

A NATIONAL CHILDREN'S RESILIENCY RESPONSE INITIATIVE

Heroic Choices

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A National Children's Resiliency Response Initiative

Hurricane Katrina reminds us that we can't control the events in our lives, but we can control how we'll respond to them—how we choose to act."

—Dr. Mark Lerner, President, American Academy of Experts in Traumatic Stress., "In The Aftermath of Hurricane Katrina; Addressing Emergent Psychological Needs."

merica is now ten months into the recovery from the devastation of Hurricane Katrina and Hurricane Rita. Both horrific natural disasters shifted the foundation of stability for residents across three states: Louisiana, Mississippi, and Alabama. As the rest of America and the world watched the reality of human tragedy unfolding in New Orleans, Gulfport and Biloxi, over 400,000 men, women and children became immediate participants in one of the largest mass evacuations this nation has ever known.

KATRINA
ESTIMATIONS
400,000+ Evacuees
200,000+ Children
"School Board News," NSBA 2005

On September 7, 2005, the Louisiana State Department announced that the entire Orleans Parish School district, which has 128 schools, will likely be out of service for the entire school year (School Board News, NSBA, 2005). That school district's displaced children, evacuated to states close to and far from the disaster zone, have now become new enrollees in other schools in other geographic areas across this country.

The next day, on September 8, 2005 before the Senate Health, Education, Labor and Pensions (HELP) Committee, Mr. Mark Shriver, Vice President and Managing Director of U. S. Programs for Save the Children, made this statement: "... We know that there are critical needs for those displaced by Hurricane Katrina that still must be met: clean water, food, shelter, medicine and clothing. Children are among the most vulnerable in this situation, and their needs are often overlooked or misunderstood. As families are settled in new communities and children enrolled in schools, we know there will be an urgent challenge to provide support to the tens of thousands of children who have experienced the horrors of the disaster and are now without their homes, neighborhoods, routines, schools, and in some cases, their families. Save the Children ... has identified three (3) needs for children impacted by Hurricane Katrina:

psychosocial support, safe spaces for children, and structured out-of-school time activities for children in grades k-8" (Roundtable Discussion on Hurricane Katrina, HELP Committee, 9/8/05).

From Mr. Shriver the HELP Committee received the recommendation for Congress to provide funding for schools serving these displaced children for the

- (1) <u>implementation of child-focused mental health strategies and psychological</u> <u>support programs for children and youth affected by Hurricane Katrina; and</u>
- (2) <u>training and technical assistance related to psychological recovery and healing</u> for children and adolescents and implementing psychosocial programs in <u>schools and classrooms</u> (HELP Committee, 9/8/05).

These young survivors of one of the nation's most catastrophic natural disasters retain memories of a life transformed literally overnight. After their basic needs have been met, it will be critical that their psychological needs are not overlooked. If left unattended, their mental instability may lead to anti-social behavior and school-related learning problems. According to Mr. Shriver with Save the Children, "traditional mental health clinics and counseling approaches are not sufficient. *Community mental health approaches are required if large numbers of children are to be reached in a timely manner*" (HELP Committee, 9/8/05).

Justification of Need

Studies conducted after the events of the 9/11 national tragedy showed that mental health needs among children were widely persistent—but often went unrecognized, and in the majority of cases, untreated (American Academy of Pediatrics, "Pediatricians Urge That Children's Mental Health Needs Be Added In A Crisis, "www.aap.org, 2005). The traumatic stress stemming from Katrina may not surface in these children's lives for another three to six months. The National Association of School Psychologists in "Responding to Hurricane Katrina: Helping Children Cope" states that children will have difficulty processing the extent of the physical threat, loss of life, destruction to homes and communities, breakdown of civil systems, and continued uncertainty. They will look to the significant adults in their lives for reassurance that they and their loved one will be okay, and that life will eventually return to normal. In addition to securing physical safety, supporting children's mental health in the immediate and long term aftermath of the disaster is

paramount (NASP, "Responding to Hurricane Katrina: Helping Children Cope, www.nasp.org, 2005).



Post-Traumatic Stress Disorder (PTSD)

With the passage of time and support from adults (in particular parents and other familiar caregivers), most children will be able to cope with their hurricane experiences. A segment of children, however, may be at risk for post-traumatic stress disorder, PTSD

(NASP, "Responding to Humicane Katrina: Helping Children Cope, <u>www.nasp.org</u>, 2005). Post-traumatic stress disorder is created when a child has been exposed to a traumatic event in which: the child

experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or physical integrity to self or others; and, the child's response involved intense fear, helplessness, and horror (American Psychiatric Association's Diagnostic and Statistical Manual IV, 1994).

Events which create PTSD definitely include being witness to natural catastrophes, wars, accidents, bombings. Experiences that also trigger PTSD are severe emotional and physical neglect; community violence, battering; sexual assault; ongoing screaming or verbal threats; and certain physical separation from siblings or parents.

PTSD occurs when the initial effect of trauma is immense fear. Faced with a threat, the body responds physiologically through adrenaline surges, rapid heart rate, elevated blood pressure, and the

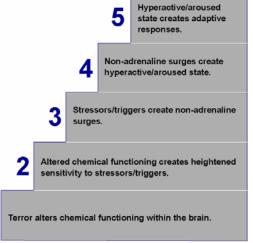
rate, elevated blood pressure, and the release of hormones that also helps the body respond to danger.

Increasing evidence suggests that in traumatized children this system goes awry, causing a harmful imbalance of hormone levels in the brain. It is these irregular hormone levels that cause cognitive and psychological development damage and delays. The child remains vulnerable to feeling and reacting in fear when the initial terror is no longer present.

Because of this vulnerability, the children develop a wide range of adaptive responses in order to cope

PTSD Symptoms:

- Rage or an explosive temper
- Excessive aggression
- Depression
- Emotional numbing
- Panic attacks
- Distrust
- High-risk/sexualized behavior
- Flashbacks
- Sleep disturbances
- Obsessive-compulsive adaptations
- Eating disorders
- Suicidal ideation



Sequence of a Traumatic Experience

with their feelings. These reactions serve as defense mechanisms that guard against experiencing the original physical or psychological pain associated with the trauma. Symptoms usually appear within three to six months following the traumatic experience. Approximately one-half of the children diagnosed with PTSD recover after six months. Others however are affected much longer.

The bottom line is that PTSD has a negative effect in the lives of children.

PTSD IMPACTS LEARNING ABILITY

Left untreated, PTSD inhibits a child's normal growth and development and causes considerable suffering. When children are traumatized, their learning suffers. Research shows that traumatized children score lower on cognitive measures and demonstrate poorer school achievement than children from similar socio-economic backgrounds who are not traumatized (L. Wallach, "Violence and Young Children's Development. Clearinghouse on Elementary and Early Childhood Education," University of Illinois at Urbana-Champaign, Children's Resource Center, 1994).

PTSD IMPACTS RELATIONSHIPS

Many traumatized children are unable to emphasize or form intimate relationships. Intimacy increases their vulnerability and decreases their sense of control. To

avoid intimacy, they may withdraw, avoid eye contact, be hyperactive, or exhibit inappropriate behaviors. Over time, these children can become emotionally bankrupt, becoming careless with their own lives and with the lives of others.

PTSD IMPACTS EMOTIONAL CONTROL

In addition, many traumatized children often develop a sense of meaningless and powerlessness and experience difficulty regulating their emotions (James Garborno. Lost Boys: Why Our Sons Turn Violent and How We Can Save Them., New York Free Press, 1999). They repress their feelings in order to control their fears. This defense mechanism interferes with their ability to

The impact of trauma in a child's life cannot be assessed in isolation. The child's temperaments, strengths, sensitivities, developmental phase, attachments, insights, abilities, reaction of loved ones, and the support and resources available to him all contribute to how an event is experienced and whether or not it is traumatizing.

- James Garbarino, Ph.D. is Co-Director of the Family Life Development Center, and a Professor of Human Development at Cornell University.

relate to others in meaningful ways. They have difficulty developing empathy. And children who cannot empathize with the feelings of others are less likely to curb their own aggression.

FACTORS AFFECTING PTSD

It is important to note that three factors most significantly influence the impact of trauma in a child's life.

- **1. Stress experienced** *before* the traumatic experience. Children who sustain long-term stress are predisposed to developing PTSD.
- 2. Caregiver support *following* the traumatic experience. Family environment impacts on how a child interprets his/her traumatic experience. The quality of emotional support and appropriate problemsolving skills demonstrated by caregivers can positively or negatively influence a child's reaction to trauma. Discussing a traumatic experience, for example quickens his/her recovery, whereas suppressing discussion of his/her experience impedes it.

3. Ongoing stress *after* **the traumatic experience**. Trauma may not immediately create PTSD stress symptoms in children. Later losses such as the departure of a consistent caregiver may trigger post-traumatic stress reactions in children who earlier appeared unaffected.

CHILD TRAUMA: BEYOND EPISODIC DISPLACEMENT

In the United States alone, approximately **five million children** experience some form of traumatic event *each year* (www.childtraumaacademy.com).

- More than two million of these children are victims of physical and/or sexual abuse.
- Nearly **1.5 million** live in the terrorizing atmosphere of **domestic** violence.
- And millions more lose a parent to incarceration, death, or divorce.

By the time a child reaches the age of eighteen, the probability that he or she will have been touched directly by trauma is approximately one in four.

The good news is that children with proper support can thrive in spite of being traumatized. Many children who have faced adversity not only move beyond their trauma but seem to become stronger individuals. This ability to thrive in the face of adversity is called resiliency.

THE THEORY OF RESILIENCY

The recognition of resiliency as a phenomenon emerged more by accident than by intent. In documenting what happens to people over time, resiliency studies have produced amazing findings: As many as one-third of children born into poverty, family dysfunction, and other environmental stress do not develop the kind of problems one would expect(Garmezy, N., Masten, A.S., & Tellegen, A.. The Study of Stress and Competence in Children: A Building Block for Developmental Psychopathology. Child Development, 55, 97-111, 1984; Werner, E.E., & Smith, R.S. Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth New York: McGraw-Hill, 1982; Wyman, P.A., et al., Interviews with Children who Experienced Major Life Stress: Family and Child Attributes that Predict Resilient Outcomes. Journal of American Academy of Child and Adolescent Psychiatry, 31:5, 904-910, 1999).

Despite the overwhelming odds, these children develop the capacity to deal with threats and stresses, and go on to become healthy, competent adults. They have the ability to face life with a will to win, to see life's obstacles as challenges, and be able to bounce back from setbacks. They are resilient.

Other children facing this adversity do develop some predictable problems – substance abuse, school failure, mental health issues, teen pregnancy, and criminal involvement. Yet the majority of these children rebound in adulthood to lead

productive lives. They have secure employment, healthy relationships, enjoyable hobbies, and an expectation of a positive personal future. Though they took a "dip" into problems they bounced back. They, too, are resilient.

PROTECTIVE FACTORS

The most important factor in attaining a resilient outcome is the presence of "protective factors" that buffer the impact of life's stress. Psychologists Emmy Werner and Ruth Smith, the most eminent resiliency researchers in the U.S., report on the results of the entire body of resiliency research in their book Overcoming the Odds: High Risk Children from Birth to Adulthood. They state that these protective buffers "make a more profound impact" on people's lives than do "specific risk factors or stressful life events".

Families, adults, and organizations have tremendous power to change the life course of those who experience adverse conditions or stressful events. The key: infuse a child's life with protective factors. Nan Henderson, President of

Resiliency in Action, Inc. summarizes the research on building resiliency in four steps:

1. Maintain an attitude of optimism: Believe in the reality of resiliency and communicate that belief to children.

One resilient young man who had spent his youth in a series of foster homes said, "The people who helped me the most were those who told me, What is right with you is more powerful than anything that is wrong with you'."

2. Focus attention on strength:

Show children how they have used these strengths; help them find and develop their strengths to deal with current problems.

Psychiatrist Steven Wolin, coauthor of *The Resilient Self: How* Survivors of Troubled Families Rise above Adversity, helps "family members to see their strengths

Personal Resiliency Builders

- Relationships ability to be a friend and form positive relationships.
- Service gives of self to others.
- Humor has a good sense of humor.
- Life Skills uses life skills, including good decision making, assertiveness, and impulse control.
- Inner Direction bases choices on internal evaluation (internal focus of control)
- Perceptiveness insightful understanding
- Independence "adaptive distancing" from unhealthy people.
- Positive View of Personal Future expects a positive future.
- Flexibility can adjust to change
- Love of Learning capacity for and connection to learning.
- Self-motivation internal initiative and positive motivation.
- Competence "is good at something"
- Self Worth feelings of confidence
- Spirituality personal faith in something greater.
- Perseverance keeps on despite difficulty, doesn't give up.
- Creativity expresses self through artistic endeavor

Adopted from the book: Resiliency in Action: Practical Ideas for Overcoming Risks and Building Strengths in Youth, Families, and Communities. By Nan Henderson, Bonnie Benard, and Nancy Sharp-Light.

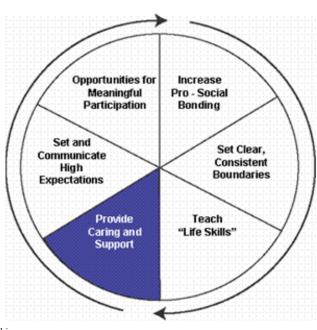
in dealing with stress." Individual qualities that research has shown are especially useful in overcoming life's problems and traumas are the **Personal Resiliency Builders**. Every person relies on some of these internal protective factors to deal with life's challenges all of the time.

3. Surround children with protective factors.

Numerous studies show that across their lifespan (from infancy through adulthood) people need to be surrounded with the six elements of protection that comprise what Henderson refers to as the "resiliency wheel." These elements of protection include:

- Positive connections to people, activities, hobbies, and groups.
 And anything that increases a child's connection to education and love of learning is a tremendous resiliency builder.
- Clear and consistent boundaries – with friends and family members have clear, healthy boundaries, including mutual respect, personal autonomy, and each person in the relationship both giving and receiving.
- Problem solving or "life skills" – including practice opportunities and positive modeling. Successfully solving conflict, setting and achieving a goal, assertively standing up for our beliefs, and establishing healthy relationships.

The Resiliency Wheel



Adopted from the book, Resiliency in Schools: Making it Happen for Students and Educators by Nan Henderson and Mile Milstein, (1996).

- Caring and support
 - unconditional love, non-judgmental, active listening, and actions that communicate, "I am for you," is the **crucial foundation for all other resiliency-building action**. These relationships may be with parents, a special teacher, or an adult friend or mentor. Caring and support protect children in a very special way.
- Sense of purpose and future the belief that that one can and will succeed in reaching their goals.
 This is demonstrated by healthy expectations, goal setting, educational aspirations, and persistence.
- Opportunities for involvement genuine, "real-world" ways for individuals to share their gifts and service with the world around them. Like adults, children need to feel needed.

4. Allow for time to turn things around.

For any person struggling to overcome adversity, psychologist Emmy Werner emphasizes that change takes time. Even some of the best programs that have shown to be powerful resiliency builders, like the Big Brother/Big Sisters approach to mentoring, take eighteen months to two years to have a significant impact. Supporting the development of resiliency in children will help them in their recovery of childhood trauma and launch them on their way to successful lives (Werner, E., & and Smith, R.S. Overcoming the Odds: High risk children from birth to adulthood (New York: Cornell University Press, 1992); Bernard, B. Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community. Portland, OR. Northwest Regional Education Laboratory, 1991).

THE VALUE OF ADULT RELATIONSHIPS

One of the primary predictors of a successful, resilient youth is a caring relationship with an adult.

Years of research have identified that among resilient children, the most universal protective factor is the *presence of a significant caring adult.*

A positive adult role model and a *caring* adult in the life of a child can contribute to a youth's external assets. Additionally, by building a trusting relationship over time, this adult can

By building a trusting relationship over time, a child's mentor can affect:

- Interpersonal Problem Solving
- Empathy Building
- Getting Along with Others
- Increase "likeability"
- Develop competencies
- Sense of humor
- Broaden social supports
- Internal locus of control
- Positive hopes and expectations
- Facilitate clinical interventions
- Crisis support

also help to fortify the child's internal assets (Vance. E & Sanchez H. "Creating a Service Culture that Builds Resiliency". North Carolina Department of Health and Human Services, 1998). This may include helping the youth develop positive identity and values, build social competencies and increase their commitment to learning.

There is no question that resilient children all have at least one person in their lives who accept them unconditionally, regardless of temperament, physical attractiveness, or intelligence (Werner and Smith, Overcoming the Odds: High risk children from birth to adulthood (New York: Cornell University Press, 1992).

The Solution: Heroic Choices



The Todd M. Beamer Foundation came to believe that children today face an uncertain world, and that they, and we, will always need heroes. Children who have experienced trauma within their lives especially need to be nurtured so that they can be inspired and assisted toward developing the character to act in heroic ways.

In September 2002, the blueprint for a program conceptualization, called Heroic Choices, became final and a launch was set for the following year. Heroic Choices is a resiliency building program that targets children experiencing trauma. The one year program experience includes a high-impact retreat, one-to-one mentoring relationships, and asset-based training. The mission is clear: to equip children experiencing trauma to make the right choices every day.

In May 2003, the Beamer Foundation began providing direct services to traumatized children, graduating the second group of enrollees in July 2005.

Heroic Choices is no longer a working prototype, that is, an operational demonstration. After seven successful retreat launches, the latter of which occurred in May 2005, Heroic Choices has moved progressively through a facilitative learning process of assessment, revision, and evaluation to a comprehensive research-based model for delivering long-term resiliency support to traumatized children. Heroic Choices is now a highly effective program in position for national replication.

EVIDENCE OF EFFECTIVENESS

Credible documentation that demonstrates the effectiveness of Heroic Choices is critical to efficacy of service delivery. Cynthia Sipe, Ph.D. became engaged with the program during the launch phase and continued her efforts through the present year. Her evaluation of the program indicates:

Children increased in resiliency, as demonstrated by an increase in protective factors. This long-term desired outcome emerges as a result of completing the one-year activity based, resiliency building curriculum.

Dr. Cynthia L. Sipe

Dr. Sipe has conducted extensive research on mentoring programs, authoring or co-authoring several reports including: Mentoring School-Age Children: Relationship Development in Community-Based and School Based Mentoring; Mentoring: A synthesis of P/PV's Research; and most recently, Digital Heroes Campaign: Year One Evaluation Results. She is a member of MENTOR/National Mentoring Partnership's Task Force on Accountability. During her initial term with P/PV, she served as Director of Quantitative Research. She now sits on the board of this prestigious organization.

Children improved their ability to make wise and courageous choices, as measured by the choices that the children made throughout their duration in the program.

Children experienced an increase in the level of care and support they receive from their adult caregivers and their adult role models.

Dr. Sipe states, as initially conceived Heroic Choices included several components. First, the program was designed to serve children affected by trauma, including, but not limited to, children affected by the events of September 11th. A key component of the program is the facilitation of mentoring to youth enrolled in the program. However, in contrast to many mentoring programs, Heroic Choices seeks to enhance the mentoring youth receive through structured asset-building based on the "40 assets" identified by the Search Institute as critical to the healthy development of all youth (Cynthia L. Sipe, Ph.D., Heroic Choices First Year Evaluation Report, March 2005.)

The design of Dr. Sipe's evaluation, which evolved along with changes in the program design over the course of the pilot, included an examination of program implementation – that is, to what extent was the program model implemented as intended and what changes might be needed to the initial model – as well as an initial examination of outcomes experienced by youth in the program.

Toward that end, data were collected through observations of the initial retreats, site visits to program locations, interviews with program staff and focus groups with youth, parents/guardians and mentors. In addition, youth and parents were asked to complete two surveys — an initial survey completed during the retreat and a follow-up survey to collect information on their reactions to the program and to document outcomes. Mentors were asked to complete a survey following a year of meeting with youth to document their impressions of the program and their assessments of benefits for youth participants.

As noted above, youth and parents attending all of the retreats during the initial year of program operations were asked to complete baseline surveys. The youth surveys included items related to the Search Institute's "40 assets". Thus, the survey focused on a smaller number of constructs that seemed most appropriate for the age group (8-12) served in the program. In particular, the survey measured:

- Social Competence
- Positive Identity
- School Engagement
- Social Support
- Positive Values
- Constructive Use of Time

In addition, the youth survey included the Child Report of Post-Traumatic Stress (CROPS), intended to determine the extent to which youth in the program were experiencing symptoms related to post-traumatic stress.

The parent baseline survey consisted solely of a parent counterpart to the CROPS, that is, the Parent Report of Post-Traumatic Stress (PROPS). The scale measures parent's/guardian's perceptions of the extent to which their child exhibits signs of post-traumatic stress (Both instruments were developed by Ricky Greenwald, Psy.D. and are available through the Sidran Institute. Information on the instruments' development and validation studies was published in 1999: R. Greenwald and A. Rubin "Assessment of Posttraumatic Symptoms in Children: Development and Validation of Parent and Child Scales" Research in Social Work Practice, Vol. 9, No. 1, pp.61-75, 1999).

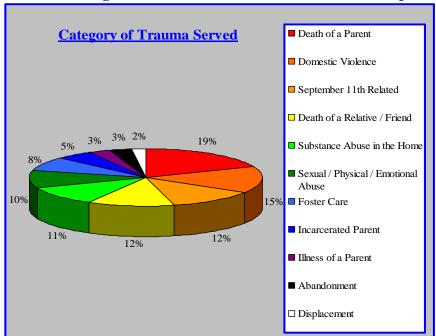
The frequency results for all of the items included on the baseline youth and parent surveys indicated that the Foundation was successful in its recruitment efforts – the youth involved with the program were clearly experiencing many symptoms of post-traumatic stress.

Additionally, many of the initial youth participants did benefit from the time they spent in the program. Parents, mentors and site coordinators all observed changes in the behavior of many of the youth in the program. And the survey results, though limited, also provided support for the positive influence of the program on these youth. There is a strong likelihood that many more youth will benefit from participation in Heroic Choices in the future (Cynthia L. Sipe, Ph.D., Heroic Choices First Year Evaluation Report, March 2005.)

2003-2004 Heroic Choices Participants

Group	# of	# of	# of	# of VIP's	# of
and	Applications	Applications	Children in	in	Mentors in
Year	Received	Selected	Attendance	Attendance	Attendance
June	28	22	19	17	18
2003					
June	32	21	20	13	25
2003					
Oct.	64	32	22	12	17
2003					
May	53	38	21	19	21
2004					
June	45	41	28	24	31
2004					
Nov.	34	20	13	10	6
2004	_				_
Total	256	174	123	95	118

Heroic Choices uses a broad definition of "trauma" to encompass any major crisis or tragedy that a child has encountered in life that compromises the ability to grow up in a healthy way. No matter what type of trauma a child experiences, he or she will be profoundly affected by it--emotionally, mentally and physically. Unfortunately, the symptoms of trauma are often invisible until well after the event.



2003-2004 Categories of Trauma for Heroic Choices Participants

DISTINGUISHING PROGRAM FEATURES

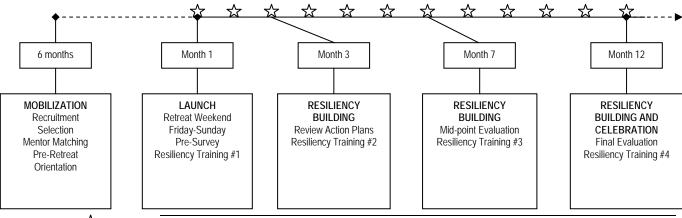
The Heroic Choices program possesses features that distinguish it from other programs:

- Targets traumatized children. Heroic Choices targets children from ages eight through twelve who are experiencing trauma. The Foundation defines trauma as anything that endangers the integrity of the family unit. This can include one time events in the life of a child such as loss of a parent through terrorism, incarceration, or divorce; ongoing emotional and physical neglect; or experiencing or being witness to accidents and/or natural catastrophes.
- **Builds resiliency.** Protective factors are the centerpiece to developing resilient children; therefore instead of focusing on reducing problems and risks, Heroic Choices focuses on building strengths, and helping children

"bounce back" from the trauma in their life. The program addresses resiliency empowerment in two ways:

- First, through asset-based training. Assets are factors promoting
 positive youth development and are grounded in the literature on
 "risk and resiliency."
- O Secondly, through a **one-year framework of activities surrounding a mentoring relationship**. Years of research have identified that among resilient children, the most universal protective factor is the presence of a significant caring adult.
- Utilizes a scientifically-research based curriculum. Search Institute collaborated with Heroic Choices to create an asset-based curriculum specifically designed for the program, targeted to fit traumatized children and their needs. This curriculum is packaged in two user-friendly tools – a handbook and a guidebook – and is delivered in regular, turnkey trainings for children and adults participating in the program. Search Institute (SI) is regarded as one of the foremost experts in the research and best practices surrounding resiliency. For more than fifty years, Search Institute has been researching resiliency and protective factors in children. Their approach uses a framework of forty developmental assets that take in the whole picture of what is needed for a child to grow up in a healthy way. Since the developmental asset framework was introduced in 1990, SI has cumulatively surveyed more than 350,000 sixth-twelfth graders in more than 600 communities, mapping the developmental assets they experienced, the risks they took, the deficits they had to overcome, and the ways they thrived.
- Comprehensive. Over the course of twelve months, the program works through three discrete phases, ensuring that participants meet milestones along the way. The result of all the phases is increased resiliency in the children. The chart below displays the comprehensive nature of the program.

HEROIC CHOICES PARTICIPATION TIMELINE



- Incorporates a catalytic program launch. HEROIC CHOICES allows space and time for participating children, caregivers, and mentors to address the reality of the trauma problem they seek to address. Heroic Choices begins with a two-day retreat for families and mentors in serene setting. The retreat is educational, inspiration, and restorative serving to jumpstart threefold involvement of child, caregiver and mentor. It also begins the resiliency training for all participants for the upcoming year.
- Offers a "friendly-match" strategy. Heroic Choices pairs each child with a volunteer mentor who is screened, trained, and qualified to build resiliency. For at least a year, the mentor and child are required to meet and work through the asset development plan each child develops at the retreat. Children and families recommend names for 'friendly' mentor matches. Recruiting 'friendly' mentor prospects is advantageous as it reduces the recommended recruitment ratio from seven to one (7:1) to two to one (2:1) [the average number of potential mentor candidates an organization must screen]. This strategy is also beneficial as children express less apprehension about having a mentor if they are to be matched with someone they already know. Additionally, 'friendly' matches usually generate mentor prospects from the same culture and socio-economic background as the child.
- Trains parents and mentors. The Foundation recognizes that strong, functional families and supporting adults are of inestimable value in producing healthy, resilient children; therefore, Heroic Choices provides asset-based training for *parents* and *mentors*. Heroic Choices actively involves the parents or caregivers of participating children in all aspects of its programming, which is unlike the majority of trauma-oriented programs. Parents' responses to a violent event or natural disaster strongly influence their children's ability to recover. This is particularly true for mothers of young children. If the mother is depressed or highly anxious, she may need to get emotional support or counseling in order to be able to help her child. Another study has shown that the youngster who lacks family support is more at risk for a poor recovery (Morrison JA. Protective factors associated with children's emotional responses to chronic community violence exposure. *Trauma, Violence, and Abuse: A Review Journal, 2000;* 1(4); 299-320). The Heroic Choices program builds a focused, trained community around the child -- including the parent/caregiver and mentor.
- Leverages local resources. Heroic Choices selects "gatekeepers" from the public schools, social service organizations, and to identify and recruit children and families; and utilizes local organizations to provide case management services.
- **Provides a transportable solution.** Heroic Choices is a turnkey, replicable program that can be run in any community in which children are experiencing trauma.

THE PROGRAM'S METHOD OF SERVICE

This free program targets children, 8-12, who have experienced trauma and has three distinct phases: the **Pre-retreat**, the **Two Day retreat**, and the **Post retreat**.

The Pre-retreat phase occurs six months prior to the launching of a child's actual participation in the program at the retreat. During that six months, the parent/caregiver makes application for a child in connection with a referral agency/nonprofit working in partnership with Heroic Choices. At that time, the parent can nominate a friend or relative as a potential mentor for the child; if the parent does not provide one, Heroic Choices makes the effort to acquire one.

The application undergoes careful screening and evaluation to determine if Heroic Choices is the right approach to best <u>aid</u> the trauma needs of the child. If the child is selected, Heroic Choices contacts the caregiver and provides information on next steps.

Throughout the child's entire transition in the program, the referral agency or nonprofit remains a source of information for the mentors and families---a contac to whom they can talk and continue to ask questions for the rest of their involvement in the program. At no time is Heroic Choices solely responsible for the case management of the child and/or the mentor/mentee relationship.

The Retreat phase begins on a Friday afternoon and ends on a Sunday afternoon. At the retreat the focus is on building relationships to sustain the asset strengthening of the child throughout the yearlong mentoring relationship. Children, parents/caregivers and mentors attend the retreat. The mentors are: nominated by the caregiver, already have been paired either prior to application to participate in the program, or provided by a partner mentoring organization.

After various asset-driven sessions over the retreat period, the child, caregiver and mentor then develop an action plan to serve as a roadmap throughout the next twelve months. Focusing on three or four key assets that need further development, the action plan outlines and guides the mentor and caregiver toward positively shaping these assets within the child. Caregivers and mentors receive at the retreat, the Heroic Choices Workbook: Guide for Building Assets in Children and the Heroic Choices Handbook: Ideas for Building Assets in Children. These support materials offer guidance to the mentors, child and caregiver on how best to help the children build and develop resiliency. Counselors are on site throughout the retreat to provide one-on-one counseling, if needed, for the children and the caregivers.

The Post retreat phase focuses on the yearlong mentoring relationship. Mentors meet with the children on a regular basis and using the asset-based curriculum's

handbook, workbook, and the child's asset action plan, they work together on developing the already identified asset areas in need of positive reinforcement for resiliency.

Throughout the one-year resiliency-building phase, Heroic Choices gathers its participants for periodic trainings. These trainings are designed to review and reinforce the concepts introduced at the retreat launch – for guardians, mentors, and children. The goal is to intentionally weave the concepts of resiliency through the participants' year-long experience in the program in tangible ways so that children in fact emerge more resilient at the end of their year with Heroic Choices than when they entered the program.

There are three separate *trainings* for program participants interspersed throughout the year. The first occurs about three months after the launch retreat. A second training takes place about seven months following the launch retreat, and a final training – which doubles as a celebration ceremony – occurs eleven or twelve months after the retreat. This final occasion not only offers a final training to participants but also marks the achievement of the child, mentor, and guardian in completing the full-year program.

The "Heroic Choices Connection" provides advice, inspiration, tools, and resources to parent/guardians and mentors throughout the year to tangibly support their efforts to build resiliency in their children/mentees. The components of the "Heroic Choices Connection" serve to encourage, support, and empower families and mentors throughout the resiliency-building phase – and also to track their progress by periodically releasing evaluation surveys.

One key element of the Heroic Choices Connection is providing opportunities to attend events or go on outings of various kinds – which Heroic Choices will sponsor and publicize. Mentoring pairs or family groups can take advantage of these opportunities to connect and to focus on their relationships, and on their resiliency-building efforts.

Finally, important in the Heroic Choices Connection is the newsletter. This *bi-monthly communication piece* is filled with a message from the program team, helpful program-related information, resiliency-building tips, "real life" success stories relating to the developmental assets, and other tidbits that will be pertinent to the children, caregivers/parents and/or mentors.



Heroic Choices' Resiliency Response

In the few years of their lives, the nation's children have experienced and/or witnessed terror attacks, outbreaks of war, and the devastation of natural disasters right at their front doors. The evacuation of New Orleans due to the flooding, as well as extensive damage in Biloxi and Gulfport, Mississippi, and other communities in Alabama, Louisiana, and Mississippi led to the largest evacuation, (over 200,000) of children in U. S. history.

Whether or not America's children have been *directly* impacted as hurricane victims or *indirectly* as spectators through television coverage, the ways in which help is provided to overcome the trauma, loss, fear and/or confusion will be key to their immediate well-being and future stability.

After a catastrophe such as Hurricane Katrina or Rita, children are the most vulnerable. They struggle with understanding the sudden chaos and upheaval surrounding them; they watch the outpouring of anguish displayed by adults and wonder how they will cope. Loss of lives, destruction of homes, schools and neighborhoods—all catapult children into a state of worry.

According to Parents Line, possible reactions of children and youth to a hurricane may include emotional and physical exhaustion, fear, anxiety, confusion, disbelief, and grief. Symptoms can include difficulty sleeping, crying, regression, upset stomach, clinginess, inability to concentrate, misbehavior or aggression. In some instances children may experience survivor guilt. The sights, sounds, and smells of a hurricane often generate fear and anxiety. Consequently, similar sensations (strong rain, thunder, or winds) may trigger distress among children in the months to follow. Reactions and symptoms may last for several weeks (Parents Line: When the World Seemingly Makes No Sense, How Do You Talk To Your Kids? www.citizen.com, September 11, 2005)

Immediate efforts to establish normalcy should entail teaching effective coping strategies, re-establishing and promoting supportive relationships, and finding and following comforting routines, helping children to understand their reactions and feelings. Long-term efforts will demand a more comprehensive approach to guarantee resiliency.

DEMAND FOR HEROIC CHOICES

The need for Heroic Choices is evident; a long range approach to facilitating resiliency through asset skills development will provide adequate time for children to understand and move beyond their trauma. Public schools, social service and/or mental health organizations have access to or work with

children experiencing trauma as a result of Hurricane Katrina and/or other family tragedies. Such entities also seek a program, such as Heroic Choices, that meets and/or exceeds the *Principles of Effective Prevention Programs*. Heroic Choices successfully:

- Includes multiple components and affects multiple settings to address a wide range of risk and protective factors of the target problem
- Includes multiple teaching methods with an active, skills-based approach
- Exposes participants to enough of the activity for it to have an effect
- Sustains a scientific justification or logical rationale
- Fosters strong, stable, positive relationships between children and adults
- Targets age groups (8-12) where activities developmentally will have maximal impact in their lives
- Fits within cultural beliefs and practices of specific groups as well as local community norms
- Entails a systematic evaluation process throughout the program necessary to determine sustained viability
- Requires well trained staff who are sensitive, competent, and skilled in youth development

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of Effective Prevention Program. American Psychologist, 58, 449-456; Applying the Principles of Prevention: What Do Prevention Practitioners Need to Know About What Works? (May 12, 2005).

Schools, community-based organizations and mental health agencies will need a program, such as Heroic Choices, that can be rapidly deployed to meet the needs of children after a tragedy such as Hurricane Katrina and smoothly infused because of adaptability for a host of settings. Heroic Choices is composed of three parts and focused on achieving results for all participants. No other program has adopted a similar model with such a well-defined infrastructure.

By offering a deployment strategy that can quickly meet real needs in the wake of a tragedy, whether local or national in scale, Heroic Choices can capitalize on a community's heightened awareness to the impacts of trauma and its desire to respond. Finally, focus on the long-term makes Heroic Choices unique in the mental health arena for traumatized children. The financial investment alone not to mention the dedication to assistance for an entire year put Heroic Choices in a rare league of compassionate service to others.

POSITIONING HEROIC CHOICES

The position statement for Heroic Choices within this potential needs domain for its direct services is that such an organization *will equip children experiencing* trauma to make heroic choices every day. Children who become program participants will discover their qualities that reinforce their ability to overcome obstacles and face life's challenges. The perception of Heroic Choices should be that of an organization able to rally behind the tremendous need of displaced children who have endured a horrific shift in their day to day existence due to a natural disaster. To aid traumatized children, Heroic Choices will focus on building strengths and equipping each child with protective assets. This free program targets children, 8-12, who have experienced trauma, which may include but is not limited to: victimization by man-made or natural disaster; the loss of a parent, guardian, relative or friend; domestic violence; physical or sexual abuse; drug or alcohol abuse in the home; and parental incarceration

The Plan for the National Resiliency Response Initiative

PURPOSE

Heroic Choices seeks to replicate its direct services in other locations across the country to augment the resiliency development of traumatized children recently victimized by Hurricane Katrina and Rita, as well those children dealing with other trauma in their lives.

GOALS

At the end of two years, 2006-2007, Heroic Choices will have made a significant impact in reaching children experiencing trauma, both in terms of the number of children who enter the program per year, and the number who complete the program.

Thus, a far-reaching goal of the National *Children's Resiliency Response Initiative* is (1) to bring Heroic Choices to locations easily accessible to traumatized children to aid them in their recovery from their individual tragedies. By participating in the Heroic Choices program, traumatized children will (2) build their capacity to cope with the obstacles in their lives, demonstrated by an increase in their internal and external assets; (3) measurably grow in their level of courage and hope; and (4) feel more supported by their caregiver/parent and other adults in the community. (5) Parents will be better equipped to support their traumatized children more effectively. (6) Mentors will grow personally in the experience of having positively influenced the life of a child.

The table below summarizes a sample of the potential number of retreats, families, and children.

Participants/Sites	2006	2007	Total
# of Cities	10	10	20
# of Retreats	10	10	20
# of Retreats per City	one	one	
# of Children per Retreat	40	40	800
# of Families	40	40	800
# of Mentors	40	40	800
Total # of Individuals	40 children	40 children	2,400 participants in
	40 caregivers	40 caregivers	Heroic Choices over two
	40 mentors	40 mentors	years
	120x10=1,200	120×10=1,200	

THE REPLICATION STRATEGY

Heroic Choices considers three options for replication in ten cities during 2006-2007.

Option One: Direct Service Delivery Model

Heroic Choices remains the focal point of direct services, performing all operations and logistics to guarantee facilitation of the program's phases via a lead, partner organization in each of the ten locations. The Foundation uses gatekeepers from the public schools, social service organizations, and mental health organizations to recruit and identify children. A local organization provides case management, while Heroic Choices oversees the delivery on each program stage.

Option Two: Franchise Model

Heroic Choices is a franchise model through which the Foundation can leverage its resources and grow the program more quickly. Less operational control is required, and the gatekeeper organizations serve as the primary provider of the Heroic Choices program. The Foundation provides the gatekeeper organization with everything it needs to run the program---the curriculum, materials, and training and technical assistance.

The gatekeeper organization generates funding for the program's implementation at the local level and the operational responsibility.

Option Three: Planning, Outreach, and Capacity Building

Heroic Choices can elect to stand down on service delivery for the next two years, working on capacity building within the national office before launching replication across the United States. However, the window of opportunity for Heroic Choices to capitalize on a great need at present among traumatized children, and the significant benefit for recent disaster victims are both paramount considerations. Yet, in terms of moderate financial investment over two years, Option three is a viable alternative.

Regardless of the option chosen, to jumpstart either one, will require a startup investment to begin work.

For purposes of this plan, Option Two will serve as the EXAMPLE with replication as the target outcome over the next two years via local organizations in partnership that generate revenue, launch a retreat, and coordinate resiliency trainings through the 12 months for participants in each selected city/town. Option Two promotes actual expansion, retains the life of the program, and serves children in immediate need of help. After two years, the traumatized children victimized by Hurricane Katrina may not be as easily distinguishable within various communities.

REPLICATION STEPS

Expansion of the Heroic Choices program to hundreds of traumatized children will be an important milestone in its growth, having fulfilled an anticipated outcome written in the program's original conceptualization.

The first ten groups will be launched during 2006. While they are completing their 12 month resiliency training sessions throughout 2007, the second set of 10 locations will undergo the same replication steps.

ASSESSMENT PHASE

- Will occur six months prior to the launch of a retreat in a city location. In communities where a large scale tragedy has occurred, this phase will occur as soon as feasible via the gatekeeper organizations.
- Determine a city's readiness for Heroic Choices by scope of problem, demand among organizations working with traumatized children, and preliminary assessment of potential, local partners

STEP	Purpose	Target
Assess each (10) city's readiness	Determine market opportunity and demand	Organizations that have an interest in or work with traumatized children
Obtain financial support	Secure local funding to cover each site's program costs (partner local organization and national office)	Private and public sector philanthropy from the locale

Create the site schedule for retreat launches	Training and technical assistance	Gatekeepers and/or lead partner organization
Identify and train gatekeepers and/or lead organization in locale	Serve as primary contact in the community to recruit participants, market Heroic Choices, and generate revenue	Organizations that have an interest in or work with traumatized children
Partner with a local mentoring organization	Acquire friendly matches for program participation and case management	Mentoring organizations

MOBILIZATION PHASE:

- Will occur two months prior to the retreat launch within a city. It includes all activities necessary to prepare for the launch and resiliency-building phases.
- Identify, mobilize and equip all the program participants, including families and mentors, gatekeepers, mentoring partners, and trainers prior to the program launch

STEP	Purpose	Target
Recruit and select children and caregivers	Gatekeepers recruit, select and screen children for program participation	Traumatized children
Screen and train mentors	Acquire friendly matches	Adult role models and mentoring organizations
Orient parents and mentors	Set expectations and establish responsibilities	Parents and mentors
Complete baseline assessment of children	Determination of the number of assets or protective factors in the life of a child	Program participants (8-12)
Staff the retreat and select retreat location; recruit and screen volunteers	Contract logistics for Vision Trainers and counselors	2 Vision trainers 10 counselors 20 volunteers
Finalize retreat schedule and order materials	Make sure all logistics are secure	n/a

LAUNCH PHASE:

• The Retreat launches occur within the 10 cities

It is the catalytic experience that launches children, families, and mentors into the resiliency-building phase

STEP	Purpose	Target
Train adults and mentors	Understanding of how	Caregivers/parents/mentors
	trauma impacts children and	

	they can do to build assets	
Stimulate the mentoring relationship	Connect a child with a caring adult	Mentors/mentees
Inspire, encourage, and support families	Provide tools to assist the child's resiliency	All family members in attendance

RESILIENCY BUILDING PHASE:

- The resiliency building phase lasts for 12 months.
- Identify, mobilize and equip all the program participants, including families and mentors, gatekeepers, mentoring partners, and trainers prior to the program launch

STEP	Purpose	Target	
Coordinate three resiliency	Quarterly asset development	30 sessions nationwide for	İ
building sessions for	reinforcement, action plan	caregivers, parents, and	
participants at 10 locations	review, and tracking progress	mentors	

Note: The replication steps occur again in the following year for ten (10) new site locations following the same aforementioned logistical process.

THE MANAGEMENT STRATEGY

Heroic Choices is headquartered in Princeton, New Jersey at the Todd M. Beamer Foundation. To support the implementation of Heroic Choices across the United States requires local partner organizations, gatekeepers in the designated area, mentoring partners, and an advisory board.

Local Partners

The local **partner organizations** will require a designated staff person to serve as the Heroic Choices liaison for purposes of coordinating the program's delivery with local gatekeepers and the mentoring organizations.

The local **mentoring organizations** will require a designated case manager assigned to facilitating recruitment, screening and monitoring friendly match relationships, preferably already established, throughout the duration of the yearlong program.

Both the local partner organizations and the mentoring organizations should in memorandum of understanding agree to collaborate on service delivery, assessing costs where applicable, and working together to generate revenue to subsidize program implementation.

Gatekeepers

The **gatekeepers** will recruit the traumatized children, provide case management oversight, and ensure participant involvement throughout the full twelve months in the retreat and subsequent resiliency training sessions.

Advisory Board

In 2005, the national office began formation of a national advisory board composed of experts in counseling, resiliency, and asset development; it will continue to recruit key experts from the selected cities as expansion of the program evolves.

IMPLEMENTATION MILESTONES

The chart below identifies critical milestones and key tactics for each phase of the two year implementation plan.

Yea	ar One:	
1.	Conduct assessment of potential site locations	National office
	1.1. Research and demand and opportunity to serve traumatized children in potential cities	
	1.2. Identify the 20 potential cities to span the two year replication strategy	
2.	Identify local partners	National office
	2.1. Identify local partner organizations and mentoring organizations	
	2.2. Visit and assess potential partners	
	2.3. Select and finalize partnerships	
3.	Identify and train local partners	National office
	3.1. Conduct introductory training for local partners, mentoring organizations, and gatekeepers (if known)	
	 3.1.1. Identify sub-contractor to produce materials 3.1.2. Produce curriculum material 3.1.3. Distribute material to all local partners 3.1.4. Distribute to all mentoring organizations 	
Yea	ar One:	
4.	Recruit and select traumatized children	Local Partners
	4.1. Conduct outreach and publicize criteria for child selection to gatekeepers	
	4.2. Direct gatekeepers in their efforts to recruit children experiencing trauma and their families	
	4.3. Collect and review all applications	
	4.4. Award program openings to families who demonstrate greatest need	
	4.5. Verify that all accepted candidates have provided "friendly match" potential mentor options	
5.	Screen mentors, make selections, and train mentors	Mentoring Partners

5.1. Contact and interview all potential mentors submitted	l by
selected families	
5.2. Screen potential mentors	
5.2.1. Conduct criminal background check	
5.2.2. Check references	
5.3. Work with local partner to locate mentors for those participants whose mentors are deemed unsuitable	
5.4. Notify mentors of their acceptance	
5.5. Connect mentors with their local case manage provided through local mentoring partner	gers,
6. Orient Parents and Mentors	Local
	Partners
6.1. Develop and produce materials for pre-retreat packet	s,
including:	
6.1.1. Overview of the retreat and program	
6.1.2. Introduction to the concepts of asset-building	g
6.1.3. Description of participant responsibilities	
6.2. Mail packets out to families	
6.3. Follow-up with phone call and assessment reminder	
7. Collect baseline assessments of children	Local
	Partners/
	National
7.1. Track arrival of assessment forms from participating	
families	
7.2. Follow-up with families for responses	
7.3. Review and tabulate assessment data	
8. Develop detailed schedules for retreats	Partners/
	National

9.	Select retreat location, staff retreat, screen volunteers	Local
		Partners
10.	Finalize Retreat Logistics	Local
		Partners
11.	Hire consultants/contractors for the retreat	Local
		Partners
	11.1. Identify and hire counselors (minimum of 10)	
	11.2. Identify and hire trainers (2 per retreat)	
	11.3. Ensure representation from participating gatekeepers	
12.	Ensure proper liability	Local
		Partners/
		National
	12.1. Research liability issues and potential insurances vendors	
	12.2. Work with retreat facility, lawyer, and insurance to	
	delineate all issues of liability	
13.	Communicate retreat logistics to parents and mentors	Local
		Partners
	13.1. Inform of retreat location, dates, and times	
	13.2. Arrange transportation if/when needed	
Year One		
14.	Operate retreat	Local
		Partners/
		National

14.1. Run ten retreats for 40 traumatized children per site	
14.2. Ensure that all children and mentors are equipped with	
follow-up mentoring curriculum and know how to use it	
15. Evaluate retreats: operations and effectiveness	
15.1. Debrief each retreat	Partners/
	National
15.2. Conduct post-surveys of retreat participants	
16. Oversee mentoring relationships	Mentoring
	Partners
16.1. Conduct mentoring oversight and case management	
16.1.1. Problem-solve, troubleshoot, and broker	
resources as needed to empower mentor	
16.2. Monitor effectiveness and frequency of case	Local
management	Partners
Year Two	
17. Conduct quarterly resiliency trainings for all retreat	Local
participants	Partners/
	National
17.1. Stage in the 10 site locations the required three follow-up	
resiliency trainings over the next 12 months	
Year 2007 National/Local Partners/Mentoring Partners	
18. Implement Heroic Choices program in the next 10 sites	
19. Continue to conduct revenue generation to guarantee	
continuum of service to enrollees through	
20. Develop plan to expand Heroic Choices to other sites	

The Collaborating Partner for the Resiliency Response Initiative

THE TODD M. BEAMER FOUNDATION/HEROIC CHOICES

The Todd M. Beamer Foundation is a non-profit public charity located in Princeton, N.J., was incorporated on Sept. 24, 2001, in tribute to the legacy of Todd M. Beamer who died on United Flight 93 during the 9/11 tragedy.

During 2002, the Foundation began conducting extensive research into the issue of childhood trauma. Through their work with various agencies, research institutes and experts in the field, it determined that there was a very real and urgent need to create a program that could provide concrete, positive experiences for this special group of children. The goal became creating resiliency in these children so that they could thrive in spite of their traumatic experience. From this background research, a clear vision and mission for the Foundation's work emerged. The decision was made to focus on *equipping children experiencing trauma to make heroic choices every day*.

In 2003, a resiliency curriculum based on the Search Institute's <u>40</u> developmental assets <u>framework</u> was designed, and several children from the New York City area were invited to participate in the Foundation's prototype program. The Foundation launched its first retreats and resiliency-building activities for the children, caregivers and mentors.

In 2004, the Foundation changed its name to Heroic Choices, remaining true to the spirit of Todd Beamer while moving beyond the events of Sept. 11, 2001 seeking to turn tragedy into triumph for children who have suffered from trauma to help them for the rest of their lives. 2004 was exceptional. 173 program participants---children, caregivers and mentors---began their yearlong program. At the close of the year, the Foundation graduated its first group of children to successfully complete the yearlong program. Their graduation marked the emergence of the Heroic Choices model from its prototype phase.

Additionally, Heroic Choices was one of six distinguished honorees recognized at the HELP USA Annual Tribute held May 26, 2004, receiving recognition along were Lifetime Television, actress Whoopi Goldberg, and Arthur J. Mirante, II., former President and CEO of Cushman & Wakefield, Inc.

Heroic Choices launched its seventh retreat in May 2005 and proudly announced its second group of enrollees to complete their yearlong program. These "little heroes" graduated this July past 2005.

2006 has brought to the Todd M. Beamer Foundation, d/b/a, Heroic Choices, extraordinary achievements for its dedication to meeting the need for resiliency support to children and youth traumatized by events in their young lives. Heroic Choices is the recent, proud recipient of the 2006 Cherish the Children Foundation Recognition and the 2006 Safe Horizon-National Crime Victims' Rights Honor.

For information on Heroic Choices, visit our website at:

www.heroicchoices.org
