

MASTER'S DEGREE
FINAL PROJECT

**Mindfulness Based Socio-Emotional Development Activities
For the School of Hope**

Written by:

KATHERINE VOELKER

With the Tutor/Supervisor:

ALBERTO CABEDO

Castellon, October, 2019

Key Words: Mindfulness, Refugees, Peace Education, Trauma, Socio-Emotional Development

Abstract: This is a project proposal created to promote the socio-emotional development of the Students of the School of Hope. The School of Hope is a non-formal education program run by Boat Refugee Foundation in Moria, a refugee camp on the island of Lesbos, Greece. The project consists of activities that can be done within the current curriculum and are based in Mindfulness within the frameworks of trauma informed care and nonviolent communication.

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1. Introduction

For my internship, I spent three months (600 hours) working with a Dutch organization called Boat Refugee Foundation. Boat Refugee Foundation provides services to refugees who are on the Greek island of Lesbos, in a refugee camp called Moria. I worked in Boat Refugee Foundations's School of Hope, a non formal education program located inside of Moria for children ages six to ten. I hope to assist Boat Refugee Foundation to take on a more holistic view in the way they approach education in the School of Hope through socio-emotional skill building activities that can be done within the current curriculum. This project proposal will provide a brief overview of the situation in Moria, what Boat Refugee Foundation does, and the impacts of trauma on children, and provide supplemental activities to develop socio-emotional skills. The project was created within the theoretical frameworks of trauma informed care, nonviolent communication, and mindfulness.

One of the main goals of the School of Hope is to help the children develop their socio-emotional skills¹, however the curriculum lacks concrete ways to do this. Making large scale alterations to the curriculum is not currently an option, therefore I have created a series of activities that can be done within the current structure of the curriculum which focuses on the development of socio-emotional skills. My hope is for this project to not only benefit students of the School of Hope, but also teachers, assistants, and all of their families and friends. The lesson plans include 'mini' full class activities that can be carried out in under ten minutes, art activities, and one-on-one activities that can be done to address behavioral needs. Working in the environment of a refugee camp means working with a high level of limitations, but the

¹ This goal is documented in the Dropbox folder for people working in the School of Hope, but is unavailable to the public.

limitations are what have led me to create a project that is implementable almost immediately, and by almost anyone who sees the benefit of it. Finally, I have included methods to monitor and evaluate the success of the project.

2.0 Background

2.1 Moria Refugee Camp

Moria is a refugee camp situated on the Southeast side of Lesbos, a Greek island. Initially it was a military installation, but as people who were fleeing from dangerous situations in their home countries began to arrive to the island it became the place where people waited to hear what would come next. Moria is a ‘reception and identification center,’ and is not made to hold people for more than a couple of days (Nye and Sands, 2018). Despite this, I met people during my time there who had been in Moria for over two years, and met others who didn’t have an interview date until 2021, meaning they would also be trapped there for the foreseeable future. The maximum capacity for Moria is 3,000, yet often the population reaches numbers as high as 9,000. Currently, in October of 2019 the camp is hosting over 13,000 refugees (The Guardian, 2019). Moria is often considered the worst refugee camp in Europe, and is currently at its all time worst in regards to crowding, sanitation, and safety are concerned (The Guardian, 2019).

Originally the majority of the refugees in Moria were from Syria. In November of 2015, 56% of people who arrived were Syrian, 32% Afghan, 6% Iranian, 2% Pakistani, and 4% other nationalities (UNHCR, 2015). Currently, the majority of refugees on the Aegean islands are Afghans, making up 42%, while 11% are Syrian, 10% are from the Democratic Republic of the Congo, 9% are from Iraq, 8% are from the State of Palestine and 19% come from other places

(UNHCR 2019). People are fleeing these countries due to war and prosecution. They dreamed of a safer life in Europe and ended up in Moria or a similar place.

As the numbers and statistics in Moria are constantly fluctuating, it is nearly impossible to get verified numbers of any data. However, in the time I was there (March-June 2019) it was assumed that there were around 3,000 children living in Moria and around 750 (one quarter) of them were receiving some form of education. Very few children have access to mental health care, as Medicos Sans Frontieres (MSF) is the only organization able to offer psychological therapy.

On their website (Medicos Sans Frontieres, 2018), MSF's medical coordinator, Dr. Declan Barry explains, "These children come from countries that are at war, where they have experienced extreme levels of violence and trauma. Rather than receiving care and protection in Europe, they are instead subjected to ongoing fear, stress and episodes of further violence, including sexual violence." Children as young as ten years old are attempting suicide in Moria, and MSF sees multiple cases a week of teenagers attempting suicide or engaging in serious acts of self harm (Medicos Sans Frontieres, 2018). I witnessed signs of trauma in almost every one of my students. Signs included self harm, aggression, attachment issues, selective muteness, among other behaviors.

2.2 Boat Refugee Foundation

Boat Refugee Foundation (BRF) was founded in 2015 and focuses on addressing the immediate needs of refugees arriving to Greece (Boat Refugee Foundation, 2019). In the beginning BRF was focusing on water rescues of boats coming from Turkey to the Greek islands, but it did not take long for them to switch their focus to providing material items,

medical care, and psycho-social support. BRF has had many missions throughout the Greek islands and mainland, but currently the majority of their focus is on providing support to refugees in Moria (Boat Refugee Foundation, 2019).

BRF has two teams, the medical team and the psycho-social support team. The medical team works at the medical clinic located inside of the refugee camp. Another organization is there from nine in the morning until five in the evening, and BRF is there from five until midnight seven days a week. All the doctors, nurses and support staff are volunteers and there is one coordinator, which is a paid position (Boat Refugee Foundation, 2019). The psycho-social support team is made up of social workers, psychologists and teachers. Just like the medical team, everyone is a volunteer excluding the coordinator. It provides a wide range of classes for adults including; computer classes, English classes, mental health classes and stress relief classes. The English classes and the computer classes are taught by residents of Moria, and volunteers support them in creating lesson plans, providing materials, doing administrative tasks, and teaching when a teacher cannot make it. The mental health and stress relief classes are taught by volunteers, and translated by residents of Moria. There is also a library five days a week, and board games twice a week. For children, BRF runs the School of Hope (Boat Refugee Foundation, 2019).

The School of Hope is the only school for the children of Moria that is inside the camp itself. The School of Hope is currently able to provide non-formal education to 76 children (ages six to ten) a day, five days a week and is in the process of expanding to be able to serve nearly 100 children. There are two levels of classes: Beginners and Advanced. Beginners are students who have had little to no education and do not know basic math, the English alphabet or the

Farsi alphabet. Advanced students have some knowledge of math, English, and Farsi. Classes are 1.5 hours long and two classes run concurrently. In the past classes have been taught in Arabic, but as the number of Arabic speakers drastically decreased, BRF switched the instructional language to Farsi to be able to provide services to more children.

The teachers are residents of Moria who have teaching experience in their home country and speak the same language as the students and most teachers also speak English. The BRF volunteers (also called assistants in this paper) assist the teachers by creating lesson plans, assisting with behavioral needs in the classroom, and doing the administrative work. Occasionally a teacher is not able to make it to class, in this case an effort is made to fill their space with another teacher, but if this is not possible then the assistant teaches the class. BRF places a lot of value in the concept of having someone from the children's culture be their primary teacher (Boat Refugee Foundation, 2019). The belief is that it is important for these children to have positive role models in their lives who have had similar experiences to them as well as share their culture. It is also important for the student and teacher to be able to speak together in the child's native language.

Teaching at the School of Hope is also very important to the teachers. Most were teachers in their home country, and were forced to leave their job behind. While they are in Moria it is nearly impossible to find any sort of work, especially teaching work. Being able to teach in the School of Hope allows them to contribute to their community in a meaningful way. It provides an opportunity for them to embrace the fact that they have an identity beyond the title of refugee, and provides a small bit of normalcy and structure to their day to day lives. BRF also

provides frequent teacher's trainings to promote team bonding, allow teachers and volunteers time to brainstorm together, and to invest in the teachers who do such an important job.

While the classes in the School of Hope revolve around a daily lesson of math, English, or Farsi, the main goal of the School of Hope is to promote the growth and development of socio-emotional skills and to prepare the children to attend formal education². There is a strong emphasis on routine and structure to help the children feel safe and in control of their environment. The rules are simple and clear, children repeat them every day before entering the classroom in both Farsi and English. Teachers often also take time in class to go into detail of what the rules and norms of the classroom are and what they look like. When a child is struggling to follow the rules in the classroom, someone goes outside with them to calm down and regroup. The School of Hope is a place where the children of Moria have a chance to have a bit of structure and routine in their day, but most of all it is a place where the students can just be kids.

2.3 Childhood Trauma

A traumatic experience is an event or a series of events in which the person experiences a threat to life, bodily integrity, or sanity (Giller, 1999). These experiences are subjective, meaning that the only person who can define an experience of trauma is the person who experienced it. Two people can go through the same event and one be traumatized while the other is not, it all depends on their interpretation of the event (Giller, 1999). These events lead to psychological trauma when a person find themselves unable to cope and the person fears death, annihilation, mutilation or psychosis. Research shows that when a child experiences trauma it

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causes the autonomic systems to be hypervigilant, leading to significant changes in how the brain develops (Giller, 1999).

On their website, the National Child Traumatic Stress Network (NCTSN) has written much about the impact of trauma and how it could affect a child and their path to recovery (National Child Traumatic Stress Network, 2012). To start, they explain the complexity of trauma. Every child may react differently to a traumatic event. The kind of trauma, the events afterward, the support system in place for the child, and the child's identity, among other factors, can play a role in how the child reacts in both the short and long term. Building on this, an initial traumatic event often leads to secondary adversities or traumas. These can be external effects, such as family separation, financial hardship, or relocation; or they can be internal effects such as mental/emotional distress/disorders, disturbances to the child's development, or physical injuries (National Child Traumatic Stress Network, 2012).

It is imperative that the child's safety and perceived safety are taken into account after a traumatic event. Exposure to trauma influences a child's ability to recognize when they are safe and when there are threats to their safety present (National Child Traumatic Stress Network, 2012). This could lead to two polarities, either the child could begin to withdraw and see everything as a threat, or a child could lose their practical sense of fear and participate in dangerous activities such as drug use. Not only are physical locations important to evaluate for safety when a child has experienced trauma, they may also have a shift in the safety they feel in their relationships with caregivers and professionals who work with them (National Child Traumatic Stress Network, 2012). A child's lost sense of security may lead them to interact differently than before with caregivers. Along with this, the impact of the trauma on caregivers

may also influence their interactions. If a caregiver is struggling to recover themselves, they may not be able to fill the same emotional role for the child as they did before the trauma.

Culture plays an incredibly important role in how a child and the child's family react to a traumatic event or a series of traumatic events. The NCTSN (2012) explains this well when they say:

Culture can profoundly affect the meaning that a child or family attributes to specific types of traumatic events such as sexual abuse, physical abuse, and suicide. Culture may also powerfully influence the ways in which children and their families respond to traumatic events, including the ways in which they experience and express distress, disclose personal information to others, exchange support, and seek help. A cultural group's experiences with historical or multigenerational trauma can also affect their responses to trauma and loss, their world view, and their expectations regarding the self, others, and social institutions. Culture also strongly influences the rituals and other ways through which children and families grieve over and mourn their losses (p. 2).

Second generation children's reactions to trauma may also be affected by their need to balance two cultures; the one of their family and the one of the country they live in. The way society reacts to the trauma may also play a role in the recovery of a child (National Child Traumatic Stress Network, 2012). A child will notice if there is a lack of justice, or, they may not understand why the process of justice takes so long. Justice could influence a child's ability to feel closure, or that their trauma has been acknowledged and dealt with by society (National Child Traumatic Stress Network, 2012). When this is not done it could lead to a child having a lack of faith in those who are supposed to be there to protect them. All of these things, among others, impact how a child navigates their life post trauma, and can greatly influence their recovery process (National Child Traumatic Stress Network, 2012).

2.4 Trauma in Children Who Are Refugees

It is incredibly rare that a child refugee has not experienced any direct trauma, especially because there are many opportunities for traumatic events in a child refugee's life. It could be easy to think that once a child has left their country the chance for trauma becomes far less, but that is unfortunately not the case. In a child's home country they may experience persecution or the threat of persecution and they may witness or experience acts of extreme violence, including murder (Hart, 2009). The potential for trauma continues after a child has left their home country, as the journey is often long and arduous, and can even continue when they reach their final destination. They may ultimately be faced with situations such as family separation, poor accommodation, and/or racism. A child's experience of these types of events vary greatly from an adult's (Hart, 2009). Parents and other adults in a child refugee's life may often try to protect the child by not telling the child what is going on, or not talking about traumatic experiences. This attempt is often counterproductive as the child may find it more difficult to handle the intense emotions that come with these events if they are not able to talk about them. They also may experience higher anxiety if they are not provided with enough information to fully understand what is going on (Hart, 2009).

2.5 Neurobiology of Childhood Trauma

Trauma can affect the development of a child's brain, and the type and level of effect depends on the age of the child, the type and frequency of trauma, and the support the child receives from the adults in their life (van der Kolk, 2003). Brain development in children has been split into four stages, in which a child differs in their brain growth, cognitive and emotional function and ability to evaluate potential threats and their ability to protect themselves. The four

stages are; early development (15 months-4 years), late childhood (6-10 years), puberty, and mid-adolescence. There are three main areas of developmental pathways that are impacted by traumatic experiences; the maturation of specific brain structures at certain ages, the physiologic and neuroendocrinologic responses, and the capacity to coordinate behavior, cognition and emotional regulation (van der Kolk, 2003). The interruption in the child's development can be expressed through issues with self regulation, aggression, attention span, dissociation, physical complications, difficulties in self-concept, and their ability to maintain healthy interpersonal relationships (van der Kolk, 2003).

Chronic trauma and single incident trauma have very different effects on children. Children who experience single incident trauma often show textbook symptoms of post traumatic stress disorder (PTSD), while children who experience chronic or repeated trauma have symptoms that are often layered within other cognitive, social and physical problems (van der Kolk, 2003). This means they often meet criteria for a number of different psychological disorders such as separation anxiety, phobias, oppositional defiant disorder, anxiety, and depression, making diagnosis and treatment complicated (van der Kolk, 2003). This is in part because as the brain develops, it internalizes new information based on how often it experiences it. Meaning that if a child spends a significant amount of time in an environment that is traumatic, their brain prioritizes a physiological state of either hyperarousal or detachment, and they are more likely to return to one of these physiological states the next time that they experience stress, even if the level of stress is much lower than the traumatic event(s). While in a state of either hyperarousal or detachment, a child's executive function skills are dampened, which impacts their ability to problem solve and create multiple step plans (van der Kolk, 2003).

One of the most prevalent features of children who have been chronically traumatized is a severe lack of the capacity to self-regulate (van der Kolk, 2003). Generally, a child develops the skills relevant to self-regulation around the age of two, in their early development stage. Skills related to self-regulation include the ability and willingness to follow directions, and the ability to monitor one's behavior based on social norms and expectations (Kopp, 1982). Chronic trauma can lead to a regression in this skill, which means a child may experience poor impulse control combined with an inability to regulate emotions (Bath, 2008). This combination means that children who lack the ability to self regulate are quick to become aggressive towards others as well as themselves. The child may feel that they have limited to no ability to control their emotions and actions, and because they cannot depend on themselves, they often also find it difficult to depend on others. Distrust and other problems with intimacy are often observed in children who have experienced chronic trauma (van der Kolk, 2003). Luckily the part of the brain that is most responsible for emotional regulation is the orbitofrontal cortex, located directly above the eye sockets (Bath, 2008). This part of the brain is considered to be the most malleable, and the most receptive to change. This means that people have the capacity to learn new emotional management techniques for their whole lives, not just during childhood (Bath, 2008).

Children who experience chronic trauma are prone to complications regarding their learning ability and memory. Because the child has spent so much time in a state of hyperarousal because of real threats, their brain prioritizes this state, and they revert to it at the slightest sign of stress (van der Kolk, 2003). When a child is in this state they are focused on protecting themselves and are unable to take in or process any new information. They are also prone to issues in their ability to socialize with peers. Because they are constantly looking for

threats it is common that they misinterpret social cues from others and struggle to adapt their responses to what is considered normal. Their inability to regulate their emotions often means that other children avoid playing with them and they lack strong emotional bonds with their peers (van der Kolk, 2003). These influences of trauma on a child's development show that while every child deserves the chance to develop strong socio-emotional skills, it is especially imperative for children who have experienced trauma, as their abilities have been neurologically altered.

2.6 PTSD in Children Who Are Refugees

Post traumatic stress disorder (PTSD) does not occur in everyone who has experienced trauma, and it is more likely to happen to children than to adults. PTSD is characterized by a person re-experiencing a traumatic event (through nightmares, flashbacks or intrusive memories), the person avoiding stimuli that is similar or related to the trauma, ongoing negative thoughts or feelings, and trauma-related arousal or reactivity (such as hypervigilance or difficulty sleeping) (U.S. Department of Veterans Affairs, 2018). When these criteria last for more than one month, create distress or functional impairment, and are not due to external causes (medication or substance use) then the person is experiencing PTSD (U.S. Department of Veterans Affairs, 2018).

In children, PTSD is often misdiagnosed with other disorders such as attention deficit hyperactivity disorder (ADHD), major depressive disorder, oppositional-defiant disorder, conduct disorder, separation anxiety, or a phobia to a specific thing (Hart, 2009). A child with PTSD may experience poor behavioral control, and PTSD will likely impair the child's ability to perform in school, and in turn have an effect on the child's self-esteem and motivation. Not only

does PTSD itself affect a child, but the label and perception also play a role in how a child and their environment interact. Teachers and other adults may interact with a child differently (in both positive and negative ways) based on them having PTSD (Hart, 2009).

2.7 School Experience for Children who are Refugees

PTSD and other long term effects of trauma can have very strong impacts on a child's school experience. Hart (2009) explains several factors such as:

Intrusive material making it hard to concentrate; PTSD altering information-processing systems, especially where attentional resources are associated with focusing on perceived threats; the effects of depression slowing down cognitive functions; loss of motivation; effects of stress making it hard to differentiate relevant from irrelevant information; and mood states that overwhelm the ability for self-regulation leading to behavioural problems (p. 359).

These factors play a role in how a child experiences school on an academic and on a social level, as both their grades and their relationships with peers and staff may suffer. The common occurrence of being misdiagnosed (for example with ADHD) also leads to the child not getting the proper support for their needs and further complicates their school experience. Even when a child is properly diagnosed, the label can affect their growth. Teachers may modify their expectations of the child based on not wanting to place too much pressure on the child. While this is done in good will, it often becomes a self-fulfilling prophecy as the child understands that less is required of them (Hart, 2009).

3. Theoretical Framework and Literary Review

3.1 Trauma Informed Care

In the United States, professionals began to have a better understanding of trauma and related subjects such as trauma informed care after the Vietnam War (Wilson, Pence, and

Conradi, 2013). As more and more veterans were diagnosed with Post Traumatic Stress Disorder, people began to see the lasting effects trauma can have. Methods were developed to help veterans, but it was soon realized that the same techniques could be adapted and used to assist civilians, including children, who have experienced complex trauma. While the veteran crisis gave names to trauma related diagnoses and treatments, many professionals were already intuitively engaging in trauma informed care, as the beginning of the feminist movement highlighted the voice of rape and domestic abuse survivors in the 1970s, and there was a surge of child advocacy organizations in the 1980s (Wilson, Pence, and Conradi, 2013). Now, these methods are being applied in a wide range of settings, from prisons to mental health facilities and even elementary schools. The concept of trauma informed care is simple, it is essentially to encourage professionals and caregivers to take the time to consider how a person's past or continuing trauma may impact their day to day life, and consider ways to prevent retraumatizing them and promote an environment of healing (Wilson, Pence, and Conradi, 2013).

Trauma informed care is critical to helping a person heal because it makes opportunities for healing intersectional. While there is some healing that can only be done through clinical care provided by a highly trained professional over a longer period of time, much of the healing process can and does take place in a non-clinical setting (Bath, 2008). When services provided by teachers, parents, medical professionals, case workers, and caregivers are given through a 'trauma informed lens' each person can be in a position to play a critical role in the person's healing process. In fact, this intersectionality of trauma informed care may be the key factor of a person's journey to recovering from their trauma (Bath, 2008).

Howard Bath outlines three main pillars of trauma informed care for children. Trauma informed care is a broad topic, and depending on who is using the term and the context in which it is being used there are many different pieces that could be a part of it. He explains that these three pillars are universal, and are present in every form of trauma informed care. The three pillars are safety, connections and managing emotions. These three pillars can be understood and upheld by just about anyone, and can be a key factor in a child's healing (Bath, 2008).

Safety is the first pillar. The feeling of being safe has been a key factor for healthy development for quite a long time. In fact, Maslow placed it as part of the foundation of the hierarchy of needs (Maslow, 1943). Any child who has experienced complex trauma has felt that their safety is in jeopardy, and therefore their development is at risk for being stunted. A child will be unable to grow and progress unless they feel safe, and safety can be a complex and multifaceted concept. Bath (2008) notes that, "Consistency, reliability, predictability, availability, honesty, and transparency are all care[giver] attributes that are related to the creation of safe environments for children" (p. 19). It is difficult for anyone to feel safe when they are unable to understand their environment, and implementing these basic concepts into interactions with children who have experienced trauma means that they can begin to spend less time evaluating their surroundings for threats, and more time healing (Bath, 2008). Another way to promote safety is to allow a child to have a reasonable amount of control of their environment. Include children in decision making is part of this, as well as avoiding power struggles instead of over disciplining when a child acts out as a way to gain control of a situation (Bath, 2008).

The second pillar is connections. Social and emotional development of a child is dependent on the child having strong and healthy relationships, but trauma often hinders a

child's ability to form those relationships (Bath, 2008). These relationships are so important that studies have shown that in therapeutic settings a high quality relationship can account for twice as much personal growth as the technique used (Bath, 2008). Clearly all three pillars are intertwined, and depend on each other, as it is nearly impossible to create a safe setting if one does not have a connection with the child, and the child needs to have the first two pillars before moving on to the third.

The third pillar is emotion and impulse management. Children need adults in their lives who are willing to work with them to get through their strong emotional responses, as opposed to adults who will simply punish them (Bath, 2008). When children are able to label their emotions and create stories about their experiences they are able to cope with their surroundings in a much healthier way (Bath, 2008). It is worth remembering that in general, children want to be happy, and behavioral outbursts are their way of communicating that something is impeding their ability to feel safe and to make connections. When professionals who work with children who have experienced trauma are able to implement these three pillars, they are able to create an environment of empowerment, and the child is able to grow and move past their trauma (Wilson, Pence and Conradi, 2013).

In the same line as the three pillars, the US Department of Health and Human Services has created ten principles of Trauma Informed Care (as outlined in the article published by Wilson, Pence and Conradi in 2013), while the administration may have removed it, it provides a valuable comparison. The first is safety, which is the same as the first pillar. The second is trustworthiness and transparency, which can be partly included in the second pillar of connections, but also applies to organizations as well as individuals (Wilson, Pence and Conradi,

2013). When an organization is transparent in their goals and functions it can better serve its clients. When a client can trust the organization has their best interest in mind they can focus more on their goals and growth. Collaboration and mutuality are the third principle (Wilson, Pence and Conradi, 2013), and can be included with safety. When a person feels a situation is out of their hands, it is hard to feel safe. Collaboration and mutuality aim to eliminate the concern of power structures and give more control to the person. Fourth is empowerment (Wilson, Pence and Conradi, 2013), which could be considered the overarching roof over the pillars, it focuses on recognizing the person's strengths and building and strengthening from there. The fifth is 'voice and choice' (Wilson, Pence and Conradi, 2013), which aligns with safety, in the sense that the person should feel their voice is heard, their experience is unique, and they deserve to be heard and listened too. Peer support and mutual self-help (Wilson, Pence and Conradi, 2013) falls under the category of connection, as it allows people to not only build relationships with others, but by helping a peer other's they can build their own confidence and work on their relationship with themselves. Resilience and strength based are number seven (Wilson, Pence and Conradi, 2013). This is similar to the idea of empowerment as it focuses on building from what people already have available to them as far as skills and support systems, and opposed to focusing on what may be missing. Eight is under the pillar of connection, it is inclusiveness and shared purpose (Wilson, Pence and Conradi, 2013). This means every professional and caregiver can participate in trauma informed care to create a stronger community for the people they provide services too. Number nine is beyond the pillars: cultural, historical and gender issues (Wilson, Pence and Conradi, 2013). This is a critical piece of Trauma Informed Care, as the intersectionality of a person's identities plays an immeasurable

role in how a person experiences their surroundings, and not acknowledging these things could lead to a feeling of insensitivity. The last principle is also outside of the pillars, it is the process of change. This is to acknowledge that every person and every organization is constantly changing and growing to adapt to the surroundings. To resist change is to risk losing an opportunity to grow (Wilson, Pence and Conradi, 2013). These ten principles expand upon the three pillars and lend themselves to a more exhaustive understanding of implementing trauma informed care with children.

3.2 Nonviolent Communication

Nonviolent Communication (NVC) is a form of communication created by Marshall Rosenberg that allows people to connect both with others and with themselves in a compassionate way, even if the other person is not versed in the methodology. It is a guide in how to, “Reframe the way we express ourselves by focusing our consciousness on four areas: what we are observing, feeling, and needing and what we are requesting to enrich our lives” (Rosenberg, 2005a p.12). By focusing on these areas a person is able to truly hear what others are saying and express their needs in a way that promotes empathy and compassion.

Observing is the first piece of NVC, and while it may seem more difficult than anticipated in the beginning, it becomes easier with practice. What makes observation so difficult is abstaining from including any form of evaluation. Observation requires specific, objective and contextual explanation of what is going on (Rosenberg, 2005a). This is not an effort to always suppress feelings or remain completely objective, as evaluation of the observation will happen, just not in this step. When practicing NVC is it not only important to make our own observations, but it is also crucial to be able to reflect another person’s

observations back to them. Being able to make one's own observations makes it so one can highlight a specific behavior, action, or situation without judging or criticizing anyone. Being able to recognize what another person is observing without including any sort of criticism or evaluation on it shows empathy and a willingness to find a common ground (Rosenberg, 2005a).

The next step is to address the feelings involved. A feeling is an emotion which comes purely from within (Rosenberg, 2005a). For English speakers this can be particularly difficult because the phrase 'I feel' is often interchangeable for the phrase 'I think.' If this interchange is possible, consider reevaluating whether the statement is a feeling or a thought (Rosenberg, 2005a). It is also important to avoid using words that explain how one thinks another person is behaving. The word 'misunderstood' is a prime example of this, as it explains how one determines another person's understanding, and not how one actually feels. As a person is able to develop a vocabulary of feelings that clearly identify emotions they are able to both recognize their own feelings and recognize the feelings of those they are communicating with (Rosenberg, 2005a).

Not only is it important to be able to clearly name one's feelings, but one must also be able to take ownership of them. Rosenberg (2005a) explains, "What other people say and do may be the *stimulus*, but never the cause, of [one's] feelings" (p. 60). Feelings arise out of needs, and everyone's needs vary. By recognizing the need that is behind the feeling a person experiences they are able to more clearly recognize why they are reacting the way they are to their environment (Rosenberg, 2005a). For example, say two friends have decided to have dinner together at one of their houses. If the visiting friend is late it is possible that the hosting friend feels frustrated and lonely based on their need to connect with their friend. However, it could

also be that the host feels relieved based on their need to have more time to unwind after work. Here it is clear that despite the visiting friend's action being the same, the host friend's feelings differ based on their needs. NVC depends on one being able to not only recognize their responsibility for their own feelings, but to also let go of any responsibility one feels towards managing another person's feelings (Rosenberg, 2005a).

The final step in NVC is making a request. A request is generally best received when done using positive and clear language (stating what a person wants as opposed to does not want) (Rosenberg, 2005a). A request is different from a demand in the sense that when presenting a request the other person has the choice to not comply without criticism or judgement. A request is generated based on the feelings and needs of the person, and is best received when all four steps are expressed together (Rosenberg, 2005a). Sometimes no matter how hard one tries to use NVC, the other person may still hear violent communication. For this reason it can be beneficial to ask for clarification on what the other person heard. This way, if there is a discrepancy (regardless of how or why), it can be addressed (Rosenberg, 2005a). A person practicing NVC may also repeat what another person is saying to them in the form of a request in order to gain a clearer idea of the person's needs (Rosenberg, 2005a). These are the basic four steps of NVC, and practicing them can assist with communication in all aspects of a person's life.

3.3 Nonviolent Communication in Schools with English Language Learning Students

NVC can be used in schools not only through verbally practicing these four steps, but also through using NVC in nonverbal communication, understanding what it means to have 'power-with' students as opposed to 'power-over,' and understanding Rosenberg's (2005b) thoughts on behavior management. Nonverbal communication carries just as much value as

verbal communication, therefore it is important to translate what Rosenberg's message into nonverbal communication as well. It is possible to show empathetic listening even when no words are being said. When working with young children, mirroring their activity and facial expression without an effort to change the direction of the activity can show attention and empathy (McCurry, 2017). It is also important to continue to verbalize observations, feelings and requests even if the other person may not understand the language. Tone of voice plays an important role in communication (Mehrabian,1968) and even if the meaning of the actual words is not understood, the tone alone can communicate a desire to connect and empathize. When language is a barrier requests may be harder to interpret, and there may be more trial and error, but intentions will shine through and connection can still be built.

Rosenberg (2005b) explains that most people have grown up in a school system which emphasizes 'power-over' as opposed to 'power-with.' He explains that 'power-over' works on a reward/punishment system and that people act out of a desire to avoid punishment and receive awards. While this method may yield results in the short term, it does not motivate people to continue the desired behavior when the reward is gone, or to avoid undesired behavior when there is no chance of punishment. In other words, if there is no external stimulus there is no action. On the other hand, 'power-with' motivates students to act because they are able to understand how the action inherently benefits them. 'Power-with' helps students to see their action as an end, rather than as a means to an end (Rosenberg, 2005b). To someone who is not familiar with NVC, Rosenberg's idea of reward and punishment can feel extreme. He goes as far as to say, "Punishment is at the root of violence on our planet...A second form of violence is rewards" (2005b p. 12,13). However, it can be understood through his concept of 'power-with'

and the goal of guiding students to act completely from their own will, and not from a place of guilt, shame or coercion.

3.4 Mindfulness

A British scholar by the name of T.H Rhys-Davids coined the term ‘mindfulness’ by translating the word *sati* from the language Pali (Bhikkhu, 2007). Pali was the language that was used by Buddhists 2500 years ago (Siegel, Germer and Olendzki, 2009). Jon Kabat-Zinn has been credited by scholars to have been the person who brought mindfulness to the West (Surmitis, Fox and Gutierrez, 2018). He developed the program of Mindfulness-Based Stress Reduction, an intensive eight week program created to reduce chronic pain (Kabat-Zinn, 2003). The concept has been practiced in the East for thousands of years, but has only made it to the West in the past century. The core aspects of *sati*, or mindfulness, are; awareness, attention and remembering (Siegel, Germer and Olendzki, 2009). Awareness and attention refer to consciously noticing what is going on both externally and internally. Remembering does not refer to thinking about the past, but refers actively choosing to be aware and to pay attention. The goal is to be actively aware of the present moment and one’s response to their surroundings as much as possible. It is traditionally achieved through practicing meditation (Siegel, Germer and Olendzki, 2009), though any activity that encourages a person to be completely present in the current moment and fully aware of their bodies and thoughts could be considered a mindfulness activity; yoga is one example of this (Germer, 2004).

As the concept of mindfulness has shifted into the Western world, it has expanded to also often be associated with the concepts of nonjudgement, acceptance and compassion (Siegel, Germer and Olendzki, 2009). It is not so much that these concepts were not part of the original

sati, but more so that they were so inherently included that they did not need a separate explanation. These concepts encourage people who practice mindfulness to not only acknowledge and be aware of themselves in the present moment, but also to be understanding and patient with themselves, and to be able to shift their attention to promote a desired emotional response (Siegel, Germer and Olendzki, 2009).

Mindfulness based practices can be easily adapted to be suitable for young children, and are often well received by children because the practices allow them to be in charge of their own growth and development by teaching them self-management techniques. Activities such as yoga poses, breathing exercises, meditation, and Tai Chi can increase a child's capacity for attention and awareness (Rempel, 2012). This has the potential to lead to results such as higher impulse control, a stronger ability to regulate emotions, and greater self-awareness. Mindfulness activities can also give children who experienced trauma grounding tools for when they experience flashbacks or intrusive thoughts (Rempel, 2012).

3.5 Effectiveness of Mindfulness

Mindfulness has been proven to benefit people who have experienced trauma by increasing their resiliency (Ortiz and Sibinga, 2017). It promotes healthy coping and processing by offering an alternative to how people tend to manage trauma, which is through psychological dissociation. The focus mindfulness has on reducing judgement and promoting awareness directly relates to treating symptoms of PTSD as well as other long term effects of trauma because it assists people to acknowledge painful memories and thoughts without judgement and mitigates the response to them (Ortiz and Sibinga, 2017). There is a potential for neurobiological modification through mindfulness, as it has the capacity to improve the

dorsolateral prefrontal cortex, which is responsible for executive control. This as well as other neurobiological changes can reduce disease risk factors in adults as well as lower the predisposition for disease in children (Ortiz and Sibinga, 2017).

Mindfulness has been proven to be beneficial across a wide range of demographics. Mindfulness training was associated with thought suppression and decreased cravings a study of 125 individuals with substance abuse issues and a history of trauma (Ortiz and Sibinga, 2017). Mindfulness was shown to minimize the response to stressful events in active duty military personnel who were preparing for deployment, meaning it has the capacity not only to lower present stress levels, but also to assist people in coping with future stressful events (Ortiz and Sibinga, 2017). Fifty-eight veterans who took part in an eight week long mindfulness intervention saw results that lowered their symptoms of PTSD, including lowered cortisol levels, up to seventeen weeks after the intervention (Ortiz and Sibinga, 2017). A group of undergraduates (ages 18-36) who participated in a mindfulness activity paired with a creative writing exercises showed signs of decreased physical symptoms, including improved sleep (Ortiz and Sibinga, 2017). A group of 41 urban male children in a low-income environment went through a 12 week mindfulness intervention in their middle school. After the program there was a significant decrease in negative coping behaviors as well as lowered anxiety levels and lowered cortisol levels compared to the control group (Ortiz and Sibinga, 2017). In a similar study of 300 urban public middle school students, there were signs of lowered depression, higher self esteem, and better coping skills presented by the students (Ortiz and Sibinga, 2017). After a mindfulness intervention with 42 children in foster care (ages 14-21) similar results were found (Ortiz and Sibinga, 2017). In a study of 101 thirteen to fourteen year old children a significant decrease in

suicidal ideation and self harm was seen after a six week mindfulness curriculum as compared to a matched control group (Ortiz and Sibinga, 2017). These and other studies done show that mindfulness has the potential to improve coping skills and emotional responses as well as lower stress and improve a person's general well-being. Not only is mindfulness beneficial for youth who have experienced trauma to practice, but studies have also shown that teachers and caregivers who work with traumatized youth benefit from practicing mindfulness themselves (Ortiz and Sibinga, 2017). A decrease in behavioral outbursts, an increase in positive interactions and a higher compliance level among students was seen in a preschool classroom after teachers participated in a mindfulness intervention. Relationships between parents and children has also been observed after parents participated in mindfulness interventions (Ortiz and Sibinga, 2017).

While trauma has different effects on children as compared to adults, studies show that mindfulness can be beneficial to nearly any demographic. Mindfulness programs for youth have benefited the mood and emotional regulation of children and youth as well as helped them to cultivate healthy coping skills and abilities to adapt to stressful and/or stimulating situations (Ortiz and Sibinga, 2017). It has also been shown to benefit those who work with or spend a significant amount of time with children and youth who have experienced complex trauma (Ortiz and Sibinga, 2017).

3.6 Project Review: The Center for Mind-Body Medicine

The Center for Mind-Body Medicine developed a program for groups of children who have experienced trauma which included relaxation, guided imagery, drawings, and movement (Staples *et al*, 2011). The goal of this program was to reduce symptoms of PTSD and depression

and to alleviate feelings of helplessness in children ages 8-18 living in Gaza. The program lasted five weeks with two sessions of two hours every week; ten sessions total (Staples *et al*, 2011). There were eight to ten children in each group. Each session (excluding the introductory session) began with a meditation that focused on slow, deep breaths and then a check in to see how the children were feeling and whether anyone had used a technique taught in a previous session. Then, the group practiced the new exercise of the session followed up with a check in, where children were invited to share about their experience (Staples *et al*, 2011). The session ended the same way it began with a meditation focused on slow, deep breathing. Cultural norms were taken into consideration during the program, through having groups almost always separated by gender, using prayer as an example of mindful meditation, including cultural dancing activities, and using dates for meditative eating activities (Staples *et al*, 2011).

The results of the study show that the intervention was successful (Staples *et al*, 2011). Despite continuing to be exposed to the ongoing political conflict and violence, symptoms of PTSD and depression reduced significantly and there was a decreased sense of hopelessness (Staples *et al*, 2011). At the seven month follow up researchers noted a maintained level in the decrease of hopelessness as well as in the depression subcategories of interpersonal problems, ineffectiveness and negative self-esteem (Staples *et al*, 2011). Scores for PTSD, total depression and the depression subcategories of negative and anhedonia were significantly lower at the end of the program, and remained lower than the baseline scores, but were not fully maintained at the seven month follow up (Staples *et al*, 2011).

Limitations to the study included a lack of control group, missing data at follow up, and knowledge of the direct cause of PTSD symptoms (Staples *et al*, 2011). Logistical concerns were

the reason for not having a control group. There were several reasons families could not be contacted for follow up data, such as children moving with their families to a safer area, or children returning to school and being too preoccupied with studies to participate in follow up (Staples *et al*, 2011). Many more girls than boys were able to participate in follow up because many boys had begun working and were unavailable (Staples *et al*, 2011). The final major limitation was that it was unclear what the direct cause of PTSD symptoms were, and whether or not it was directly related to the child's exposure to military violence (Staples *et al*, 2011).

This study is relevant to my project as it includes mindfulness activities (drawing, relaxation, meditation, guided imagery) done with child refugees. It shows that mindfulness has a significant effect regarding symptoms of PTSD, depression and a sense of hopelessness. While it is not possible for the School of Hope to lead full length sessions in either mindfulness due to time restraints and an irregular turn over rate of volunteers, it is possible for the School of Hope to implement smaller, one-off activities similar to the ones done in this study.

3.7 Project Review: Move Into Learning

Move Into Learning (MIL) is an eight week course created to be implemented in schools and is a mindfulness based intervention (Klatt *et al*, 2013). The goal of the program is to reduce stress and improve behavior in elementary school students who are considered at-risk. The program included 45 minute classes given once a week by graduate students trained in MIL and consisted of 20 minutes of movement, 10 minutes of relaxation and meditation, and 15 minutes of either art or creative writing based on a prompt (Klatt *et al*, 2013). There was music that aimed to match the desired energy level for each portion of the session. It also included 15 minutes of daily practice led by the teacher. For this study the course was given in two third

grade classrooms in a low income neighborhood (Klatt *et al*, 2013). There is an overarching theme for each lesson that corresponds with both the types of yoga poses and the art activity; for example, one week the theme was support. The yoga poses were poses that required a partner, and the art activity was creating a collage of people who love them (Klatt *et al*, 2013).

Teachers reported seeing positive responses in a number of different ways during the eight week course. One teacher said her students were more alert and open to learning after the sessions, and were capable of using the breathing exercises to calm down when prompted (Klatt *et al*, 2013). There was a higher attendance rate and lowered tardy rates on the days of the sessions, leading teachers to believe that students enjoyed the sessions and did not want to miss them (Klatt *et al*, 2013). Teachers even reported benefitting personally from doing the exercises alongside the students, and said they themselves felt more calm after a session. In addition to the teacher's positive feedback, there was an objective decrease in behavioral outbursts by the end of the eight week course (Klatt *et al*, 2013). Children reported they were able to feel more calm both at home and at school (Klatt *et al*, 2013). This shows that mindfulness activities in the form of yoga, meditation, and art activities are beneficial to a child's well-being. This study was relatively small (41 students), which means that the results are quite limited. There was also no control group. A follow up assessment would show whether or not the program had long term impacts (Klatt *et al*, 2013).

My project includes similar art activities that focus on helping children understand the concepts of identity and self worth, as well as movement exercises. There are also movement exercises that focus on connecting body movement and breath. Due to time limits and language barriers I will not be able to link the movement activities to the crafts. My hope is that by doing

similar exercises in smaller time frames we will still be able to see some of the positive results such as learning coping skills and a decrease in behavioral outbursts.

3.8 Project Review: Inhabited Studio

The Inhabited Studio is a center which provides services to refugees in Hong Kong. Due to the fact that many participants were not able to commit to long term programs, the studio created a short term model (eight days) that focused equally on art therapy and mindfulness, with both art therapists and psychologists present to lead the workshops (Kalmanowitz and Ho, 2016). The authors list nine features of the program as, “safety, doing versus thinking, changing our relationship to our thoughts and feelings, the notion of time in the context of trauma, change and making meaning, flexibility, catharsis, increased self-awareness and self knowledge, [and] coping with loss” (Kalmanowitz and Ho, 2016). All of these features are related to mindfulness in some way. The authors also mention that the group itself contributed greatly to the growth and development of the participants as they were able to connect with each other and feel that their emotions and thoughts are valid and often shared with peers (Kalmanowitz and Ho, 2016).

Over the course of the program growth was seen in each of the nine features as noted through interviews with the participants and observations of the staff. Some participants found the art therapy is what contributed more to their growth, some benefited more from the mindfulness portion, and others stated that if they learned how to practice both simultaneously (Kalmanowitz and Ho, 2016). This program shows that working on individual projects in a group setting allowed participants to both develop their sense of identity and recognize that they are not alone in their journey (Kalmanowitz and Ho, 2016).

This program is very similar to mine, in the sense that it uses both art and mindfulness, it is done with refugees and it is conducted in a very short amount of time. However, there are some aspects that limit its credibility. One is that there is a lack of monitoring and evaluation, as all justifications of the success of the project are based on the observations of the staff in the current moment of the program. The project would benefit from asking participants more directly how they felt about the program, what exactly they were able to take from it, and if they thought anything could be changed to improve the project. This could be done either orally or in a written questionnaire. It would also be beneficial to try to reconnect with participants a few months after they have completed the program to see if benefits were long term. There are concerns regarding the correlation between the amount of time therapists were able to spend with participants and how deeply they addressed the trauma of the participants. Trauma, especially complex trauma, often takes a long time to heal from. When a person is asked to revisit their trauma without having the time and resources to fully work through it, it could lead to only retraumatizing the person instead of giving them the space to heal. The short time frame of this program combined with the fact that many participants drew pictures of and spoke about their trauma leads me to believe that the retraumatization of participants is a possibility.

This project shows that short term projects, while they may not be able to be as in depth or as well measured as long term projects, can still have a reaching impact. The project at Inhabited Studio gave participants a chance to talk about their past, and while there may be many benefits to this the risk is also quite high. Therefore my project will focus exclusively on dealing with the current moment. My project also uses both art and mindfulness, however, I plan to use

art as a means to practice mindfulness, not as art therapy. This is due to the high turnover rate of everyone involved (students, teachers, assistants) and the high risk of retraumatization.

3.9 Critiques and Limitations of Mindfulness

Mindfulness is a concept that has crossed cultures, being adapted from ideas of Buddhism in the East to be understood and practiced by people in the West. This crossing of cultures makes Mindfulness incredibly susceptible to cultural appropriation. Much like yoga, critics have said that Westerners have only taken bits and pieces of the practice and diluted it to something that is only a shell of what it once was (Ferguson, 2016). Mindfulness is the practice to true enlightenment, and should be respected for this at face value. However, the West has a strong focus on empirical evidence, and a need to prove itself through scientific studies (Surmitis, Fox and Gutierrez, 2018). It is not possible to measure enlightenment, and therefore the practice has been split into smaller categories to study, such as PTSD symptoms and chronic pain. While being able to monitor the effects Mindfulness has clear benefits to show the effectiveness of the practice, it could be argued that the spirituality or the integrity of the practice is jeopardized (Surmitis, Fox and Gutierrez, 2018). Furthermore, it has been argued that Mindfulness has been used for capitalistic gain in the West through the sales of books, retreats, and smartphone applications (Ferguson, 2016).

Critics have also expressed concern with how the effects of Mindfulness based interventions have been measured in school settings. Felver *et al* (2016) reviewed 28 peer reviewed studies done in schools that specifically focused on Mindfulness based interventions. While the results were overwhelmingly positive, there was a trend in gaps in the research. One was that studies on specific practices of Mindfulness were rarely repeated. Repeating studies

would add to their credibility and assist to confirm the outcomes. There is also little consensus regarding who is qualified to implement Mindfulness based interventions, and how they can become qualified. Another concern is that measuring techniques are limited. Most studies used questionnaires completed by students to measure success, diversifying the means of measurement would lead to more thorough and comprehensive results. Finally, there was a lack of follow-up data collected. An increase in this would be able to show the long-term impacts of Mindfulness based interventions (Felver *et al* 2016).

4. Justification

All people living in Moria have experienced some level of trauma, and are provided very few outlets to process and learn coping skills. MSF is the only organization able to provide long term therapy at the moment, because they have long term staff who are able to build the rapport and stay with a client for the duration of time it takes to work through their trauma. BRF is not able to provide therapy because as volunteer based organization it is not possible to consistently have long term licensed therapists on site. However, BRF does consistently have a team of social workers, psychologists and teachers who are able to provide empowerment based services that focus on helping a person to draw on their strengths and learn coping skills to manage life in the current moment. Currently, BRF serves adults in this way through mental health and stress relief classes. The School of Hope has a similar goal, but it is not currently reflected in the curriculum. I hope to bridge the gap between the goals and the curriculum through this project.

5. Objectives

This project aims to provide some of the same empowerment and strength based services provided in the adult classes to the children in the School of Hope. While one of the main goals

of the School of Hope is to help children develop socio-emotional skills, the current curriculum puts its focus on academics. The following is a collection of art projects, mini-activities, and one-on-one behavioral correction activities made to supplement the current curriculum without altering it. The activities are mindfulness based and are created through the theoretical frameworks of trauma informed care and non-violent communication. My hope is; the students, teachers and assistants learn skills that allow them to grow in their socio-emotional development, there is a decrease in behavioral outbursts, teachers feel they have the tools to meet the needs of the children, there is an overall decrease in punishment, and there can be a higher level of consistency despite a high turnover rate of all people involved. All activities were selected specifically for the School of Hope and are modified so that it is possible to do them with limited resources, limited space, and limited language. Due to the constant changes in the demographics of Moria I have not included cultural considerations, it is up to the current volunteer to modify activities further so that they reflect the cultural needs of the current class.

6. Beneficiaries

The direct beneficiaries of this project are the students in the School of Hope. The students are all refugee children living in Moria and are between the ages of six and ten years old. Currently, all of the students speak either Farsi or Dari and come from either Afghanistan or Iran, however the nationality and native language of the students can change depending on the demographics of Moria. Everyone in Moria arrives there from a boat that travels from Turkey to the coast of Lesbos. Allow me to introduce a family I meet and was able to get to know quite well during my time working in Moria.

The Haidari family³ is a family of seven. Three sons, two daughters, a mother, and a father. The family left Afghanistan because they received threats from the Taliban in regards to their oldest daughter (Salma, age eight) attending school. After spending approximately a year in Turkey, they were able to find someone to assist them in getting a boat from Turkey to Greece. They hoped that upon arriving to Europe they would be able to live freely, in a place where they felt safe, and with the ability for the father to find work, and the children to have an education. Unfortunately this has not been the case. The father, Hashem told me of the perils of the boat ride. As they were nearing the shore a child the same age as his oldest daughter fell into the water, he jumped in after and encouraged the other men on the boat to do the same, but they could not find her. Around a week later, her body was found.

Since arriving on European soils, the Haidari family has struggled greatly. Now they live in Moria, where the quality of life is extremely low, and they have no choice but to stay until they are transferred somewhere else by the government. Hashem cannot find work, however his past teaching experience and ability to speak English made him a great fit to teach with Boat Refugee Foundation, which is an unpaid position. I witnessed how trauma affected Mojtaba, the second oldest son (10 years old), and Salma as they were students in the School of Hope. When I did the initial assessment with them, it was clear the family valued education highly. Both Mojtaba and Salma speak Dari (their native tongue), Turkish, and English and were eager to show their abilities in math.

During our time together in the School of Hope I noticed behaviors from both children which I can only assume stemmed from the innumerable traumatic experiences they have

³ All names in this profile have been changed to protect their identity.

endured in their short lives. Mojtaba, while generally a very kind and thoughtful student had moments of rage which were highly over-reactive to a situation. It was clear he struggled with emotional regulation and responded strongly to any physical threat (real or perceived) with acts of intense physical aggression. Salma also struggled to interact with her peers. She became very withdrawn, and refused to speak out loud in class. She was bullied by other children for being so shy, and lacked the confidence to stand up for herself, as well as the capacity to explain to a teacher how she felt. Both of these children attend the School of Hope, and while I was able to know their specific story in a more in-depth way than many of the other students, it is safe to say that all of the students have stories that mirror the intensity of traumatic experiences, and display similar behaviors related to their experiences. While they may sometimes present with challenging behaviors, it is hard to imagine the amount of strength and resilience they each have, as no one should have to experience for one day what they have experienced for their entire lives.

Students of the School of Hope (like Mojtaba and Salma) are the direct beneficiaries of this project, but there are many indirect beneficiaries as well. Teachers like Hashem may also benefit in multiple ways. If the project is successful then the classroom atmosphere will be more calm, and students will be in a place emotionally where they are more able to participate in their learning. Not only this but teachers themselves may find that he benefits from participating in the activities. Assistants can also benefit by participating, practicing, and passing on these activities. I would strongly encourage teachers and assistants to also practice mindfulness activities as studies have shown that student-teacher interactions improve when this happens (Ortiz and Sibinga, 2017). On a larger scale, if teachers, assistants and students find these

activities to be successful then maybe they teach them to the people in their lives (siblings, parents, friends).

7.0 Methodology

This project will use the frameworks previously explained in this paper (trauma informed care, nonviolent communication, and mindfulness) as the base of the activities that will be carried out in the School of Hope. These activities can be led by the assistant, but, it is best if the teacher is able to be trained in the activities and their framework so that they can lead the activities themselves (excluding one-on-one activities done while the teacher is doing full class instruction). Activities can be introduced to the teachers one at a time during the Friday teacher's meeting, or a more thorough training can be carried out during a teacher's training day. It may also be beneficial for assistants to offer to model leading the activity with the class once or twice for a teacher.

This project has been created so that the activities can be implemented as soon as a volunteer has access to it. The art activities and full class activities are made for the entire class to do together (classroom sizes vary from 16 to 22 students). The art projects can be completed during the designated arts and crafts time in the School of Hope schedule (Fridays, after break). Materials will be collected by the assistants from the budget allocated by BRF. The full class mini activities can be done when there is an extra 5-10 minutes to spare. This could be in the beginning of class while waiting for a teacher to arrive, or giving the teacher a moment to prepare, when children have completed work before class is over, or when the class needs a moment to reset (i.e. there are too many students talking over the teacher). The one-on-one behavioral correction activities are created to give students coping skills to manage big emotions,

not to punish. Many of the full class activities can also be used in a one-on-one setting. Depending on the situation, it may be best to encourage the student to do the activity in their seat, or to accompany the student outside of the classroom to provide a calmer, quieter environment free of distractions.

8. Lesson Plans

8.1 Art Activities

Activity: Glitter Bottles (Kinder, 2019)

Time: 30 minutes

Materials: A plastic bottle for every child, craft glue, glitter

Instructions: Fill each bottle with water and add a big squeeze of glue to each bottle. The glue will make the glitter settle slower. Add glitter of different colors and sizes to the bottle, glue the lid shut. Shake the bottle and then hold it still to watch the glitter settle again. Encourage children to see how many deep breaths they take before the glitter settles (Kinder, 2019).

Benefits: The glitter bottles provide a focus point for students as they practice clearing their mind and focusing on the breath (Kinder, 2019). It also serves as a timer that clearly shows when the mindfulness practice starts (when the bottle has been shaken) to when the practice ends (when all the glitter has settled) (Kinder, 2019). Children feel safer when they can anticipate how long an activity will last, and glitter bottles give very clear visual cues.

Additional Notes: Glitter bottles can be made for children to take home and use at home, and it is also beneficial to have a couple in the classroom that can be used as a one-on-one activity. Having and using the bottle in class can reinforce the students' ability to use the resource outside of the classroom.

Activity: Animal Breaths (adapted from Kinder's (2019) Breathing Buddies)

Time: 30 minutes

Materials: Paper cups or toilet paper rolls, tissue paper, materials to decorate the cup/toilet paper roll such as markers, colored paper, and/or pipe cleaners, glue, scissors

Instructions: If using cups, cut a hole in the bottom of the cup, and encourage children to decorate the cup like an animal of their choosing. Cut the tissue paper into strips and glue them on the inside of one side of the cup. Once the glue has dried children can make the tissue paper fly by exhaling through the cup (Kinder, 2019).

Benefits: This activity encourages children to take deep breaths (Kinder, 2019). Focusing on the breath encourages students to be present in the current moment and can help to relieve stress and regulate emotions.

Additional Notes: If possible, encourage students to breathe deeply in through their nose, and then out through the mouth. Repeat this and rest (breathe normally) every three breaths for best results.

Activity: Mandalas

Time: 30 minutes

Materials: Mandala outline (in appendix, page 63), markers or colored pencils, craft supplies (popsicle sticks, pom pom balls, buttons, pipe cleaners, scrap paper, ect.), glue, scissors

Instructions: Show the children several different examples of how they can create their own mandala. Encourage them to make each section look the same, but allow them to be as creative as they want. They can use a combination of coloring and gluing objects, or choose to use just one or the other.

Benefits: Studies have shown that creating Mandalas leads to a decrease in depression and anxiety as well as reduces symptoms of trauma (Potash, Chen and Tsang, 2016). Repeating patterns can induce a state similar to meditation, as it allows the student to make sense of chaos (Curry and Kasser, 2005).

Activity: In My Mind

Time: 30 minutes

Materials: Blank head with thought bubbles worksheet (a master copy should be in the School of Hope craft binder), colored pencils, markers

Instructions: Encourage students to draw themselves and things they enjoy or that represent them in the thought bubbles.

Benefits: A sense of identity can be hard to find for a child who has had to leave their home country in such a traumatic way. Having time to do a self portrait as well as naming things that are unique to themselves can help students to form a stronger sense of identity.

Additional Notes: It may be best to explain this activity and do an example as a class with the children providing suggestions of what could be in the thought bubbles. In my experience children wanted their craft to look exactly like mine, instead of creating their own.

Activity: Infinity Breaths (The Pathways 2 Success, 2019)

Time: 30 minutes

Materials: Infinity symbol worksheet (in appendix, page 64), colored pencils, markers, craft supplies with multiple textures (glitter glue, buttons, pipe cleaners, ect.)

Instructions: Encourage children to decorate the infinity symbol with two different textures, one on each half of the loop. Demonstrate tracing the finished project with their finger, breathing in for the first half of the loop, and out for the second (The Pathway 2 Success, 2019).

Benefits: This project encourages the child to place all their focus on their breath. The different textures offer not only a tactile experience that further brings their focus to the activity, but it also means that they can follow the symbol with their eyes closed if they wish.

Additional Notes: If materials are short, this project can also be done with just coloring material.

8.2 Mini Full Class Activities

Activity: Trust Fall

Time: 5-10 minutes

Materials: No materials are needed for this activity.

Instructions: Have two students stand at the front of the class, or where there is ample space. One student closes their eyes, and crosses their arms over their chest. The other stands behind them. The student with their eyes closed falls back, and the student behind them catches them. Have them start close together, and slowly add a little space so that trust can be built up. Demonstrate the activity first with two adults, or with two students who have already done the activity so that students can see what is expected, even if language is a barrier. Depending on time, just one pair of students can go or multiple can have a turn.

Benefits: When children experience trauma it can become more difficult for them to trust in others (van der Kolk, 2003). This activity encourages them to trust in their peers in a safe and controlled setting. By starting close together, the level of trust required is minimal, and allows

them to still have some control over the situation. As they get farther apart, their trust in their partner has to grow.

Additional Notes: Be sure to choose partners who can manage each other's weight. Also be sure to support the person who is catching their partner in case they lose focus. If someone acts like they may not catch their partner, they lose their turn and can try again next time.

Activity: What's in the Bag? (Kinder, 2019)

Time: 5-10 minutes

Materials: cloth bag, two of small household items (for example: two keys, two sea shells, two marbles, two balls, and two erasers)

Instructions: Show the children that there are two of every item, and place one of each pair in the bag. Hold up one item and encourage one child at a time to find its match by touch, no peeking in the bag (Kinder, 2019)!

Benefits: This activity encourages children to use all senses, and to be aware of their surroundings (Kinder, 2019). Eliminating the use of sight encourages children to be present in a unique way.

Additional Notes: This activity can be easily adapted to fit different age levels. Younger children can find objects that are quite different, and older children may enjoy the challenge of more similar objects such as three different kinds of keys or sea shells (Kinder, 2019).

Activity: Full Class Yoga Poses

Time: 2-10 minutes

Materials: None.

Instructions: There are several yoga poses, or variations of yoga poses, that students can do from their seats, even in an incredibly cramped classroom. The following are some examples. Teachers and assistants should model the movements and breaths for the students.

Cat-Cow Variation (Yoga Journal, 2019): Sit with feet on the ground, hip width distance apart. Interlace your fingers and place your hands on the back of your head and point your elbows forward so that your forearms are touching your ears (like you would to do a sit-up). Next, inhale as you arch your back by tilting the pelvis forward, chest forward, and shoulders back and look up. On the exhale round your back as far as possible, bringing elbows towards the knees. Repeat up to ten times.

Seated Twist (Yoga Journal, 2019): Sit with feet on the ground, hip width distance apart. Place your left hand on the outside of your right thigh. As you inhale sit as straight and tall as possible. On your exhale turn your upper body to the right. Hold for three breaths. Switch and do the other side. Repeat up to five times on each side.

Lateral Stretches (Yoga Journal, 2019): Sit with feet on the ground, hip width distance apart. Put your right arm over your head and touch your left ear. Use the weight of your hand to pull your right ear toward your right shoulder, hold for three breaths. Return your head to an upright position, and leave the right arm in place. Turn your head so that you are looking over your right shoulder and your right hand is now on the back of your head. Use the weight to this time pull your nose toward your armpit, hold for three breaths. Switch and do the other side. Repeat up to five times on each side.

Eagle Arms (Natural Healers, 2019): Sit with feet on the ground, hip width distance apart. Place your hands on opposite shoulders so that they are crossed over your chest, and your elbows

are stacked one on top of the other. Lift your elbows so that your arms are parallel to the floor. For some, this may be enough. For others, lift your hands so that they are in front of your face, and if possible wrap your arms again so that your palms can touch. Keep your shoulders down as you lift your fingers toward the ceiling. Hold for three to five breaths. Repeat with arms crossed the other way. Do both sides three to five times.

Benefits: Yoga is a practice used to connect the breath with body movements, and encourages the person practicing to be fully present by encouraging them to be aware of their body and its location in space. The positive side of doing yoga while seated in the classroom is that students must be extra aware of the space they are using in relation to their classmates, helping them to not only be aware of themselves but also of their peers.

Additional Notes: Depending on the amount of time available it is possible to do just one of these poses or all of them.

Activity: Full Yoga Poses

Time: 2-15 minutes

Materials: Children's yoga cards, or white board markers and white board

Instructions: Give one or two students at a time the chance to demonstrate a yoga move to the rest of the class. If a deck of children's yoga cards are available allow the child to choose a card and do the pose in front of the class. If there is not a deck of children's yoga cards available the teacher or the assistant can draw pictures of some yoga poses on the board (for example, draw a tree to represent tree pose) and students can choose from those. The teacher or the assistant can do the pose along with the child. Below are some examples of yoga poses that are great for kids and easy to draw.

Tree: From a standing position, place one foot against the other leg, either against the inside of the calf, or against the inside of the upper thigh (avoid resting the foot against the knee). Place hands palms together at the chest, and then expand arms upward in a ‘Y’ shape. For an extra challenge, see if you can close your eyes for a moment. Switch and do the other side.

Airplane: From a standing position shift all your weight into one foot. Position your arms just a couple inches from your side, fingers spread and palms facing forward. Bend forward, hinging at the hip. In the same movement move the leg that was not bearing any weight backward, keeping the leg straight. The leg that is off the ground should be in line with your upper body. Bend as far as you can, with the goal being to be parallel to the floor. Hold for a couple of breaths before trying the other side.

Figure Four: From a standing position shift all your weight into one foot. Lift the other foot and place the ankle just above the opposite knee. Place hands with palms together at the center of your chest. Bend at the waist as if you were sitting in a chair, going as far back and down as possible. Hold for a couple breaths before switching sides.

Chair: This pose is quite self explanatory. Start in a standing position with feet together. Lift arms forward and up and you move your hips down and back, as if about to sit in a chair. Keep knees together, and be careful not to lean too far forward (heels should stay on the ground). Hold this position for a couple of breaths and repeat.

Benefits: Yoga is a practice used to connect the breath with body movements, and encourages the person practicing to be fully present by encouraging them to be aware of their body and its location in space. Balancing poses are particularly beneficial for practicing being present in the moment as the command all our attention. Doing a pose in front of the class may give the child a

sense of accomplishment, and boost their confidence. The encouragement of classmates may also help students feel that they are part of a team, and have the support of their peers.

Additional Notes: If a child falls out of a pose remind them that it is perfectly okay, and encourage them to try again. Classmates may encourage the yogis, and clap or otherwise congratulate them at the end of their turn.

Activity: Invisible Pet⁴

Time: 2-5 minutes

Materials: None

Instructions: Pretend to be holding a small animal. Pet it, show it affection, and offer to let students hold it. Act as if you are passing it to a student, allow them to ‘hold’ it for a few moments before passing it back. Pass it to several students before saying goodbye and ‘put it away.’

Benefits: This activity truly brings students to be fully present, as they have to depend on their imagination and pay close attention to participate. In order to protect the invisible pet, they must rely on cues from another person, which helps them to be aware of others, and read another person’s body language. This is a great activity to encourage children to have a calm body and voice especially if you are able to explain that the pet may feel startled or unsafe if the person holding them is not able to control their body or is speaking too loudly.

Additional Notes: This activity is great to do if there are many children in the class who are having a difficult time sitting still. Continue to practice nonviolent communication by not punishing a child who does not treat the pet with compassion, but instead shifting your focus to

⁴ I learned of this activity from a fellow BRF volunteer who works in theater education.

the pet and checking in with it to see if it is okay, and providing comfort. This takes attention away from unwanted behavior, and shows that compassion is a priority in the classroom.

8.3 One-On-One Behavioral Correction Activities

Activity: Breathing Buddies (Alongside You, 2019)

Time: 2-5 minutes

Materials: Breathing Buddies (see how to make a Breathing Buddy below)

Instructions: Breathing Buddies should occasionally be introduced to the entire class. The teacher and/or assistant models how to handle a Breathing Buddy (using a calm body, being gentle, even showing affection to the Buddy) as well as model taking a deep breath for every section of the Buddy before returning the Buddy to its home in the classroom. Once children are familiar with the concept of a Breathing Buddy and its intended use, they can use it as a tool to return to an energy level that is appropriate for class. If a child is unable to calm themselves (too upset, too angry, too silly) a teacher or assistant can either allow them to use the Buddy in their seat or the assistant and the student can take a moment outside to use the Buddy before returning to class. It may be beneficial to have two Buddies so that the assistant can model using the Buddy alongside of the student.

Benefits: Breathing Buddies can help to calm both the body and the mind. By focusing on the breath and the tactile sensory input of the Buddy, children have the potential to find more awareness of their thoughts and their body.

Additional Notes: Even when a student treats a Breathing Buddy in a way that is violent, it is possible to continue to use Nonviolent Communication. Do this by putting your attention on the needs of the Buddy as opposed to condemning the student for their behavior. Show the Buddy

concern for their well being as if it were alive, and then continue to model the intended use for the Buddy.

How to Make a Breathing Buddy (Alongside You, 2019): Alongside You (2019) recommends making a Breathing Buddy by filling a long sock with cotton, using string or pipe cleaners to separate it into five sections, and drawing a face on it with permanent marker. Adding different materials to create a more diverse tactile experience may add to the benefits of a Breathing Buddy. You can fill different sections of the sock with different materials (rice, dry beans, or cloth for example) as well as add materials to the outside by sewing on beads or fabrics. Older children may prefer to use something less personified, such as a ribbon with beads tied on it.

Activity: Calming Bubbles

Time: 2-5 minutes

Materials: Bubble mix and a wand

Instructions: If a child is not calm enough to safely be in the classroom, blowing bubbles outside for a few minutes can be a way to encourage the child to take deep breaths and have a calm body.

Benefits: Blowing bubbles requires a person to have control over their body and breath. This activity is a positive distraction from undesired behaviors that gives the child a chance to reset in a way that does not make the child feel punished.

Additional Notes: Sometimes it might be helpful to have the assistant blow bubbles first, and allow the child to get out extra energy by playing with the bubbles. After their attention has shifted from the undesired actions in the classroom to the bubbles, then offer them a chance to

blow the bubbles themselves. If possible, explain to the child to breath deeply in through the nose and out through the mouth. Be sure to model deep breaths throughout.

Activity: Mindfulness Countdown (The Pathway 2 Success, 2019)

Time: 2-5 minutes

Materials: None

Instructions: While taking a moment to regroup outside, encourage the child to find five things they can see, four things they can touch, three things they can hear, two things they can smell and one thing they can taste (The Pathway 2 Success, 2019).

Benefits: This activity is incredibly grounding. It assists the child to be completely present in the moment and aware of their surrounds. Observing their surroundings with all five senses can help a person to feel more in control of their environment and be able to more accurately judge the safety of it. It is especially beneficial when a child is experiencing very intense emotions.

Additional Notes: If there is not anyone present to assist with translation, do the activity yourself first, verbalizing everything you are doing and using a lot of animation with your body. If repeated enough times chances are the child will catch on and be able to do the activity themselves.

9. Limitations:

Due to the circumstances of this project, there are quite a few limitations. Space, language, time and a high turnover rate are all limitations that impact the project substantially. Currently, the School of Hope occupies 1.5 containers (similar to the size of a boxcar), which means there is not a lot of space to move around. Yoga poses and other physical activities are often used to practice Mindfulness, especially with children, but due to the limited space I was

only able to provide activities in which only a couple students at a time did a pose, or poses that could be done from their seats.

Language is also a barrier. Most volunteers do not speak the same language as the students. Most of the teachers speak English, but some do not. Generally, when the schedule is made there is an effort to have a least one English speaking teacher onsite at all times, but sometimes it just does not happen. Additionally, even when a teacher does speak English, the time the volunteer has to explain the lesson plan for the day is very limited, so the activity need to be able to be explained in less than five minutes. Therefore, I have done my best to make all activities possible to complete with as little language as possible. While this makes the exercises accessible to the teachers and students, it means that many typical activities of Mindfulness are left out, such as guided imageries and body scans. If this project is well received and the teachers agree with the method, it may be possible to either bring in a recorded meditation in the language of the children, or provide a script to the teacher to read at a later point.

Time is also a limitation in this project. While I was volunteering with BRF my supervisor and I spoke about the curriculum and came to the conclusion that it is not in the best interest of the students to make any major alterations to the schedule. This is why most activities are short activities that can be done without any adjustments to the current schedule. Art is done every Friday for half an hour, and for this reason I have included a number of Mindfulness based art projects that can be done during this period of time.

BRF requires volunteers on the psycho-social support team have education and experience in social work, psychology or teaching. For this reason I am confident the framework and methodology of this project will be understood and implemented appropriately. However,

the high turnover rate of everyone involved (teachers, volunteers and students) means that consistency may be difficult to maintain, trainings will need to happen frequently, and students will need to be familiarized with the activities repeatedly. It also directly impacts the ability to measure the success of the project, but this will be covered in more detail in the 'Evaluation' segment of this paper.

10. Evaluation:

The goal of this project is to aid the School of Hope in its mission to contribute to the socio-emotional development of the students. I have created it based on my experience working in the School of Hope with the goal of making it accessible to volunteers, teachers and students; in spite of the many limitations that come with being in a refugee camp. I hope with this project, volunteers and teachers feel they have a stronger set of tools to empower students, and that students are able to develop healthy coping skills to manage their emotions and relationships. I hope the clearly outlined activities in this project are able to promote a level of consistency which is hard to find in a refugee camp as it can be passed on from one volunteer to the next and activities can be repeated despite the heavy turnover rate.

The inconsistencies of being in a refugee camp make it extremely difficult to measure the success of any project. However there are some ways to gauge if the desired outcome is being achieved. One is to do check-ins with the students by asking them to describe how they are feeling before and after an activity. The most simple way to do this is to ask students to indicate with their thumb how they are feeling. A thumbs up for good, sideways for okay, and down for bad. It is also an option to have children document on paper how they feel before and after. An example of a check in survey is included in the appendix (page 65). I would also ask for the help

of the current volunteers in measuring the success of the project. The opinions of teachers can be asked in the Friday meeting, and I will ask each volunteer to fill out a short survey toward the end of their volunteer stay to provide feedback on their experience (survey in appendix, page 66).

11. Conclusion

It is devastating to realize how many human rights are being violated in Moria. One of these is the right to education (article 26 of the United Nations Declaration of Human Rights) (United Nations, 2019). Boat Refugee Foundations is an organization that works to close these gaps in many ways, and one is by providing education. I hope to help them to strengthen their abilities and to provide an education that, “further[s] the activities of the United Nations for the maintenance of peace” (United Nations, 2019). Childhood trauma can have serious long term effects, but by adapting frameworks such as trauma informed care, nonviolent communication, and mindfulness to create meaningful activities, children can learn coping skills that help them develop their socio-emotional skills.

Moria is the land of limitations, but these children are our future and despite the difficulties we must do everything we can to help them develop and grow in all aspects of their lives. I hope that through monitoring and evaluating this project it can continue to grow and be developed to be a long term piece that assists the School of Hope in fulfilling its goal to provide a chance for children to have a holistic education focused not only on academics but also on their socio-emotional development.

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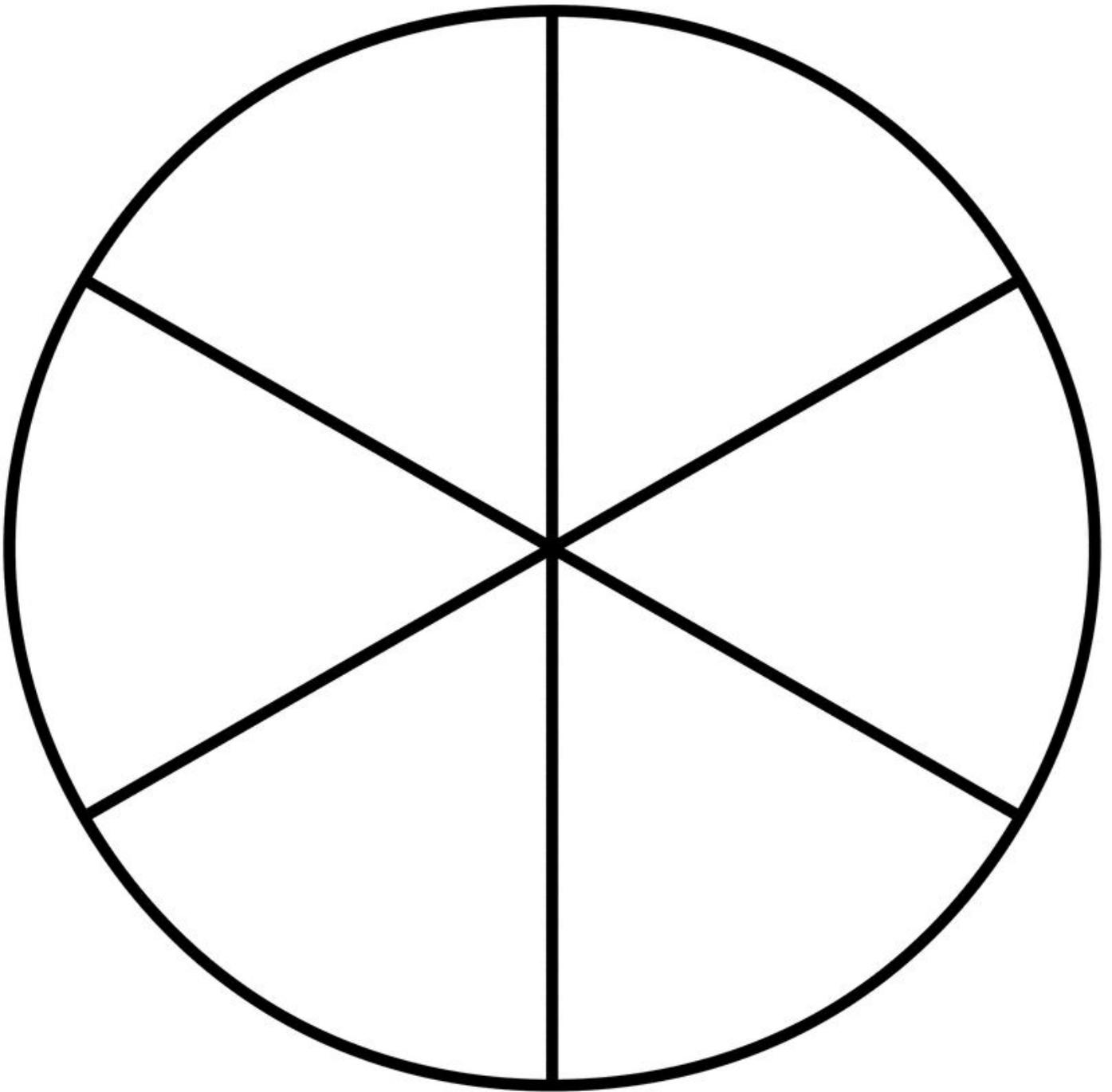
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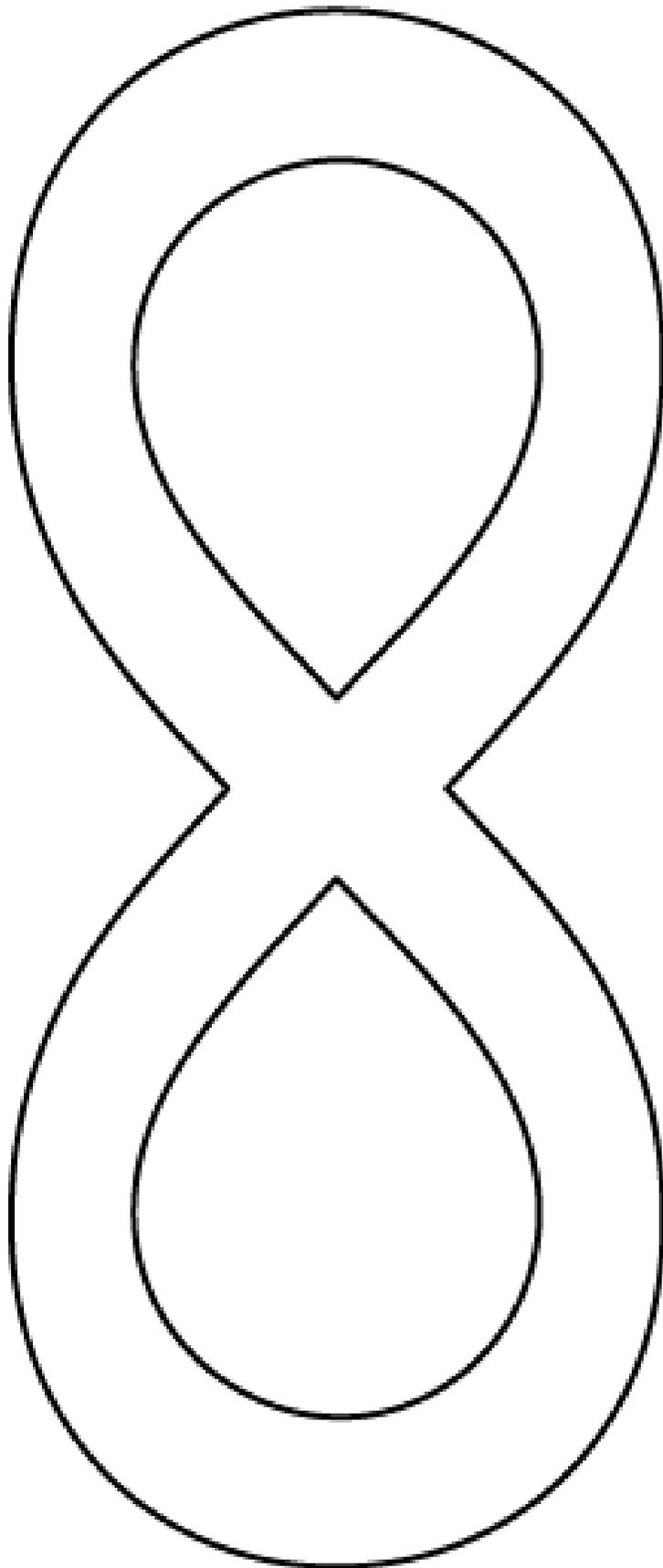
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Appendix

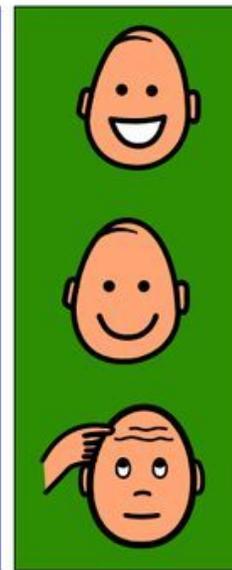
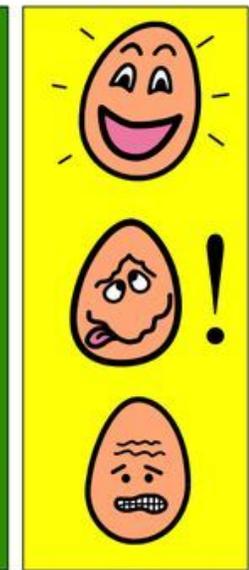
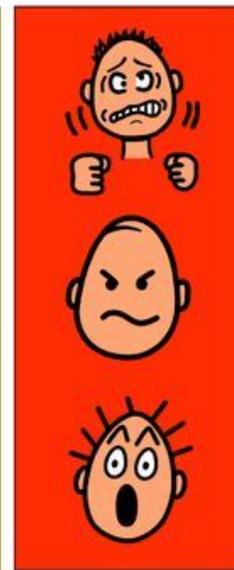




Check-In Survey for Students

This picture chart was taken from Esearchresearch.info (2019). I suggest printing a few color copies, laminating them and having children point to a face that represents how they feel.

The Zones of Regulation

			
<p>Blue Zone</p> <p>sad tired sick moving tired slowly</p>	<p>Green Zone</p> <p>happy calm feeling ok focused ready to learn</p>	<p>Yellow Zone</p> <p>frustrated worried silly/wiggly excited loss of some control</p>	<p>Red Zone</p> <p>mad/angry terrified yelling/hitting elated out of control</p>

Survey for Volunteers

End of Volunteer Stay Survey for PSS Team Volunteers who Consistently Worked in the School of Hope.

This survey is designed to evaluate the effectiveness of the mindfulness based socio-emotional skills supplemental activities project for the School of Hope. If you are willing to potentially be contacted for further clarification please email your responses to this survey and your preferred method of contact to:

Katietvoelker@gmail.com

If you prefer to stay anonymous please ask the current PSS coordinator to forward you answers to the email listed above.

How often were the activities listed the project used in the School of Hope during your time there (once a week, three times a week, daily, etc.)?

How do you feel the teachers responded to the activities (were they eager to lead the activities themselves, were they willing to allow assistants to lead activities, were they hesitant to have any activity done during their class)?

Did you ever hear any direct feedback from teachers about the activities? If so what was it?

How do you feel the students responded to the activities? Did you see a change in their energy level, mood, or focus before during and/or after the activities?

Was there an activity that felt particularly beneficial? What was it and why?

Was there an activity that did not seem to have the desired result for any reason (i.e. students or teachers did not enjoy it, it was too difficult, it was not done correctly)?

Is there anything you think could be done better?

Additional Comments:

Thank you for taking the time to complete this survey and for all your work with BRF!