

***CORE HEALTH™  
FOR  
YOUTH***



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Educational and Scientific  
Nonprofit 501(c)3  
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EVERY child is born with the innate capacity of *resilience*.

**Core Health** assists children to affirm and develop  
this innate *resilience* that exists in each child.

This creates self-reliance and self-responsibility.

# Core Health ~ Youth

## Affirming and Assisting Resilience in Children Keeping children healthy mentally, emotionally, spiritually, and physically.

Research has clearly established the biological imperative for growth and development that exists in every human organism. We are all born with an innate capacity for resilience, through which we develop 1) social competence, 2) problem-solving skills, 3) critical consciousness, 4) autonomy, and 5) a sense of purpose. Thus it is easier to keep children healthy than to do remedial efforts the rest of their lives.

A review of the current literature relating to at-risk children who grew up in poverty, with parents who were abusive, mentally ill or involved with drugs or criminal activity, or live in war-torn communities, shows that “between half and two-thirds” overcome childhood experiences and become productive, healthy citizens. Werner and Smith, report “A large body of international, cross-cultural, longitudinal studies provide scientific evidence that many youth, even with multiple, severe risks factors in their lives, can develop into confident, competent, and caring adults.”

Research shows that “resilient children” possessed the following traits:

- The presence of at least one caring person in their life
- A sense of their own identity as a distinct human being
- A sense of personal control in response to events in their life
- Effective problem solving skills
- Effective social competence skills
- Opportunities for meaningful involvement and responsibility

Researchers recognize that children are born with an innate capacity for resilience.

**Core Health** recognizes:

“An inborn core of health exists in every person. Over the years, this core becomes covered by layers of conditioning and distortion from negative experiences in life.

**Core Health** is a non-cultural, non-religious process reactivating this inborn core of health.”

**Core Health** assists children to affirm the innate resilience that exists in each child.

**Core Health** assists children to develop skills and attitudes to powerfully and creatively sift and sort through the confusion and challenges of life. The process clears the clutter of life obstacles by affirming and reactivating the child’s natural resilience, and provides skills for expression.

Children need not relive their family’s history and patterns. With **Core Health** they leap to the core of their inherent pure health, removing energy distortions and perceptions thus creating a free flow of positive energy. **Core Health** helps children accentuate the resiliency that life experiences may have covered up, or failed to enhance and develop fully. This process easily frees each child to achieve greater power, learning potential, health, and enjoyment of life.

They become self-choosers.

# The Nature Of Resilience

Bonnie Benard

(August 1995 <http://resilnet.uiuc.edu/library/benard95.html>)

In *The Nature of Resilience*, Bonnie Benard states:

Longitudinal studies, several of which follow individuals over the course of a lifespan, consistently document that between half and two-thirds of children growing up in families with mentally ill, alcoholic, abusive, or criminally involved parents or in poverty-stricken or war-torn communities do overcome all odds and turn a life trajectory of risk into one that manifests "resilience," the term used to describe a set of qualities that foster a process of successful adaptation and transformation despite risk and adversity. Resilience research validates prior research and theory in human development that has clearly established the biological imperative for growth and development that exists in the human organism and that unfolds naturally in the presence of certain environmental characteristics. We are all born with an innate capacity for resilience, by which we are able to develop 1.) social competence, 2.) problem-solving skills, 3.) a critical consciousness, 4.) autonomy, and 5.) a sense of purpose.

Benard outlines the following three “protective factors” that appear in the research as

- 1.) Caring relationships – at least one caring person in a child’s life
- 2.) High Expectations – for all children and providing the necessary support to achieve
- 3.) Opportunities For Participation – opportunities for “meaningful involvement and responsibility” in their environment.

## Project Resilience

Steven J. Wolin, M.D. and Sybil Wolin, Ph. D.

<http://projectresilience.com/index.htm>

*Project Resilience* is a private organization based in Washington, DC., headed by Steven J. Wolin, M.D. and Sybil Wolin, Ph.D. Steven J. Wolin, M.D. is clinical professor of psychiatry at the George Washington University Medical School in Washington DC, director of family therapy training, and a long time investigator at Center Family Research. His research is published in over 40 papers and in a book, *The Alcoholic Family* (Basic Books, 1988), co-authored with his colleagues at GWU. Dr. Wolin was the project director for a postdoctoral training program funded by NIAAA and for an OSAP-supported conference on children of alcoholics. He maintains an active clinical practice in psychiatry.

Sybil Wolin Ph.D. is a developmental psychologist. She has worked as an advocate for public school services for handicapped children, an educational diagnostician and tutor, and a teacher. She holds certification in English, reading, and special education. She is co-editor of *The Struggle to be Strong: True Stories by Teens about Overcoming Tough Times* and co-author of *A Leader's Guide to the Struggle to be Strong: How to Foster Resilience in Teens* (Free Spirit Publishing, 2000).

The Wolins are co-directors of Project Resilience, a private organization in Washington DC that consults to schools, clinics and prevention agencies. They are co-authors of *The Resilient Self: How Survivors of Troubled Families Rise Above Adversity* (Villard, 1993), and they are featured in "Survivor's Pride: Building Resilience in Youth at Risk" (Attainment Co., 1994) an eight part educational video series based on their book. Their writing has been widely published, e.g. *Principal Magazine*, *Learning Magazine*, *Pediatric Clinics of North America*, *Resiliency in Action*, and others.

*Project Resilience* website information of value – particularly in writing CH~Y curriculum.

The word "resilience" describes clusters of strengths that are mobilized in the struggle with hardship.

**Our vocabulary of strengths includes these seven resiliencies:**

1. **Insight** - asking tough questions and giving honest answers.
2. **Independence** - distancing emotionally and physically from the sources of trouble in one's life.
3. **Relationships** - making fulfilling connections to other people.
4. **Initiative** - taking charge of problems.
5. **Creativity** - using imagination and expressing oneself in art forms.
6. **Humor** - finding the comic in the tragic.
7. **Morality** - acting on the basis of an informed conscience.

Each of these resiliencies develops in [phases](#), taking different forms in children, adolescents, and adults.

### **Diagramming the Seven Resiliencies**

We have represented the resiliencies pictorially on a diagram that we call the resiliency [mandala](#). A symbolic circle that stands for peace and order in the self, the mandala was identified by Carl Jung as a universal symbol.

A diagram of the resiliency mandala is shown below.

This is a convenient tool for remembering and using the names of the seven resiliencies.



### **Practical Applications of Strengths**

We regard the seven resiliencies as tools to be used by teachers, clinicians, and prevention workers. They serve as a guide, or a kind of mental map to help you know where to look for strengths in the stories of youth that are laden with problems and seemingly insurmountable obstacles.

Each of the resiliencies is described and illustrated with case studies in *The Resilient Self: How Survivor's of Troubled Families Rise Above Adversity* (Villard, 1993). The resiliencies also organize the table of contents in *The Struggle to be Strong: True Stories by Teens about Overcoming Tough Times* and *A Leader's Guide to the Struggle to be Strong: How to Foster Resilience in Teens*.

## CORNELL University: Kauai Longitudinal Study (50 years)

**CORNELL University** followed **505 individuals born in 1955** on Kauai (Hawaii) from the prenatal period to adulthood to elucidate their *resilience* in the face of childhood adversity or recovery in later years. The Kauai Study monitored the impact of a variety of **potent** biological and psychosocial risk factors, stressful life events, and protective factors on the development of these individuals from a mixture of ethnic groups (Japanese, Hawaiian, and Filipino). One of every three high risk children developed into a **confident, capable, and caring young adult by age 18**. This **fourth book**, [examines members at 30 years of age](#), with emphasis on work life, marriage, and parenthood. A common core of individual differences is beginning to emerge that ameliorate or buffer a person's responses to constitutional risk factors or stressful life events. Conclusion: "The life stories of resilient children now grown into adulthood teach us that competence, confidence, and caring **can flourish, even under adverse circumstances**, when **children encounter persons who provide them with the secure basis for the development of trust, autonomy, and initiative.**"

Included are 142 references. Twenty-eight tables and nine figures supplement the discussion.

Werner, E., and R. Smith. (1992). *Overcoming the Odds: High-Risk Children from Birth to Adulthood*. New York: Cornell University Press, 1992. [ED 344 979](#).  
<http://ceep.crc.uiuc.edu/eearchive/digests/ed-cite/ed344979.html>

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### **For More Information**

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# THE INVULNERABLE KIDS

## Roots of Resiliency

Dr. Jacob Trager and Eugenia Foret, RN, MA

Have you wondered how some kids can bounce back from the trauma of abuse, while others struggle, often in vain, to regain their balance?

Mental Health researchers call them invulnerable kids. They still are not sure how they got that way. The National Institute of Mental Health is now focusing research on what makes people strong, rather than on illness or the victim role. They can tell us the traits and characteristics that these kids have in common. As you review the following list, reflect on these assets being nurtured in kids who are still struggling, and preventively in children who have never experienced the trauma of abuse.

- Each of “the kids” was a **DISTINCT HUMAN BEING**. They were not enmeshed in the family dynamic at the cost of their own individuality. By having an **IDENTITY** apart from their parents, they were able to function autonomously with high self esteem and high self worth.
- The kids had a sense of **PERSONAL CONTROL** over events in their lives. The principle of *internal locus of control* – fate depends on internal factors – operated efficiently in these kids.
- The kids possessed a sense of **ORDER** and **STABILITY** in their lives – a sense of **RITUAL**. Simple tasks like making a bed, taking care of clothes, or a family dinner ritually done provides consistency, stability and continuity in the presence of a chaotic environment.
- These kids could **DIVEST THEMSELVES** of **GUILT**, and demonstrate appropriate self blame. E.g., “I did a dumb thing,” rather than, “Boy, am I stupid.” They were able to take responsibility for their actions and avoid the trap of inflicting second injury to themselves by destructive self-blaming.
- The child survivor of trauma had a feeling of **SECURITY** and **TRUST** that someone would always be there to listen and understand. This ability to communicate with a trusted other is crucial for the child. Without it, they withdraw into a lonely world, a world of hopelessness.
- The kids had a **CHARISMATIC FIGURE** in their lives. Someone they looked up to – an ideal – someone the kids could model and trust. Someone who was patient and loving enough to allow the child the space to be their self – a grandparent, teacher, uncle, or neighbor.
- These children exhibit **COMPASSION**, the ability to reach out to others. Their high self esteem and lack of blame enables them to respond to others in a caring way. They have a sense of altruism and concern for the world around them.

**Building and modeling a strong sense of self is crucial for children.**

**Self esteem is the base determining how we relate to our self (internally), to others, and to the world. Encouraging high self esteem is free. It works, and the tools are easily learned.**

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## **Chartering School Change**

CBS News, NEW YORK, April 24, 2007

They are young, gifted and bright. "Education is my birthright! Education is the path to freedom," students at Harlem Academy Charter School chant. Tuesday, President Bush heard their pledges and saw their passion.

Housed in New York City's toughest neighborhoods, seventh-graders at Harlem Village Academy earned one of New York state's highest math scores: **95.7** percent. Children who just a few years ago were failing.

"His mother says when Kevin Smith came to the Harlem Village Academy in 2003, he struggled. Now he can do it with his eyes closed — that's a math student!" President Bush said while speaking at the school.

Kevin's goal: become a lawyer tomorrow. Dress like one today. "I know if I want to be a lawyer, I have to wear suits. I can't go into a courtroom with some jeans and a shirt," he says.

"All the kids, regardless of the fact that they might be born into poverty, have absolutely the same potential as any other child," says Deborah Kenny, the founder of Harlem Village Academy.

At the academy, kids go to school 10 hours a day, five days a week — and sometimes on Saturdays. Kenny brought a business plan to the classroom. "Use business principles of accountability and autonomy and holding people accountable for results. For example, I could show you by student, by standard who needs extra help and who doesn't on a given day," Kenny says.

"From the start, it's been up, up, up, up," says Lucy Myers, who saw a change in her son "right away."  
<http://www.cbsnews.com/stories/2007/04/24/eveningnews/main2724180.shtml>

## **Deborah Kenny: Radical Education Reformer**

Esquire Magazine, Thomas Kelly, 11/20/2007

A sudden widow with three kids decided to re-create urban education in New York City. Hundreds of lives have changed.

At PS 194, is Harlem Village Academy, the charter school she opened in 2003 -- there is a stark difference from the lower floors, which house a typical city school. The HVA sparkles, it seems brighter up here. Students are neatly dressed in uniforms -- no baggy-ass jeans, no shirttails dragging, no hats askew. You notice subtler differences -- kids sit up straight in their chairs, no horseplay, no back-row whisperers. Students speak in complete sentences. The classrooms have names -- Duke, Syracuse, and Berkeley. The names are not mere dreams, and they are no accident.

Kenny's vision has grown into a trio of charter schools called Village Academies, located in New York precincts where a muscular poverty has thrived for generations. The numbers alone tell a compelling story. Locally, passing rates for seventh-grade math hover around **30%**. At HVA, the rate is a stunning **96 %**. Kenny takes kids, by lottery, from the same blocks and projects and turns them into stellar students ready to move on to higher education -- proving poverty and fractured homes are conquerable by a quality education.

Kenny earned a Ph.D. in comparative international education from Columbia and taught public school in three states. Disillusioned by the systemic failures she encountered, she left for the corporate world -- V.P. of marketing for the parenting group at Time Warner and then head of Sesame Street Publishing. Developing Village Academies, she utilized her business background as much as her teaching experience -- a plan devoid of bureaucracy, heavily influenced by Jack Welch's leadership analysis and accountability.

Kenny re-created urban education. Her emphasis is on teaching critical thinking, not standardized-test compliance. At VA's schools, student progress is monitored daily, and as problems arise, Kenny and her staff utilize a rapid-response approach to help students stay on course. The sense of urgency in the way Kenny runs her schools is because she is in the business of saving these kids, of providing them with futures.

The other pillar of the VA model is a strict code of behavior. Kenny espouses relentless discipline – long days, intensive homework, respectfulness in class -- infused with love.

Kids are given a shot, but they have to pull their weight.

The VA code is a balance of rights ("education is every child's birthright") and responsibilities ("education is my full-time job").

Kenny puts much of her effort into recruiting young teachers who share her passion. Last year she culled through a thousand applicants for eight new positions. Her staff exudes a *joie de education* -- many taught in schools where bureaucratic malaise stifled their ambitions. Kenny gives them a remarkable amount of freedom, tied to rigorous accountability. She wants her staff to shine as brightly as her pupils.

We move out to the playground for recess. Kids in full exuberance play under an autumn sun that basks them in the glow of possibility. They are like thousands of school kids anywhere until a whistle blows and they freeze. They don't talk, they don't move, until they are instructed to line up with military precision and march back into the halls where, with the help of Kenny and her staff, they are forging themselves into full participants in the American Dream.

You leave her inspired to do more for others in this life.

<http://www.esquire.com/features/best-brightest-2007/kenny1207#story>

# Perry Preschool Study (40 years)

Review by Bonnie Benard

## "School Violence Prevention: Part II, Research-Based Programs, Preschool Ages 4 and 5"

The High/Scope Educational Research Foundation's Perry Preschool Project is one of several long-term follow-up evaluations of actual prevention intervention. It began 1962, Ypsilanti, Michigan, as a longitudinal study of children from poor African-American families who attended a preschool program at ages 3 and 4 that focused on their cognitive, language, social, and behavioral development. The High/Scope model emphasized active child-initiated learning, problem-solving, decision-making, planning, and a high degree of interaction between adults and children and among children themselves. In addition, teachers conducted weekly home visits and encouraged parents to be involved as volunteers in the classroom (Berruta-Clement et al, 1984).

**Age 19:** Berruta-Clement, et alia, 1984, showed these *outcomes at age 19 compared to a control group:*

- Increases in cognitive gains
- Improved scholastic achievement during school years
- Decreases in crime/delinquency
- Decreases in teen pregnancy
- Increases in post-secondary enrollment
- Increases in high school graduation rate
- Increases in employment rate

**Age 27:** Benefits exceeded costs sevenfold.

*In a follow-up study of this population at age 27,* Weikart and Schweinhart (1993) found that project participants have made the transition to adulthood far more successfully than adults from similar backgrounds. They have committed far fewer crimes, have higher earnings, and possess a greater commitment to marriage.

The Perry Preschool Project has been credited with reducing the cost of delinquency and crime by approximately \$2,400 per child (Barnett & Escobar, 1990).

**Age 40: *Lifetime Effects: The High/Scope Perry Preschool Study Through Age 40 (2005).***

This study examines the lives of 123 African Americans born in poverty and at high risk of failing in school.

From 1962–1967, at ages 3 and 4, the subjects were randomly divided into a group receiving a high-quality preschool program based on High/Scope's participatory learning approach and a comparison group receiving no preschool program. Recently, 97% of the study participants still living were interviewed at age 40. Additional data were gathered from the subjects' school, social services, and arrest records.

*Adults at age 40 who had the preschool program had higher earnings, were more likely to hold a job, committed fewer crimes, and were more likely to have graduated from high school than adults who did not have preschool.*

### **Related Sources**

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["School Violence Prevention: Part II, Status of Research-Based Programs, Preschool Ages 4 and 5,"](#) The High/Scope Educational Research Foundation's Perry Preschool Project, Ypsilanti, Michigan," review by Bonnie Benard.

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**Article/Digest Source:** <http://ceep.crc.uiuc.edu/eearchive/digests/ed-cite/ed344979.html>

# Locus of Control

David A. Gershaw, Ph.D.

In the 1960s, psychologist Julian Rotter developed an inventory to measure locus (location) of control. Hundreds of studies have been done. What is locus of control? How does it relate to our behavior?

**Locus of control** is the perceived source of control over our behavior. People with **internal** locus of control believe they control their own destiny. They tend to be convinced that their own skill, ability and efforts determine the bulk of their life experiences. In contrast, people with **external** locus of control believe that their lives are determined mainly by sources outside themselves – fate, chance, luck or powerful others.

Your life is profoundly influenced by whether you perceive control over your life as predominantly internal or external. Locus of control influences the way you view yourself and your opportunities. College students with strong internal locus of control believe that their grades are determined by their abilities and efforts. These students believe, "*The more I study, the better grades I get.*" They change their study strategies as they discover their deficiencies. They raise their expectations if they succeed.

College students with strong external locus of control believe grades are the result of good or bad luck, the teacher's mood or God's will. They are likely to say, "*No matter how much I study, the teacher determines my grade. I just hope I'm lucky on the test.*" Believing that luck averages out, after they do well on a test, they lower their expectations. Likewise, when they fail a test, they are optimistic that the next test score will be better. Externals are less likely to learn from past experiences. They have difficulty persisting in tasks.

Research findings have shown the following characteristics to be more typical of internals.

1. Internals are more likely to work for achievement, tolerate delays in rewards and plan for long-term goals.
2. After experiencing success in a task, internals are likely to raise their behavioral goals.

In contrast, externals are more likely to lower their goals.

3. After failing a task, internals re-evaluate future performances and lower their expectations of success. After failure, externals raise their expectations.
4. Internals are better able to resist coercion.
5. Internals are more likely to learn about their surroundings and learn from their past experiences.
6. Internals experience more anxiety and guilt with their failures.
7. Internals find solving any bouts of depression easier.

Likewise, they are less prone to learned helplessness and serious depression.

8. Internals are better at tolerating ambiguous situations.
9. Internals are more willing to work on self-improvement and better themselves through remedial work.
10. Internals derive greater benefits from social supports.
11. Internals make better mental health recovery in the long-term adjustment to physical disability.
12. Internals prefer games based on skill – while externals prefer games based on chance or luck.

Locus of control is associated with family style and resources, cultural stability and experiences with effort leading to reward. Many internals grow up with families model internal beliefs. These families emphasized effort, education, responsibility and thinking. Parents gave their children rewards they had promised them.

Externals are associated with lower socioeconomics, because poor people have less control over their lives. Societies with social unrest increase the expectancy of being out-of-control – people become more external. Externals have 'learned helplessness', derived from a low expectation of reward/control over reward.

As children grow older, they gain skills that give them more control in life. In support of this, psychological research has found that older children have more internal locus of control than younger children.

Internals are psychologically more healthy than externals. "*There is good reason to believe, on the basis of the research reviewed, that external control orientation and abnormal personal functioning are correlated.*"

However, the outlook is far from hopeless for those who have predominantly external locus of control.

<http://virgil.azwestern.edu/~dag/lol/ControlLocus.html>

# **Core Health ~ Youth: SUMMARY**

## **Affirming and Assisting Resilience in Children Enhancing Each Child's Inborn Mental, Emotional, Physical and Spiritual Health**

**Core Health** recognizes:

“An inborn core of health exists in every person. Over the years, this core becomes covered by layers of conditioning and distortion from negative experiences in life.

**Core Health** is a non-cultural, non-religious process reactivating this inborn core of health.”

**Core Health** is the application of studies over 50 years that document and describe this innate resilience.

**Core Health** assists children to affirm this innate resilience within in each child.

**Core Health** assists children to develop skills and attitudes to powerfully and creatively sift and sort through the confusion and challenges of life. The process clears the clutter of life obstacles by affirming and reactivating the child's natural resilience, and provides skills for expression.

Children need not relive their family's history and patterns. With **Core Health** they leap to the core of their inherent pure health, removing energy distortions and perceptions thus creating a free flow of positive energy. **Core Health** helps children accentuate the resiliency that life experiences may have covered up, or failed to enhance and develop fully. This process easily frees each child to achieve greater power, learning potential, health, and enjoyment of life.

They become self-reliant and self-responsible.

### **Kindergarten through Fifth Grade, Ages 5-13**

Lesson Plans are developed and being utilized weekly with 420 children in elementary school. Results show positive child responses and positive behavior and test score improvements.

### **Middle School, Ages 13-15**

Several interested parties are exploring developing Core Health for this distinct age group. Participation is invited.

### **High School, Ages 16-18**

Interested parties are exploring developing Core Health for this distinct age group. Participation is invited.

- **Each Child Is ALREADY innately endowed**
- **Preserve, protect, enhance and affirm qualities and abilities ALREADY WITHIN**
- **SKILLS to trust and utilize these positive character qualities in a confusing world.**
- **Each child continues healthy in their life -- and contributes to society in a healthy way.**