



Trauma Resource Institute Organization Overview

The Community and Trauma Resiliency Models The Community Resiliency Model Teacher Training Model Research Overview

Email: hello@communitytri.com

Website: www.traumaresourceinstitute.com

Tel: +1 (909) 626-4070

427 Yale Ave, Suite 202

Claremont, CA 91711

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Overview of the Trauma Resource Institute

The Trauma Resource Institute (TRI) is a 501(c)3 non-profit organization that cultivates trauma-informed and resiliency-focused individuals and communities worldwide. TRI is known internationally for its innovative perspectives promoting individual and community well-being. Two types of training have been developed, the Trauma Resiliency Model (TRM)[®] and the Community Resiliency Model (CRM)[®]. Both models are biologically based and teach wellness skills, cultivating well-being in mind, body, and spirit. While TRM is oriented toward mental health professionals, CRM takes on a public health focus and has been taught to professionals and natural leaders of communities.

A Teacher Training curriculum has been developed to create CRM Teachers who are equipped to bring CRM into their communities imbued with their unique cultural lens. This approach promotes capacity-building and sustainability in the regions of the world where CRM Workshops are conducted. CRM is developing its evidence base as randomized control trials have been conducted, demonstrating its effectiveness in reducing traumatic stress symptoms and improving well-being. TRI's core values are service, social justice, dignity, respect, and the acknowledgment of the worth of every person, family, and community.

Our Mission

- To take people from despair to hope through simple skills-based interventions based on cutting-edge research about the brain.
- To expand access to biologically based treatments by training frontline service providers, community leaders, and clinicians to build local capacity in diverse communities nationally and internationally.

Our Values

- Every individual, child, and adult has a natural-born ability to cultivate well-being and can learn an array of self-help skills.
- When a traumatic event has resulted in symptoms, individuals are entitled to treatment that is gentle, effective, and culturally sensitive.
- Education and intervention about the common reactions to traumatic experiences must be available to diverse populations and cultures.
- Treatment of individuals suffering from traumatic stress reactions must be accessible and affordable to all members of society.

Introduction

The CDC Foundation (2022) describes public health as "the science of protecting and improving the health of people and their communities...Overall, public health is concerned with protecting the health of entire populations." Accordingly, the field of public health fundamentally tries to prevent people from becoming ill by promoting wellness and healthy behaviors.

Identifying mental health as a public health issue is imperative to building healthier and more productive communities. When we are physically ill with an infectious disease, it affects every aspect of our life. At the very least, it interrupts our ability to do our work and influences our interactions with others. In the same way, challenges with mental health also affect every aspect of a person's life—their ability to conduct the activities of daily living connected to school, work, and family responsibilities. Unrecognized and untreated mental health conditions can lead to social isolation, problems with the criminal justice system, and behaviors that compromise mind and body health.

Using interventions that promote mental health is part of the public health response to global mental health challenges. There is a simple truth that the human nervous system is organized in the same way regardless of our place of birth or our ethnicity. Cultures have differing paradigms to explain why traumatic stress symptoms occur. They also have a wide range of healing belief systems. We have seen throughout the world that when people sense the body's capacity to come back into balance, the human nervous system's response is the same: deeper, slower breaths, releasing of muscle tension, slower heart rate, and the return of an inner state of well-being. When this occurs, the present moment becomes available for the activities of daily living, whether it is rebuilding a community, experiencing joy, or walking through the hard road of grieving loved ones who have died.

The Trauma and Community Resiliency Models encourage greater interoceptive and exteroceptive awareness, which in turn helps us manage our nervous system and feel whole in mind, body, and spirit. When an individual experiences the sense of being whole, they become more solution-focused on solving the challenges in their own lives and their communities.

Resilient individuals and communities are infused with an overarching stance of compassion and empathy; they cultivate well-being by remembering their assets and strengths while integrating their culture and traditions. Resilient communities acknowledge human suffering, recent and

historical, and have an openness to the experience of hope and optimism. They embrace the diversity of their community and listen deeply to divergent views. Looking through the lens of public health, we *can* create meaningful change in the individual, in our communities, and in the wider society through the integration of the CRM/TRM wellness skills.

The Community Resiliency Model (CRM)[®]

The Community Resiliency Model trains community members to not only help themselves but to help others within their wider social network. The primary focus of CRM is to educate individuals about the biology and neurophysiology of trauma, stress, and resilience, as well as teach simple biologically based wellness skills, which can help reset and stabilize the nervous system. Through CRM, individuals learn to read sensations connected to their own well-being, which TRI calls the “Resilient Zone”. CRM’s goal is to help to create “trauma-informed” and “resiliency-informed and -focused” communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased using this skills-based approach.

All published research on CRM to date has been conducted using adult samples, including nurses, other healthcare workers, social service workers, and high-risk, low-resourced communities. CRM has also been effectively used internationally in over 75 countries as a means of developing a sustainable system of care where behavioral health services are often non-existent. CRM has been used as a response to active crises, such as the war in Ukraine, and as a post-crisis intervention where people within the community learn and then teach CRM in their own communities. In all of the above populations and intervention modalities (except Ukraine, which is not being evaluated), CRM has been consistently found to reduce PTS/STS symptoms, depression, and anxiety. This speaks to the flexibility, usability, and cultural adaptiveness of the CRM intervention.

CRM’s community-based effectiveness was first demonstrated by a State of California Mental Health Services Act Innovation Project, which yielded statistically significant reductions in depression and anxiety and reductions in hostility and somatic indicators. There is now a research committee comprised of over 100 researchers from academic centers worldwide. *See the appendix for more information about the published research.*

CRM workshops have been offered to non-governmental organizations and government agencies, including the Centers for Disease Control, the Global Fund, the Skoll World Forum, and the Wounded Warrior Chronic Pain Clinic at Walter Reed National Military Medical Center’s Annual

Conference. Medscape, *the leading online global destination for physicians and healthcare professionals worldwide*, and the Trauma Resource Institute have collaborated on providing a CRM workshop for Medscape's online worldwide community. This workshop can be accessed here: <https://www.medscape.org/viewarticle/977302>

“I think this is what Nelson Mandela meant by the “Rainbow Nation.” Learning about how to stabilize the nervous system is equality and is beyond nations, culture, religion and ethnicity.”

~CRM Teacher, South Africa

See the Appendix for additional information about how CRM has been utilized throughout the world.

The Community Resiliency Model (CRM)[®] Teacher Training Program

The Trauma Resource Institute offers organizations and the public training opportunities to become 'CRM Teachers'. The Certification Program is offered as a forty-hour training and follow-up for a period of six months. Upon successful completion of the training and post-training requirements, the CRM Teacher achieves certification for two years and can use the skills for both self-care and to teach members of their organization, their community, and the public. There is an annual licensing fee for materials use that is on a sliding-fee scale. Recertification is required every two years by taking a recertification seminar. Only the Trauma Resource Institute can train individuals to become CRM Teachers. This training is now offered online through Zoom.

The Disaster Relief Management-Community Resiliency Model (DRM-CRM)

DRM-CRM lays out the structure of how to bring the workshops of the Community Resiliency Model Teacher Training program to your community. DRM-CRM includes ways to prepare community members before natural and human-made disasters and how to mobilize the community with CRM skills post-disaster.

The Community Resiliency Model Family Resiliency Program (CFRP)

The CFRP shares the Community Resiliency Model concepts and skills with children worldwide through training parents, teachers, and caregivers in wellness skills and demonstrating how the skills can be brought to children considering different development ages.

The Community Resiliency Model Compassion, Resourcing, Empathy, and Well-Being Program (CRM-CREW)

CRM-CREW will be launched in 2023, bringing the Community Resiliency Model concepts and skills to adolescents in a peer-to-peer training program. The plan is to bring the CRM-CREW program to high schools and programs serving adolescents.

The Trauma Resiliency Model (TRM)[®]

The Trauma Resiliency Model is designed to teach wellness skills to clinicians working with children and adults experiencing traumatic stress reactions and to reprocess traumatic experiences. Using a mind-body approach, TRM introduces a paradigm shift in treating trauma, whereby symptoms are treated as normal biological responses rather than pathological or mental weaknesses. In this way, TRM can function as both a model for trauma reprocessing treatment and self-care. The TRM skills can be a stand-alone intervention. They can also be integrated into other treatment modalities, which have proven to be useful for social workers, marriage family therapists, psychologists, drug and alcohol counselors, and others who work with individuals who have experienced highly stressful and/or traumatic events. This training is now offered online through Zoom.

For more information, please visit <https://www.traumaresourceinstitute.com>. Inquiries should be sent to hello@communitytri.com.

“After teaching the TRM/CRM skills to my clients, they report a reduction in stress, tension, and anxiety as well as improved feelings of connection and harmony within their families... Clients feel a sense of agency and empowerment to finally have accessible tools to track and regulate their own nervous systems.

~Therapist, California

Appendix

United Nations Sustainable Development Goals Online

In July 2019, Elaine Miller-Karas' book, *Building Resilience to Trauma: The Trauma and Community Resiliency Models*, was selected by the United Nations to be included in their online curated library highlighting publications addressing their sustainable development goals. Taylor and Francis recommended Elaine's book because of its impact in the achievement of some of the United Nations' goals. Sustainable Development Goals Online is a curated library to support the United Nations' call to action to end poverty, fight inequality and injustice and protect the planet. Elaine Miller-Karas presented a Community Resiliency Model Workshop for counselors of the United Nation in October 2019 in Rome, Italy.

SDG Online: <https://www.taylorfrancis.com/sdgo/>

The Second Edition of *Building Resilience to Trauma: The Trauma and Community Resiliency Models* was published in March 2023 by Routledge (Taylor and Francis Group).

“Thank you for reminding me what I already knew, but had forgotten.”

~CRM Guide, the Philippines

Research

All published Community Resiliency Model (CRM) studies to date have been conducted using adult samples, including nurses, other healthcare workers, social service workers, and high-risk, low-resourced communities. Although not yet published, CRM has also been effectively used internationally in over 75 countries as a means of developing a sustainable system of care where behavioral health services are often non-existent, as a response to an active crisis such as the war in Ukraine, and as a post-crisis intervention where people within the community learn and then teach CRM in their own communities. In all of the above populations and intervention modalities (except Ukraine, which is not being evaluated), CRM has been consistently found to be effective in reducing post-traumatic stress symptoms, depression, and anxiety. This speaks to the flexibility, usability, and cultural adaptiveness of the CRM intervention. The wellness skills of TRM and CRM are developing an evidence base. Some of the research is highlighted below.

Please visit <https://www.traumaresourceinstitute.com/research> to read the academic papers and more information about research.

Community Resiliency Model Randomized Control Trial Studies with Nurses

Dr. Linda Grabbe, faculty at the School of Nursing at Emory University, is leading research efforts about the effectiveness of the Community Resiliency Model. Her research questions were: will a 3-hour CRM training increase sense of well-being and resilience and will the skills decrease secondary traumatic stress, burnout, and somatic symptoms?

The nurses who answered her preliminary questions prior to the study, reported as follows:

- 36.4% -- poor mental well-being
- 54.6% -- low resiliency
- 36.4% -- possible PTSD
- 30.6% -- high or very high somatic symptoms
- 12.5% -- burnout symptoms often or to a high degree
- 34.4% -- burnout symptoms sometimes or somewhat

Dr. Grabbe conducted a randomized control trial. The nurses were randomized into a CRM half-day training or a nutrition half-day training. The participants were evaluated three times: immediately after completing the trainings, after three months, and at one-year post-trainings. There was consistent improvement over the year. At year's end, for the nurses participating in the CRM group, their results indicated 80% improvement in wellbeing, 40% improvement in resilience, and a 62.5% improvement in secondary traumatic stress reactions. There was an additional 60% increase in improvement in somatic symptoms. The CRM group demonstrated greater improvement when compared to those participating in the nutrition group.

This research was published in 2020:

Grabbe, L., Higgins, M. K., Baird, M., Craven, P. A., & San Fratello, S. (2020). The Community Resiliency Model® to promote nurse well-being. *Nursing Outlook*, 68, 324-336.

Dr. Ingrid Duva and colleagues conducted another randomized control trial study this time to introduce CRM as a mental well-being support for healthcare workers working through the height of the COVID-19 pandemic. The nurses were randomly assigned into a 1-hour virtual CRM training or a no-treatment control group. The participants were evaluated two times: after one week and at three months post-training. The results indicated a significant improvement on measures of well-being, perception of team relations, and stress for the intervention group at three months. The authors concluded that “CRM is a practical approach to support well-being for

healthcare workers during a crisis such as this pandemic...CRM may support an individual HCW's ability to stay emotionally regulated under stress and to maintain a teamwork perspective. This has implications for quality patient care.”

This research was published in 2020:

Duva, I. M., Higgins, M. K., Baird, M., Lawson, D., Murphy, J. R., Grabbe, L. (2022). Practical resiliency training for healthcare workers during COVID-19: results from a randomised controlled trial testing the Community Resiliency Model for well-being support. *BMJ Open Quality*, 11: e002011. doi: 10.1136/bmjopen-2022-002011

A Nurse-Led, Well-Being Promotion Using the Community Resiliency Model, Atlanta, Georgia, 2020-2021 (Public Health Significance)

The wrath of COVID-19 includes a co-occurring global mental health pandemic, raising the urgency for our healthcare sector to implement strategies supporting public mental health. In Georgia, a successful nurse-led response to this crisis capitalized on statewide organizations' existing efforts to bolster well-being and reduce trauma. Partnerships were formed, and joint aims were identified to disseminate a self-care modality, the Community Resiliency Model, to organizations and communities throughout the state.

COVID-19 exacerbated stress and trauma universally, creating a secondary pandemic that increased demand for mental health care in a system on the verge of crisis. An intense and immediate need for population well-being support resulted, and subsequent requests for resiliency training quickly followed. In response, three nurses in Georgia certified to teach the CRM fast-tracked existing efforts to share this mental wellness training program across their state.

Their evaluation concludes, “The public deserves attention to its collective mental health. Stress and trauma are ubiquitous, and the pandemic is an ongoing crisis that is exacerbating mental health problems and creating trauma at all levels of society. CRM is an efficient self-care model that complements other stress-reducing or clinical mental health modalities (e.g., psychotherapy, yoga, mindfulness practices). Leveraging nursing leadership and cross-sector partnerships to implement CRM is feasible and can be part of a multifaceted approach to improving population mental health.”

This evaluation was published in 2022:

Duva, I. M., Murphy, J. R., & Grabbe, L. (2022). A nurse-led, well-being promotion using the Community Resiliency Model, Atlanta, 2020-2021. *American Journal of Public Health*, 112(S3), S271-S274.
<https://doi.org/10.2105/AJPH.2022.306821>

Impact of a Resiliency Training to Support the Mental Well-being of Front-line Workers: Brief Report of a Quasi-experimental Study of the Community Resiliency Model

Front-line workers are at risk for secondary traumatic stress, burnout, and related psychiatric sequelae: depression, anxiety, suicidality, posttraumatic stress disorder, and sleep and substance use disorders. Front-line workers need self-care programs to support their mental health. Dr. Grabbe and colleagues conducted a quasi-experimental study to assess the impact of CRM on baseline scores of mental well-being and stress measures. They found that even a year after a 3-hour CRM training had been provided, participants reported improved mental well-being and decreased secondary traumatic stress and somatic symptoms.

This research was published in 2021:

Grabbe, L., Higgins, M., Baird, M., & Pfeiffer, K. (2021). Impact of resiliency training to support the mental well-being of front-line workers: Brief report of a quasi-experimental study of the Community Resiliency Model. *Medical Care*, 59(7), 616-621. <https://pubmed.ncbi.nlm.nih.gov/33827106/>

Community Resiliency Model: A Pilot of Using the Model with Women in Addiction Treatment

Addiction is associated with trauma, and a body-based approach may help attenuate the long-term impacts of trauma, including addiction and mental disorders. The Community Resiliency Model was provided in a single 5-hour CRM class in an urban drug treatment center for impoverished women in the Southeastern US. Using a pre-post mixed methods design, the research team collected data from 20 women on well-being, physical symptoms, anger, depression, anxiety, and spirituality. The post-test revealed that participant somatic complaints, anger, and anxiety symptoms had declined significantly, with a moderate to large effect size; well-being increased significantly, with a small effect size. Participants found the skills and concepts of CRM helpful and shared them with others. The authors concluded that the Community Resiliency Model is a feasible, inexpensive, and acceptable training that may be valuable for persons with addictions.

This research was published in 2020:

Grabbe, L., Higgins, M., Jordan, D. Noxsel, L., Gibson, B. & Murphy, J. (2020). The Community Resiliency Model®: a pilot of an interoception intervention to increase the emotional self-regulation of women in addiction treatment. *International Journal of Mental Health and Addiction*, 19, 793–808. <https://doi.org/10.1007/s11469-019-00189-9>

Community Resiliency Model Approach in a High Need/Low Resourced Traumatized Community

Drs. Kim Freeman and Susanne Montgomery of Loma Linda University are leading research internationally.

This study tested the usability of the Community Resiliency Model in a high need, low resourced community. CRM was taught to a high-crime, low-income community designated as a Mental Health Provider Shortage Area (19 MPSA score). Five groups of Latino, African American, LGBTQ, Asian Pacific Islander, and Veteran participants (N=57) with a history of complex/cumulative traumas and untreated posttraumatic stress undertook a five-day 40-hour CRM training with senior trainers. Measures included Treatment Relevance, Use and Satisfaction (TRUSS), Brief CRM Questionnaire (Brief CRM), and Symptom Questionnaire (SQ).

Participant preparedness to teach CRM to others was high (98%) and sustained at the 3–6 months follow-up with 93% reporting daily use. Pre- to post-test comparison analyses showed a significant decrease in distress indicators and an increase in well-being indicators. CRM's high usability holds promise for a broader, low cost, and sustainable implementation in traumatized and under-resourced communities.

This research was published in 2021:

Freeman, K., Baek, K., Ngo, M., Kelley, V., Karas, E., Citron, S., & Montgomery, S. (2021). Exploring the usability of a Community Resiliency Model approach in a high need/low resourced traumatized community. *Community Mental Health Journal*, 58, 679–688. <https://doi.org/10.1007/s10597-021-00872-z>

Building Resilience and Improving Wellbeing in Sierra Leone Using the Community Resiliency Model Post Ebola

This study was done to determine the effectiveness of a CRM intervention for Sierra Leonean community members in the aftermath of the Ebola crisis. Sierra Leone, one of the world's poorest countries is also marked by a history of civil war and frequent floods, in addition to the 2014 Ebola outbreak. Results indicated significant improvement in depression, anxiety, PTSD symptoms, and resiliency post intervention, which were mostly maintained 6-months later. This suggests that CRM may be an effective way to address mental health issues that arise after disasters in low resourced settings.

This research was published in 2023:

Aréchiga, A., Freeman, K., Tan, A., Lou, J., Lister, Z., Buckles, B., & Montgomery, S. (2023). Building resilience and improving wellbeing in Sierra Leone using the community resiliency model post Ebola. *International Journal of Mental Health*. <https://doi.org/10.1080/00207411.2023.2166312>

Impact - Community Resiliency Model in Rwanda

Mental health among survivors of the 1994 Tutsi genocide in Rwanda remains poor, even after multiple efforts to assist those recovering from this trauma. This study assessed if CRM training was able to improve mental health among genocide survivors. The researchers found significant improvements across all trauma symptoms between the intervention and control groups. There was a reduction in:

- depressive symptoms ($p < 0.001$),
- perceived secondary traumatic stress ($p = 0.003$)
- trauma-related symptoms ($p = 0.002$).

They concluded that:

- CRM was effective in improving mental health in 1994 Tutsi genocide survivors.
- CRM can be delivered by trained persons to groups of persons in community settings.
- CRM has a high potential for broader implementation and sustainability.
- CRM is critically important in an environment with few mental health resources.

This research was published in 2021:

Habimana, S., Biracyaza, E., Habumugisha, E., Museka, E., Mutabaruka, J., Montgomery, S.B. (2021). Role of Community Resiliency Model skills training in trauma healing among 1994 Tutsi genocide survivors in Rwanda. *Psychology Research and Behavior Management*, 14, 1139–1148.

Department of Defense (2011)

The United States Department of Defense named the skills of the Trauma Resiliency Model a promising practice. This was reported by the Department of Defense in a white paper reported to the US Congress in 2011.

Note: There are many governmental, nonprofit and for-profit agencies that have brought the Community Resiliency Model into their organizations. Please feel free to contact us for a listing of organizations.

TRI Region/Country Spotlights

AFRICA

Angola

TRI will deliver in 2023 CRM Teacher Training to 50 Angola-based United Nations FPA trainees to disseminate the CRM Curriculum (through formal CRM Workshops) to 180 Young Adult Social Mobilizers (YASM). These YASMs will help the UNFPA Trainees deliver one-to-two-day CRM workshops and other training, as needed, to people in their regions and are expected to reach 6,000 youth/young adults over four years. TRI has enlisted a team from Loma Linda University to evaluate the effectiveness of the intensive five-day CRM Teacher Training on 1) the ability of the UNFPA trainers to disseminate the CRM curriculum to YASM, 2) YASM's subsequent integration of the CRM model into the service delivery of various youth development programs, and 3) the use of the CRM model for personal resiliency development and distress regulation by both Angola-based UNFPA trainers and YASM.

Rwanda

In Rwanda, a group of psychologists were trained to become Community Resiliency Model teachers in 2016. The group has participated in enhancement training as well as regular consultation with the Trauma Resource Institute. They have since formed an organization called the Rwandan Resource and Grounding Organization (RRGO). To date, they are conducting research on the model and have presented in Marseilles, France at an International Resilience Conference on the effectiveness of CRM in reducing the impact of trauma connected to the genocide.

Ivory Coast

In Ivory Coast, the skills of CRM were brought to five villages impacted by war and genocide. The researchers from Loma Linda University emphasized the implications for CRM as a model of change after conflicts. The villagers reported increased compassion between community members who had been on opposite sides of their civil conflict after learning the skills.

South Africa

In 2017, forty South Africans were trained to become Community Resiliency Model teachers in Johannesburg. They have reported training many individuals within social service agencies and the volunteer game wardens at Kruger National Park.

Kenya

The Trauma Resource Institute worked in Kenya on a project within the Kibera Slum and with the National Association of Psychotherapists of Kenya in 2009 and a nonprofit working with children, Caring for Kids of Kenya. This project focused on teaching resiliency skills to caregivers of children and to train therapists in our professional model, the Trauma Resiliency Model. A Community Resiliency Model Teacher Training was accomplished in 2013 through the Unitarian Universalist Service Committee. Individuals from Kenya, Uganda, Somalia, and Darfur were trained to become CRM Teachers.

Tanzania

The Trauma Resource Institute provided enhancement training for the CRM teachers who had been previously trained in Kenya and Rwanda in our 2013 and 2016 projects through the Unitarian Universalist Committee. The CRM Teacher Training was provided to members of the Catholic Church School system, including nuns and community members within Arusha, by a team of CRM teachers from the U.S., Rwanda, and Uganda.

ASIA

India

In April 2019, TRI conducted a CRM skills training to the Violence Against Women Special Cell group at Tata Institute of Social Services (TISS) in Mumbai, India. TISS is the oldest social work school in Asia. Reena Patel, Lindsay Vos and Elaine Miller-Karas participated in the training.

Nepal

The April 2015 Nepal earthquake (also known as the Gorkha earthquake) killed nearly 9,000 people and injured nearly 22,000. In August 2015 and July 2016, TRI was invited to provide a CRM Teacher Training in Kathmandu, Nepal, following this devastating earthquake. TRI trained 92 individuals from a wide variety of community organizations. After the training, one of the participants reported having been impacted personally by the bolstering of the skills, which led to a stronger desire to help others. They wrote, “I like this training very much as this training has helped me in terms of the high and low zone to get back in the resilient zone. After taking this training, I have [gained] self-confidence that I, as a social worker, need to help others. The special thing about CRM is that it can be used by anyone.” This pattern of personal impact being transformed into motivation to help others is a pattern often observed after CRM trainings. In fact, the overwhelming response from most participants after the training was a strong desire to bring the CRM skills to more communities throughout Nepal. As one participant wrote, “Let’s

spread it out throughout the country, if possible, produce trainers to work for different target groups and try to eradicate the root cause of trauma.”

The Philippines

After the devastating Typhoon Haiyan, TRI was asked by the Unitarian Universalist Committee to create a program of support that included a CRM Teacher Training. From 2014-2016, approximately sixty people were trained as CRM Teachers. After the initial training, the TRI team returned for further enhancement training and to participate in the launch of PhilActs, a non-governmental organization begun by the CRM teachers of the Philippines to spread CRM throughout the Philippines. In 2016, a TRI training team returned to Cebu City to provide two CRM trainings. The first was training for members of the National Association of Social Workers of the Philippines to become CRM trainers. The second was for PhilACTS' Second Annual General Assembly.

AMERICAS

Guatemala

In 2013 and 2014, a bilingual team from the Trauma Resource Institute traveled to Solala, Guatemala. The trip was sponsored by Starfish One by One, a nonprofit organization working with young women leaders from the indigenous population of Guatemala. TRI trained their young leaders to be teachers in CRM. Starfish contributes to the global movement for gender equity and girls' education by unlocking and maximizing the potential of young women to lead transformational change. Through an intentional, holistic program, including the CRM skills, they provide access to high-quality education; intensive, ongoing support from peers and mentors; financial assistance for higher education and entrepreneurship opportunities; and a diverse knowledge base centered around core competencies to ensure that each young woman can realize her full potential and create systemic change. Their programs include the mentorship program, the Starfish Impact School, New Horizons, and the *Chispa* Action Network (CAN).

A CRM Teacher Training sponsored by MAIA was completed by TRI in September 2022. Starfish changed its name and is now called MAIA. The MAIA Impact School is the first female, indigenous-led secondary school in Central America that offers a holistic education focused equally on academics, culture and identity, socioemotional development, and family engagement. Participants from five other local non-profit organizations also attended: Asociación Alas de Guatemala, Camino Seguro, Circula Centro de Liderazgo Restaurativo, Girl Rising, and SERES.

Mexico

On September 19, 2017, a 7.1 earthquake struck Mexico City and its surroundings resulting in widespread destruction and more than 200 deaths. Shortly after, we were contacted by multiple people in the U.S. and in Mexico who were either trained in or familiar with our Community Resiliency Model. In January 2018, we sent a CRM team to Mexico City to provide a 5-day CRM Teacher Training to professionals and nonprofessionals in that community.

United States of America

TRI has provided CRM trainings developing CRM/TRM-informed community-based organizations and school systems across several states. We highlight a few outstanding examples of CRM in action:

New Hanover County in North Carolina has created new systems, building well-being through their community engagement integrated with CRM concepts and skills. In the aftermath of Hurricane Florence, Elaine Miller-Karas, our co-founder, was contacted by Carey Sipp from Paces Connection requesting an introduction to CRM for the community. Shortly thereafter, their resiliency task force funded a CRM Teacher training to reduce the trauma and stress from the hurricane. As they began integrating CRM into their community, their vista widened, and they embraced the idea of CRM as one of the foundations of expanding well-being throughout their community. CRM workshops have been offered throughout New Hanover County across ages, abilities, and ethnicities.

Arizona State University (ASU) announced that in 2021 the School of Social Work received a five-year grant from the U.S. [Substance Abuse and Mental Health Services Administration](#), funding the new National Center for Community Health and Resiliency, which will train hundreds of community healthcare workers from across the country. The center, which opened in the Fall of 2021, will serve community health workers who are seeking specialized training to deliver culturally responsive interventions to children and families experiencing traumatic stress. These interventions are specific to children, youth, and families belonging to communities of color, emphasizing Native Americans and the Latinx populations. The National Center for Community Health and Resiliency (CCHAR) will train thousands of community health workers across the nation. Goals for CCHAR include training 500 community health care workers as Certified CRM Teachers.

Sexual Assault Investigations have been transformed by the Victim-Centered Engagement and Resiliency (VCERT) training created by the **Washington State Criminal Justice Training Commission (WSCJTC)**. The WSCJTC's dedication to treating sexual assault survivors with

the intention not to retraumatize them as they conduct their detailed sexual assault interview has led to the integration of CRM into their training program and into the interviewing process. They now have a cadre of CRM Teachers made up of law enforcement, prosecutors, and client advocates. Their program is now a required part of the State of Washington's law enforcement training.

Edwin Weaver, the executive director of **Fighting Back Santa Maria**, is a CRM Senior Trainer, and his staff is trained as CRM Teachers. They have integrated CRM wellness workshops throughout Northern Santa Barbara County, training school administrators, teachers, law enforcement, community leaders, and youth. Of note is the Fighting Back Santa Maria Valley's Youth Action Group, comprised of local junior high and high school students who are motivated to take a stand against violence, drugs, and alcohol in their schools and community. The Youth Action Group is focused on providing peer-to-peer support around issues that teens face in their community. They continually work to address such issues by raising awareness through youth rallies, Town Hall meetings, Public Service Announcements, and many other projects. They have hosted prevention and intervention programs to combat problems that youth face and have helped peers build wellness skills while promoting healthy choices.

Many **school districts and independent schools** have integrated CRM into their programs and curriculum. Some school districts had a systematic approach starting with the teachers and administrators, then training the parents and then the children. For example, **Wake County Public School System in North Carolina** with initial leadership from CRM Teachers, Dr. Marius Pettiford, Senior Director, Counseling & Student Services, and Drew Pledger, LCSW, spearheaded this approach in their district. When CRM is brought to an entire district, the potential capacity to scale student, teacher, administration, and caregiver well-being expands

Bridges to Therapy is a behavioral health integration approach designed to address the need for improved access to pediatric behavioral health services in Georgia. First conceptualized and piloted at a free healthcare clinic in Atlanta, Georgia, Bridges to Therapy is both sensitive and precise, able to meet the needs of people from diverse contexts with high-quality, low-cost services. The Community Resiliency Model was selected as a primary intervention and will be delivered to organizations, families, and individuals monthly, to reach every major organization serving children, young adults, and families. Resilient Georgia, in partnership with the Georgia Department of Behavioral Health and Developmental Disabilities and the Center for Interrelational Science and Pediatrics, will launch Bridges to Therapy.

The Trauma Resource Institute has designed interventions for **survivors of mass shootings and bombings**. TRI has consulted with many community groups to help survivors with the mental health challenges that invariably follow these attacks. TRI has responded to the Boston Marathon Bombing, the Pulse Night Club Attack in Florida, the Dayton, Ohio Mass Shooting, the San Bernardino Terrorist attack, and has helped individuals from Los Angeles that survived the Route 91 Harvest Festival Massacre in Las Vegas, Nevada. TRI has also consulted with community members and government officials of Northern Ireland regarding the community trauma existing since the “troubles” during which the community experienced mass shootings and bombings.

EUROPE

Northern Ireland

In 2017, TRI was selected to provide CRM Teacher Training to the staff of the Victims and Survivors Service (VSS) of Northern Ireland and The Forum for Cities in Transition to create a sustainable network of CRM Teachers, who can go forward in supporting those affected by The Troubles/Northern Ireland Conflict. Twenty-one individuals were trained over five days. TRI returned in September 2019 to provide its second CRM Teacher Training and again in December to meet with various officials and provide a CRM Workshop to a group at the Prisoner Ombudsman's Office. Another CRM Teacher Training took place in June 2022. Several organizations are implementing CRM within their organizations, including Victims and Survivors Northern Ireland, under the leadership of Jolena Flett. Lesley Carroll and Sara Cook provide leadership for the CRM Teachers within Northern Ireland. CRM Teachers Sara Cook and Oonough Cullen are bringing CRM workshops to individuals in Romania and within Ukraine working with Ukrainians displaced by the war.

Turkey

In 2015, TRI was awarded funds by the Unitarian Universalist Service Committee to conduct a CRM Teacher Training and subsequent enhancement training in Istanbul, Turkey. NGO workers representing UNFPA, the Turkish Red Crescent, and other organizations who were working directly with Syrian refugees and asylum seekers were trained in CRM to expand their capacity to address the mental health challenges encountered by this population.

Iceland

In March 2017, TRI delivered both a 1-day CRM Workshop to community members in downtown Reykjavik, followed by TRM Level 1 and Level 2 training to various mental health professionals. TRI returned in November 2018 to provide additional trainings in TRM. TRI has provided additional TRM trainings in 2020/2021 through Zoom.

Ukraine

TRI has a strong association with EdCamp Ukraine. In the weeks before the Russian invasion, the Executive Team of the Trauma Resource Institute worked with our Ukrainian colleagues to begin setting up a CRM Teacher Training as a humanitarian offering. The day of the invasion, our Ukrainian colleagues asked TRI to provide immediate CRM workshop webinars, via Zoom, and streaming on Facebook Live for accessibility to their wider community.

Within 24 hours after the Russian invasion, on February 25, 2022, TRI mobilized staff and volunteers and provided online learning. A series of four webinars were launched, followed by daily meetings, translated into Ukrainian. It is an international effort that was set into motion because of prior relationships made through the SEE Learning Program. This resulted in close to 80,000 views on EdCamp Ukraine's Facebook page in a period of 50 days. In September 2022, TRI completed its first CRM Teacher Training for community leaders within Ukraine. In June 2023 TRI completed its second CRM Teacher Training for an additional 37 community leaders within Ukraine.

Other CRM Recognitions

The Social, Emotional and Ethical (SEE) Learning Program

Elaine Miller-Karas, Director of Innovation and one of the key developers of the Community Resiliency Model, has been a consultant to Emory University's Social, Emotional, and Ethical (SEE) Learning Program. The program, inspired by His Holiness the Dalai Lama, was developed by the Center for Contemplative Science and Compassionate-based Ethics. The CRM skills have been incorporated into the SEE Learning curriculum and will bring compassionate and ethical learning to children K-12 worldwide. In April 2018, the curriculum was presented in Dharamsala to His Holiness the Dalai Lama. Brendan Ozawa-Silva, who is a CRM Teacher leading the project at Emory, stated, "It was a wonderful experience, and our program was very well received. We also learned that the Tibetan exile government will do the program in all their schools in India and Nepal (some 20,000 students) at all grade levels. There are people working towards introducing it in the entire district of Himachal Pradesh (almost 1 million children). There were also people from Italy, Vietnam, Germany, and Switzerland there eager to implement it in their home countries. The Dalai Lama also instructed us to scale quickly if possible." Our Community Resiliency Model is Chapter 2 of this most important curriculum.

His Holiness the Dalai Lama led the launch of the SEE Learning Program in New Delhi, India in April 2019. Elaine Miller-Karas was invited to participate in the launch and was honored to meet His Holiness the Dalai Lama while in India.

SEE Learning Program: <https://seelearning.emory.edu/>

The Los Angeles City Resiliency Strategy

Los Angeles is one of 101 cities around the world that are part of the Rockefeller Foundation's Resilient Cities Project, which is dedicated to helping cities become more resilient to the physical, social, and economic challenges that are a growing part of the 21st century. The Los Angeles Resiliency Strategy has established 15 goals and 96 actions intended to strengthen the Los Angeles community fabric to support people's ability to survive, adapt, and thrive in the wake of a crisis or catastrophe. CRM was highlighted as a resource to bring to LA communities, in partnership with local universities, trauma experts, and the Mayor's Crisis Response Team.

The International Transformational Resilience Coalition (ITRC)

The International Transformational Resilience Coalition's mission is to promote and support comprehensive preventative initiatives in North America and internationally to proactively build psychological and psycho-social-spiritual resilience for climate change and climate change events. TRI is a founding member.

ITRC: <http://www.theresourceinnovationgroup.org/intl-tr-coalition>

The Christopher Wolf Crusade (CWC)

The Christopher Wolf Crusade started by Christopher's mother, Cammie Wolf Rice, is dedicated to bringing an end to the Opioid Epidemic by creating the Life Care Specialist Program launched at Grady Hospital in Atlanta. It is dedicated to the memory of Christopher Wolf who lost his life due to an opioid addiction developed after multiple surgeries. The wellness skills are integrated into the program. Elaine Miller-Karas wrote the program's curriculum integrating concepts from the Community Resiliency Model. TRI has a collaborative relationship with CWC.

CWC: <https://cwc.ngo>

The Skoll World Forum, Catalyst 2030, the World Health Organization, and the United Nations

- Elaine Miller-Karas, Director of Innovation was invited to present at the **Skoll World Forum** and **Catalyst 2030** as a social entrepreneur because of TRI's creative strategies for scaling simple interventions to ameliorate and reduce the impact of trauma and depression in our global community.
- Elaine Miller-Karas has participated at the **World Health Organization** headquarters about increasing mental health in our world community.
- Elaine Miller-Karas was invited by the **United Nations** to deliver a 2-day CRM Workshop to the United Nations Staff/Stress Counsellors Group (UNSSCG). Elizabeth Loken, MD, a CRM Teacher, accompanied Elaine to Rome, Italy, in October 2019 where they presented a CRM Workshop for a group of 52 counselors from the UNSSCG.