement, the government, the professionals, those with more financial means. How people respond to threats, real or perceived, depends a lot on how they were raised and the attitude toward living beings that they developed early in life or in adolescence when an individual's

values mature in preparation for adulthood. A severe sense of threat can result in increased self-interest rather than a desire to care for others.

Exclusion as a Component of Traumatized Communities

Many of our rural communities are closed communities, who are suspicious of newcomers or those who are different, even if native to their communities. In the small villages of Northern New Mexico, sexual orientation, gender issues, and appearance can cause social challenges and even violence for the person who appears different.

Human exclusion of others repeatedly over time can develop into a form of social exclusion or cultural speciation, and can be classified as bullying or harassment. Over time, symptoms of complex PTSD can manifest in the newcomers or those who are seen as different. For more information on the research on complex PTSD and bullying, see Appendix B.

Additionally, when a community closes itself off to other views, the ability to imagine another's state of mind or heart has atrophied, as Robyn Davidson notes in *Desert Places* (Davidson, 1996). It is also challenging to imagine that life can be positively different in other communities or to envision another way of living.

Areas of Focus for the Resolution of Trauma

In her work with children, families, couples, and individuals in the resolution of trauma at both Synergy and Llama Deara Ranch, the author found the following approaches to be the most effective, especially if used concurrently:

- **Self-Reliance:** Build trust and reliance on self in rural women, as major nurturers of self and others. Self-reliance can be taught in the schools, small working groups of women, individual counseling, and in major social events, such as the Vagina Monologues.
- **Relationships:** Re-establish healthy attachment, love, and trust in our relationships with self, family, and friends, as well as the safety, communication, intimacy and support inherent in such relationships. The Infant Mental Health Program through Las Clinicas and the llama therapy program at Llama Deara Ranch are alternative programs that have seen improvement in family relations.
- **Movement:** Change how we move. Research-based bilateral movement has proven to help individuals self regulate and process trauma. The more clinically recognized Eye Movement Desensitization Reprocessing (EMDR) has visual, auditory, and tactile modalities and has been adapted to children in playful ways such as the butterfly hug, which reestablishes calm, fuels laughter, and allows the kids to control the process of therapy in their most creative and authentic ways. Improvisational work can bring spontaneous expressions of joy and empowerment in both children and adults.
- **Healthy Touch:** Touch appropriately to reduce symptoms of PTSD by instilling a sense of groundedness, healthy social interaction, and safety. At Synergy Holistic Healing, we integrate all levels of human experience into the healing experience,

- including physical massage and bodywork. In the school and therapy environments, we express appropriate physical affection as often as possible.
- **Self-expression:** Discover who we are through Expressive Arts, Dance, and Theater. Classes in Expressive Arts are taught in the elementary schools and available to the mid and high school students. Through these programs, the students have been able to experiment with color and feelings, masks, safe places, and their inherent impulse for sound and movement. In some classes, the students present their understanding of self (their work) in poems, prose, music, and dance. The major collaborators, LCDN, LDR, and Synergy have also been successful in individual, couples, and family work with their clients outside the schools.
 - **Alliances:** Stand together to mitigate crisis and trauma. Safe and supportive social interactions will also reduce the effects of trauma. The Allies Stand Up program, also introduced into the elementary schools, helped the students learn to empathize and realize that they do have choices in how they relate to others and the power to stand together to create the connections and communities they want.
 - **Somatic Experiencing.** Allow space for the release of the pent-up energy associated with trauma as much as possible. This might include trembling, shaking, kicking, and screaming and may not always make sense to the observer. Allowing the individual the space, privacy, and safety to release this energy is crucial to trauma resolution. See Peter Levine's books on trauma (Levine, 1997).

Based on these keys to trauma release, much of our work focuses on these areas:

1. Develop self-reliance in women and children.
2. Strengthen parents and their children's attachment to them through Infant Mental Health Programs.
3. Expand school-based health programs to include parenting groups, individual and group counseling, pregnancy and family planning support, and drug and alcohol treatment.
4. Obtain grants to establish programs in schools that provide safety, positive behavior support, and creative experiences for the children, with extension to the families and staffs of the schools.
5. Shift nature-deficit conditions and the consequent alienation humans experience by expanding contact with all species, animal and plant and participating in cooperative cross-species games in nature.
6. Develop youth and adults as a strong component of the rural workforce.
7. Reach the education students before they enter teaching by doing presentations in Colleges of Education.
8. Act to reduce the re-traumatization of the educational and therapeutic staffs themselves.

Building the Foundation of Self-Reliance in Women and Children

In some ways, all the parts of the puzzle included in this section build the self-reliance of women. Self-reliance in this context means financial and emotional safety, freedom of choice, fullness within, and a rich inner world independent of the circumstances without.

For financial self-reliance, programs are needed that provide women support for the children while the women train to gain skills needed to work responsibly and manage their own earnings. Government focus on livelihood might take the form of providing financial support for training women for professions within the rural community, such as health care or teaching, as mentioned in the subsection “Development of Youth and Adults in the Workforce,” later in this section. In poor areas such as ours, change in this area may be measured in years, where financial stress affects practitioners and clients alike.

Emotional self-reliance means seeking counsel from one’s self primarily, taking in others’ opinions wholeheartedly, but ultimately trusting self to know the best choice. Women’s groups and play groups can be a significant inspiration in this regard. The Vagina Monologues, for example, drew women from all walks of life the times it was staged and performed in Rio Arriba County. Women and men of various cultures and races attended, celebrated its message, and have been motivated to keep the light burning on the road to changing the treatment of women throughout the county, country, and world.

Emotional self-reliance can also be built through spiritual practice, both in the mental health practitioner and the clients served. The section “Therapeutic Modeling and Self-Care” describes some ways we can build our spiritual sides and our reliance on our own gifts and intuition.

For children, both parents and educators can foster self-reliance through modeling and programs. For example, the Creation of Caring Community and Positive Behavior Support programs that we initiated at the Mesa Vista Consolidated Schools District encouraged that children stand up for the safety and care of others, regardless of the prevailing winds of the crowds.

The programs described below all inherently build self-reliance in rural women and children.

Infant Mental Health and Home Visitation Programs

In Rio Arriba county, the Infant Mental Health Programs provide early help to children from 0 to 3 years of age and their parents. Both Las Clinicas del Norte (LCDN) in El Rito, Abiquiu, and Ojo Caliente, and Las Cumbres in Espanola provide services to this population. Families who participate in the LCDN program do so of their own volition: They are not mandated by CYFD. Las Cumbres, in contrast, serves a higher rate of CYFD families who are mandated to attend; in these families, many parents do not have custody of the children and are managing issues of substance addiction, abuse, and other family challenges.

Las Clinicas Program

Statistically, participants are at-risk families who have experienced high rates of poverty, violence, and death from substance-related causes. Participation is inspired by word of mouth, flyers at schools, post offices, WIC (Women, Infants, and Children), Head Start centers, and voluntary referrals although CYFD, hospitals, medical providers, and schools, who often strongly urge teenage parents and other families in need to join the program. Doreen Campbell, who heads the LCDN program, also provides parent education meetings at Head Start facilities to promote interest in the Infant Mental Health program.

At LCDN, the Mi Hita – Mi Hito program focuses on fostering healthy attachment between children and their parents in the earliest years of their relationships. Families in this area of Northern New Mexico are interested in increased socialization opportunities for their babies. To this end, the program focuses on increased parent-child interactions, learning about developmental milestones, temperament, discipline, separation anxiety, and other relevant topics. The program spans eight weeks, with each session generally following this format:

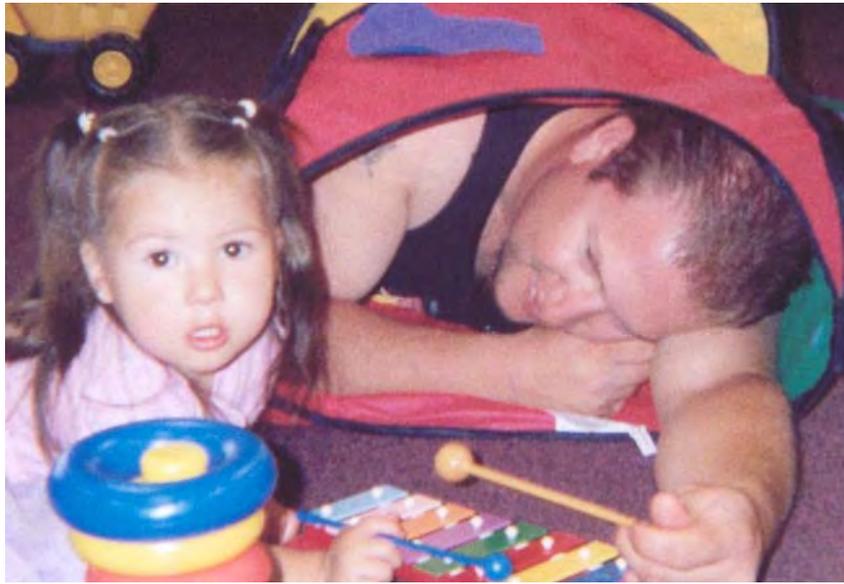
1. Parents and children enjoy a creative activity together, allowing for some enjoyable interactions and the experience of healthy attachment.
2. Parents and children split up and go to their own groups:
 - Parenting groups where parents can share tips and discuss parenting challenges.
 - Infant play group for the children, where the kids can start in a healthy way to socialize with each other and can prepare to separate from their parents and engage with other children.

This program is in its second year. This year the program is fortunate to have a developmental specialist from Las Cumbres who will be focusing on infant massage as a bonding and attachment strategy. LCDN offers private counseling to the family, either at their home or in the clinic, as a part of this program.

Collaborations

The success of this program is possible through the support of agencies and staff experienced in the infant mental health concept. Three collaborations stand out:

1. The Early Childhood Mental Health Training Institute at Las Cumbres is a post-graduate certificate program offering multidisciplinary training to early childhood mental health providers across the state. Deborah Harris heads this program and has been committed to this field for many years. The Institute provides specialized, competency-based training to licensed or license-eligible mental health professionals as well as early childhood and family support professionals who are working, or will work, with children from birth to five and their families in the community in a variety of settings.



2. Las Clinicas del Norte, Las Cumbres, and La Clinica Del Pueblo are also co-recipients of a three-year Health Resources and Services Administration (HRSA) grant to serve infants and their families. All three are nonprofit organizations who meet monthly to collaborate and coordinate programs. LCDN is in a position this year to provide training to La Clinica del Pueblo for its IMH program, having successfully completed its first year in the Mi Hita Mi Hito Program.
3. Los Alamos National Laboratories (LANL) Foundation is putting together a three-year, \$3M First Born program to offer services to all parents who have their first child. The LANL Foundation does not refer to this program as infant mental health care, but as *home visitation*. Its curriculum is developmentally based and draws from the model of the Silver City, New Mexico First Born Program. The LANL Foundation has contracted with Rebecca Kilburn, Senior Economist and Director of Child Policy at the RAND Corporation, to develop an evaluation model for the replication of the Silver City First Born program in the three counties of Rio Arriba, Taos, and Los Alamos.

Services are offered free of charge to all women pregnant for the first time. They may begin at any time during pregnancy or at the birth of the baby and extend until the child is three years of age, or until the first-time family no longer requests services.

Outcome Data from the Silver City First Born Program

The First Born Program in Silver City, Southern New Mexico, is the model for the replication sites planned for Rio Arriba, Taos, and Los Alamos counties in Northern New Mexico. The Silver City program focuses on teenage mothers and has been in place for

seven years. Long-term outcome data (de la Rosa, Perry, Dalton, and Johnson, 2005) shows improvement in family resilience in these areas:

- Social support: emotional, material, personal and community connections
- Family functioning: marital relationships, mutual support, male involvement during pregnancy
- Substance abuse either eliminated or no longer excessive
- Family violence down

School-Based Health Centers

School-based Health Centers (SBHCs) provide a wide range of health services, both medical and behavioral, in addition to family planning and other preventative education. They are intended to be accessible and friendly places where students can turn to receive care easily, and if so requested, without the knowledge of their parents (see the section “Confidential Services” below).

Most of the students who use SBHCs are middle and high school students although, depending on school campus setup, elementary students can also enjoy the convenient and confidential setting at school. In SBHCs, all students are served, whether they have insurance or not. Students become less intimidated about seeking medical and mental health services because of the readily available staff and proximity to classes. The SBHCs strive to provide positive role models of healthcare professionals and normalize counseling (Balas and Mogharreban, 2006).

The State of New Mexico is becoming a leader in this nationwide movement to create SBHCs by increasing its number of SBHCs from 16 in 2002 to 68 in 2006.

LCDN Contribution

LCDN recently received a grant for its work in SBHCs and had previously provided its services in the Mesa Vista Consolidated Schools district as a service to the community. It bills Medicaid for the students seen to offset the costs of running the health center. Its vision is to send therapists to every school in the area. Therapists meet with the family regularly, and family response is good: Over 90% of the parents want the program.

One advantage of a school-based mental health program is that therapists can serve more children each week, through groups and individual sessions, because of the proximity to the schools. At the same time, the health center is not run by the school, but by a clinic, which mitigates any hostile views community members might have of the schools as a government authority.

Confidential Services

The New Mexico Statutory Authority allows for minors to obtain confidential services related to sexually transmitted diseases, pregnancy, contraception, emergency conditions, and mental health and substance abuse. Per the statute, “any child shall have the right, with or without parental consent, to consent to and receive individual psychotherapy,

group psychotherapy, guidance, counseling or other forms of verbal therapy that does not use aversive stimuli or substantial deprivations.”

Expressive Activities that Promote Self-Knowledge and Self-Love in Children

Details of Projects

An earlier paper in the Learning to Love More series, “A Community-Wide Program to Promote Child Safety, Health, and Creative Wonder,” addressed some of the expressive projects that started in the public schools and that the author practices at Llama Deara Ranch (Bull, 2005):

- Expressive arts
- Spontaneous theater, through Allies Stand Up
- Field trips in nature to discover self and others

Tangible Outcomes of Self-Expressive Projects

- Increased self-esteem as seen in more mutual support, camaraderie, and fewer behavior notices on school campuses.
- Tangible signs of grieving process, such as tears, poetry that honors lost loved one, reaching out.
- Increased willingness to share deep parts of self.
- A greater sense of chaos as children move to release tension.
- Building of empathy—considered the initial manifestation of love—is the tangible outcome of the above programs.
- Meaningful sharing of losses, especially of parents.
- Discussion of the challenges of death/violence, splintering, and abuse.
- Excitement to tell own stories, wanting to continue process of social interaction.

Nature Program

In recent years, the futurist and child advocate, Richard Louv, has noted that “children of the digital age have become increasingly alienated from the natural world” and has coined the term, Nature-Deficit Disorder. Nature-Deficit Disorder is not a formal disorder documented in the Diagnostic and Statistical Manual of Mental Disorders, but an idea that readily captures our attention. Young people and adults have a lot to gain from returning to experiences in nature: increased attention span, less obesity, reduction in stress, decreased depressive and anxiety symptoms, and a heightened sense of wonder about life and its mysteries (Louv, 2005).

This alienation from the natural world results in a reduced understanding of our whole selves and of other humans and species and aggravates recovery from PTSD. A return to natural settings and the honing of observation skills helps children and families empathize with themselves so that they can know themselves better and then can empathize with others.

Perhaps intuitively or simply because it feels so good to the soul, schools and educational centers have been integrating more nature programs into the curriculum.

Rio Arriba County enjoys the presence of both Ghost Ranch and Llama Deara Ranch and can integrate these two educational centers into its public and private education of children, under the auspices of the SEAL initiative. The Social Emotional and Academic Learning (SEAL) Initiative creates learning activities that integrate social and emotional awareness with the development of academic skills. The SEAL initiative's outdoor program began at the El Rito and Ojo Caliente Elementary Schools and has developed into a vision that spans all grades, with trips to Llama Deara Ranch in Medanales for grades K-5, and culminates in the 6th grade participation in the low ROPES course at Ghost Ranch in Abiquiu.



ROPES stands for Reality-Oriented Physical Experience Services, and helps students identify their current strengths, weaknesses, and problem-solving styles. Through this course, the sixth graders as leaders of our elementary schools build trust, cooperation, critical thinking, courage, and camaraderie among themselves and then model this for the other students at the elementary schools. The director of the Ghost Ranch outdoor education program has put together an outstanding program and staff of co-leaders.

At Llama Deara Ranch, science activities are infused with the building of empathy, awareness, and observation skills. Llama Deara is a small llama farm and educational center for children and their families in Northern New Mexico. The visiting scientists have included astronomers, physicists, and ecologists. Field trips to Llama Deara provide cooperative games to encourage teamwork, problem solving, trust-building, and a respect for the interdependence and dignity of all creatures. On the core academic side, these field trips cover natural habitat, the web of relationships of all life, the solar system, zoology, and botany.



These programs can be adapted to all elementary grades, K-6, as well as adolescents.

In addition to the groups of school children who have come to Llama Deara for the nature programs, the author also sees individual children and their families for llama-assisted

therapy at the ranch. Her Tales of Healing series documents the trauma work done at Llama Deara (Bull, 2002 and 2006).

Development of Youth and Adults in the Workforce

The economic and social sustainability of rural communities relies significantly on young people from those areas being able to pursue successful futures, especially within the geographic area itself, and in professions that can hold the interest of the young. This is a complex challenge, in that television and play-stations have given children and youth a thirst for instant gratification. Appealing to the emotional needs of the children and youth may be an answer.

According to the Census 2000, Rio Arriba County had one of the highest unemployment rates, even with the major employer Los Alamos National Laboratories (LANL). In Northern New Mexico, LANL reorganized its management in 2006, and is now run jointly by the University of California and Bechtel Corporation. Before 2006, it was managed uniquely by the University of California. With the current joint academic and corporate management, layoffs of full-time employees are planned for this year and next. Its future as a key employer in the county is in question.

Because both physical and mental health is a major concern in Rio Arriba County, the health profession may be a draw for young people and adults alike. Many young people have experienced their own illnesses as well as those of their families and friends. Young people have experienced miscarriages, the suicides of their friends, the losses of loved ones through vehicular crashes and murder. Experiences of this caliber often leave a person numbed and sometimes deeply moved to make a difference in the statistics.

To this end, the Con Alma Health Foundation of New Mexico in its 2006 report, "Closing the Health Disparity Gap in New Mexico" is focusing some of its grant resources on investing in people (Cacari and Boldt, 2006). It will be providing grants to nonprofit organizations who recruit and train people for entrance into the health-care professions and who help low-income residents enter health care positions such as community health workers/*promotoras*, vocational nurses, mental health workers, lab assistants, radiology technicians, and physicians. The plan for this initiative is to mobilize organizations that "work upstream" in the middle and high schools to attract youth to a financially and emotionally rewarding profession in the health care industry.



Health care is one choice. Education is another. The local community college was upgraded to a full academic college, Northern New Mexico College, offering advanced education and business degrees. People from the community are being recruited to study education, become licensed, and stay in their home county to serve the population here.

The indigenous and avant-garde arts, farming, and cottage industries that can expand to major businesses continue to be promoted. Making career advice and training opportunities available to those living in rural areas may help youth and adults to see that there are other ways to get on in life rather than get out of their home area.

Education of the Educators

As mentioned before, Northern New Mexico has a highly promoted initiative to educate educators at the Northern New Mexico College in Espanola, New Mexico. This initiative allows some of the children of the community the opportunity to stay on to share their wisdom with the coming generations of youth.

One of my colleagues has called me in to speak in the Fundamentals seminars for several different incoming classes. My subject has been specific to bullying and harassing, with the intent of educating people about Post Traumatic Stress Disorder and how ongoing harassment can lead to PTSD in children, youth, and employees in the schools.

These presentations remind me over and over again about how change is achieved person-to-person one person at a time. Every act and every interaction count.

To give an example, at a presentation this past summer, a male student came up to me at the break, commented that he thought that PTSD related only to war experiences, and thanked me for explaining that it afflicts more than veterans of wars. It is repeated a-ha experiences such as that that slowly build critical mass and change the world.

Repeated Traumatization of Educators and Mental Health Professionals

"Violence in the workplace begins long before fists fly, or lethal weapons extinguish lives...Where resentment and aggression routinely displace cooperation and communication, violence has occurred."

A U.S. Federal Arbitrator

Educators and mental health professionals face both primary and secondary traumas through their work. Increasing research, coming out of the United Kingdom and the United States, is documenting the instances of complex PTSD as a consequence of harassment and bullying in the workplace and in the schools. Educators and mental health professionals who experience continuous criticism, lack of support, and harassment may experience a primary trauma resulting in complex PTSD. Appendix B discusses this research.

Possibly because of the demographics and family dynamics described above, one way that school boards and administrations may cope with stress and accountability to the State is by intimidating, criticizing, and blaming principals and teachers for the results of the standards-based tests. When the State-required improvements are not immediate, school boards may pressure and judge highly competent and gifted educators and principals, who in turn may not be supported by the superintendents or parents. Earlier school-related traumas in these educators may be triggered, resulting in complex PTSD symptoms and behavior.

Additionally, because of the pressures that the teachers, other professionals, and parents face, relations between each other are sometimes harsh and disrespectful. Shouting and vehement communications may violate boundaries and become aggressive. Social exclusion in faculty members can, over time, create alienation and the feeling of entrapment in professionals. Continual experiences of this sort can also result in primary complex PTSD.

In cases of secondary traumatization, the educator or psychotherapist is traumatized by witnessing another's trauma, whether in person or in the student's or client's retelling. These cases compound the challenge of educator retraumatization: The children are effectively learning PTSD-related behavior from the educators and therapists, as well as their parents. This type of modeling further irritates the cycle of family trauma, in that the children are watching and taking in the behavior of the professionals that they want to trust.

Prevention and intervention in social exclusion and harassment must be addressed more than on a case-by-case basis. Community-wide strategies and nontraditional action must be taken to change cultures that tend to accept such behavior so that health-care professionals can work with community members to reverse patterns of intimidation and exclusion both of clients and practitioners. The Creating Caring Community project at Ojo Caliente Elementary is one example of how a school community can be proactive in establishing an environment of kindness, mutual respect, and love.

Therapeutic Modeling and Self Care

One antidote to the stress that almost all creatures feel in this area is caring and love. We keep coming back to the simplest of truths, and yet love can be a feeling challenging to express in an atmosphere of blame and entitlement, where our own issues are often triggered.

Many techniques exist to help us meet this challenge, and a few are enumerated here. Keep in mind these tools take practice. Kindness to self when we slip is as critical a modeling technique as the rest.

The following techniques will help us immeasurably in caring for ourselves and will also serve as models to the children and parents who observe us and long to know that some adults can be trusted and will walk their talk. In this way, our self care serves a two-fold purpose.

Loving

1. ***Remember when you have loved:*** When we are having a trying time manifesting love in a current circumstance, remember a time when it was easy to love, which sets an inner environment where it is possible to act in love. Or remember a time from history when individuals rose to the challenge of compassion in the face of heinous acts. This works as a teaching model in therapy and schools, as well.
2. ***Use the word “love” often.*** Contrary to popular opinion, increasing the expression of love in exchanges with others is unlikely to diminish its impact and meaning. Instead, it may open humans to greater ways of loving. In the schools, the author made a point of telling the students she loved them. When leaving the school to go on a trip, she would part with the principal, an ally and friend, by expressing love directly, saying the words. Children, parents, and colleagues organically begin to see that love is possible even in trying circumstances among diverse people.
3. ***See the Divine in each creature,*** animal (human and other), plant, and stone, refer to #1 for assistance. In many ways, the nature programs and empathy-building at Llama Deara Ranch and Ghost Ranch, the green circles of caring in the Allies Stand Up groups, and how we as professionals conduct ourselves with spiders or large animals model so very much to the community.

Acting

4. ***Consciously project joy and light*** from eyes and face. This is possible even when we are discouraged. It can shift the energy of a situation as if by magic. As adults, try the butterfly hug and see what happens. Cross your hands at the chest and pat alternately on opposite shoulders. Have the fun that our children have with this.

5. ***Look people in their eyes and smile.*** This will work respectfully in most cultures in Western civilization, although it may initially disarm or cause discomfort to others through its lack of familiarity. This is especially helpful when we feel we have been wronged.
6. ***Invite beings into your space,*** both home and office. Building trust is exponentially expedited the more often we let people see who we are as persons and souls. This includes children and their families, neighbors, and colleagues.
7. ***Recognize others positively*** and seek collaboration even with those who blame and criticize. It is not so important who has erred, but how we work together to resolve issues and enjoy a more peaceful life.
8. ***Apologize,*** when it will not cause harm, for the exceptions that people take to you, share how you can do better next time, or explain what integrity means to you, lightly, with a smile on your face.
9. ***Laugh wholeheartedly with others.*** Find the humor in life situations. Laughter opens up the whole body and clears mind, heart, soul. Even in serious situations, we can find something about which to laugh. The consequent release of tension and clarity heal.
10. ***Fake it until you make it,*** as the 12-step programs say. The practitioners themselves are learning and growing, too.

Attitude

11. ***Walk as if you are happy to be alive.*** Model for others the good feelings that kindness and gentleness engender in self.
12. ***Put aside fear*** and negative outlook in preference for the loving, trusting one.

Forgiveness and Intention

13. ***Learn to forgive self and others.*** Forgiveness cannot be forced but can be born through intention. On your own, practice forgiving the person for not being who you want him or her to be, and then release both of you, especially the resentments and bitterness you may have built up over the years. For more ideas to manage blame and forgiveness, see Louise Hay (1987).
14. ***Pray often, and share knowledge*** with others. Define prayer in a way that fits for you. For many of us, it is more an attitude of the heart, a communion with the spirit within, more a sense of being than doing. Especially in poor areas, spiritual concepts may be easier to receive, because those living in poverty haven't been mired to the high degree of the moneyed in the power of status, materialism, and

success by society's terms. As St Francis of Assisi noted, the simplest truths can be taught easily to the poor for they have the most freedom to take the truth in without distorting it for their own purposes (Rohr, 2001).

Finally, another truism for St Francis of Assisi: Remember that only a little salt and yeast are needed to make the bread rise and taste pleasant. When overwhelm is taking hold, remind yourself that you do not need to do it all. A small nucleus of people expressing love can impact the dynamics of the entire population of earth.

Appendix A: Mental Health Treatment Data for Local Rio Arriba Villages

This appendix summarizes selective data collected from mental health work in the villages of El Rito, Ojo Caliente, Abiquiu, and Medanales in Rio Arriba County in Northern New Mexico.

Clinicians and counselors working in mental health through the following organizations contributed the summarized data:

- Las Clinicas del Norte
- Llama Deara Ranch
- Synergy Holistic Healing

These tables reflect the factors and diagnostic issues affecting the care of children and individual adults and families. They are organized according to mental health factors and associated diagnoses.

Note that on average more than one associated diagnosis or working treatment focus applied to each individual.

Mental Health Treatment Factors

The following table shows key factors affecting the treatment of children and their families in the villages in our work area in Rio Arriba County:

<i>Treatment Factor</i>	<i># of Children (%)</i>	<i># of Female Adults (%)</i>	<i># Male Adult</i>
Own Substance Abuse (SA)	16 (24%)	18 (29%)	21 (77%)
Loved One's SA	34 (51%)	36 (58%)	13 (48%)
Physical/Sexual Abuse	26 (39%)	29 (46%)	7 (25%)
Pregnancy Complications	11 (17%)	6 (10%)	2 (7.4%)
Domestic Violence	24 (36%)	17 (27.4%)	9 (33%)
Death or Loss	26 (39.3%)	25 (40.3%)	14 (52%)
Medical Illnesses	1 (1.5%)	18 (29%)	14 (52%)
Total Subjects	66 (100%)	62 (100%)	27 (100%)

Mental Health Diagnostic Considerations

The following table shows the distribution of major diagnoses in the same groups of subjects:

<i>Diagnostic Considerations</i>	<i># of Children (%)</i>	<i># of Female Adults (%)</i>	<i># Male Adult</i>
PTSD	20 (30%)	24 (39%)	6 (22%)
Depression or Anxiety	30 (45.4%)	41 (66%)	21 (77%)
Conduct Disorder	16 (24%)	2 (3%)	6 (22%)
ADHD	19 (29%)	1 (2%)	1 (4%)
Total Subjects	66 (100%)	62 (100%)	27 (100%)

A future paper by the author will seek, through interviews with the treating clinicians, to clarify whether the diagnoses of Depression, Anxiety, Conduct Disorder, and ADHD/ADD may be reactive to PTSD.

Appendix B: Bullying and the Consequences of Complex PTSD

The United Kingdom currently is experiencing violence and crime that exceeds the United States in terms of per capita activity and intensity. It is a country that is collectively afraid of its children and teenagers, as cited regularly in British Broadcasting Corporation (BBC) articles throughout 2006.

As a result of these social conditions, the UK has taken steps to research what causes the inhumane behavior in children and adults. The commonwealth countries, especially the UK and Australia, have been the trailblazers in the study of harassment, exclusion, and bullying.

For example, the BBC news reported in October of 2006 that Dr. Stephen Joseph of Warwick University had recently found that verbal abuse has a significant and ongoing effect on children's ability to love themselves. Dr. Joseph provided research that suggests that one third of bullied children suffered significant levels of post-traumatic stress (PTSD). He found that social manipulation and exclusion as a form of bullying is more likely to lead to PTSD. Importantly, he found that those who felt that the bully had the power and control, rather than their internally controlling their response to a bullying situation, were much more likely to suffer from PTSD or diminished self love.

It is important that in view of this data, that the United States begins to explore ways to support all life, human and otherwise. In the US at Harvard University, Dr. Judith Herman, the well-known trauma psychologist who wrote *Trauma and Recovery*, suggests that a new diagnosis, called *Complex PTSD* is needed to describe the consequences of prolonged trauma, in which bullying and social exclusion figure.

The information below is adapted from www.bullyonline.org/stress/ptsd.htm. The Field Foundation in Oxfordshire, UK, pursued these case studies and research. Refer to the *bullyonline* Web site for further data about bullying in the workplace and in schools. Apparently the greatest number of respondents to this Web site have been from professionals in the areas of education, health care, and emergency services.

Overview of British Research

It is widely accepted that PTSD can result from a single, major, life-threatening event, as defined in the DSM-IV. Now there is growing awareness that PTSD can also result from an accumulation of many small, individually non life-threatening incidents. To differentiate the cause, the term *Complex PTSD* is used.

Complex PTSD can potentially arise from any prolonged period of negative stress in the presence of certain factors, which may include captivity, lack of means of escape, entrapment, repeated violation of boundaries, betrayal, rejection, bewilderment, confusion, and—crucially—lack of control, loss of control, and disempowerment. It is the overwhelming nature of the events and the inability (helplessness, lack of knowledge, and lack of support) of the person trying to deal with those events that leads to the

development of Complex PTSD. Situations that might give rise to Complex PTSD include bullying, harassment, abuse, domestic violence, stalking, long-term caring for a disabled relative, unresolved grief, exam stress over a period of years, and mounting debt. Those working in regular traumatic situations, such as emergency services, are also prone to developing Complex PTSD.

A key feature of Complex PTSD is the aspect of captivity. The individual is unable to escape the situation. Despite some people's assertions to the contrary, situations of domestic abuse, school bullying, and workplace abuse can be extremely difficult to escape. In cases of domestic violence and workplace bullying, financial vulnerability seems to figure (especially for single parents).

Psychological Harm

Until recent years, little attention was paid to the psychological harm caused by bullying and harassment. We still hear misperceptions voiced: “*It's something you have to put up with*” and “*Bullying toughens you up.*”

In the UK, at least 16 children kill themselves each year because they are being bullied at school—a figure established in the book *Bullycide: Death at Playtime* (Marr and Field, 2001). The UK has one of the highest adult suicide rates in Europe: around 5000 a year. The number of adults in the UK committing suicide because of bullying is unknown. Each year 19,000 children attempt suicide in the UK, one every half hour. In the UK, suicide is the number one cause of death for young males, 18-24 years old. Females also attempt suicide in large numbers but tend to use less successful means.

Since Andrea Adams first identified workplace bullying and gave it its name in 1988, recognition of adult bullying has grown steadily. Tim Field's [UK National Workplace Bullying Advice Line](#) has logged over 8000 cases in seven years; in the majority of cases (over 80%), the caller is a white-collar worker who has become the prey of a serial bully. Callers refer to predecessors who have had stress breakdowns, taken early or ill-health retirement, or been dismissed on grounds of ill-health. Sometimes callers refer to suicides of fellow employees.

Mapping Health Effects of Bullying onto PTSD and Complex PTSD

Repeated bullying, often over a period of years, results in symptoms of Complex Post Traumatic Stress Disorder. PTSD symptoms resulting from bullying meet the criteria in DSM-IV in these ways:

1. The **prolonged (chronic) negative stress** resulting from bullying has led to threat of loss of job, career, health, livelihood, often also resulting in threat to marriage and family life. Family members are often the unseen victims of bullying.
 - a. **Reactive depression** is one of the key symptoms of prolonged negative stress; this causes the balance of the mind to be disturbed, which may lead to thoughts of and attempts at suicide.
 - b. **Lack of awareness:** The target of bullying may be unaware that they are being bullied. Even when they do realize that the criticisms and tactics of control seem invalid, they often cannot bring themselves to believe they are dealing with an individual who may have a disordered personality, PTSD him or herself, and may have different moral values. Targets of bullying are often bewildered, confused, frightened, and angry.
2. **Replays:** The target of bullying experiences regular intrusive violent visualizations and replays of events and conversations and may experience the following symptoms:
 - a. **Sleeplessness, nightmares and replays** are a common feature of being bullied. The events are constantly relived; night-time and sleep do not bring relief as it becomes increasingly challenging to switch the brain off. Such sleep achieved is non-restorative and people wake up as tired, and often more tired, than when they went to bed.
 - b. **Fear, horror, chronic anxiety, and panic attacks** are triggered by any reminder of the experience, such as receiving threatening letters from the bully, the employer, or personnel about disciplinary hearings.
 - c. **Physical symptoms:** palpitations, sweating, trembling.

Criteria b and c manifest themselves as immediate physical and mental paralysis in response to any reminder of the bullying or prospect of having to take action against the bully.

Other symptoms include

1. **Physical numbness** (toes, fingertips, lips) is common, as is emotional numbness (especially inability to feel joy). Sufferers report that they have lost their spark and, even years later, find it takes effort to be motivated about any activity.
2. **Avoidance of bullying memories:** The target of bullying tries harder and harder to avoid saying or doing anything which reminds them of the feelings associated with the bullying.
3. **Work becomes difficult**, to undertake especially in the person's chosen field; the place of work holds such challenging memories that a person may experience internal

resistance to coming to work; many targets of bullying avoid the street where the workplace is located.

4. **Impaired memory:** Many report impaired memory; this may be partly due to suppressing horrific memories, and partly due to damage to the hippocampus, an area of the brain linked to learning and memory (O'Brien, 1997).
5. **Obsession:** The person becomes obsessed with resolving the bullying experience, which takes over his or her life, excluding almost every other interest.
6. **Feelings of withdrawal and isolation** are common; the person wants to be on his or her own, and solitude is sought.
7. **Emotional numbness**, including inability to feel joy and deadening of loving feelings towards others, are commonly reported. A person may fear being unable to feel love again.
8. **Fatalism about life and work:** The target of bullying may become gloomy and sense a foreshortened career or life. Targets of bullying sometimes give up their career; in the professions, severe psychiatric injury, severely impaired health, refusal by the bully and the employer to give a satisfactory reference, and other reasons may pressure a person to discontinue in his or her chosen career.
9. **Sleep** becomes erratic, despite the constant fatigue; sleep obtained tends to be unsatisfying and non-restorative. On waking, the person often feels more tired than when he or she went to bed. Depressive feelings are worse early in the morning. Feelings of vulnerability may be heightened.
10. **Increased irritation:** The person may have an extremely short fuse and is sometimes continually irritated, especially by small insignificant events. The person may visualize a violent solution, such as silencing the bully with the resultant feelings of guilt tending to hinder progress in recovery.
11. **Concentration** may be impaired to the point of precluding preparation for legal action, study, work, or search for work.
12. **Hypervigilance:** The person may tend towards constant vigilance because their fight or flight mechanism has become activated.
13. **Hypersensitization:** The person has become hypersensitized and now unwittingly and inappropriately perceives almost any remark as critical.

Recovery from a bullying experience in some cases can be measured in years. Some people do not fully recover. For some, social life diminishes and work becomes very difficult to sustain; the overwhelming need to earn a living combined with the inability to work deepens the trauma.

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