Final CRM Innovation Evaluation Report

Trauma Resource Institute

Community Resiliency Training Innovation Project

Submitted to:

Department of Behavioral Health
San Bernardino County

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Executive Summary

Submitted by: Stephanie Citron, PhD, Research Consultant, Trauma Resource Institute

The DBH San Bernardino County Community Resiliency Training (CRM) Innovation Project was initiated in December 2010 through the CA Mental Health Services Act - Proposition 63. Implemented by DBH and the Trauma Resource Institute (TRI), the goal of the project was to bring biologically based trauma intervention training, the Community Resiliency Model Training, to seven marginalized groups in San Bernardino County who have limited financial and logistical access to mental health resources. The intent has been to expand local response capacity by offering training in CRM skills, which are biologically based resiliency skills designed to address the needs of community members needing mental health education and coping skills. These groups were chosen because they were likely experiencing the effects of the cumulative trauma that is associated with racism, homophobia, poverty and untreated posttraumatic stress from military service including combat.

Trainees representing six of the seven-targeted marginalized groups were recruited and trained. The six groups were Latino, African-American, GLBTQ (Gay, Lesbian, Bisexual, Transgender, Questioning), API (Asian Pacific Islander), Veteran and At-risk Youth. Though the seventh Native American group was recruited and participated in an orientation, they were not able to mobilize for training within the time constraints. Evaluation data for the At-risk youth was not collected, since IRB approval was not obtained in time. However, evaluation data was collected from individuals who work with At-risk youth during an additional training at the Holistic Campus in Victorville. As a result six of the original seven targeted groups were represented in the evaluation.

> "I expect to use these skills personally and look forward to introducing them to others."
>
> - CRM Trainee

Training Results

This report includes evaluation data from all six groups – Latino (El Sol), African-American (Hughes), Veteran, GLBTQ, API, and Holistic Campus. There are three data points being analyzed: pre-training, immediately post training, and 3-6 month follow-up.
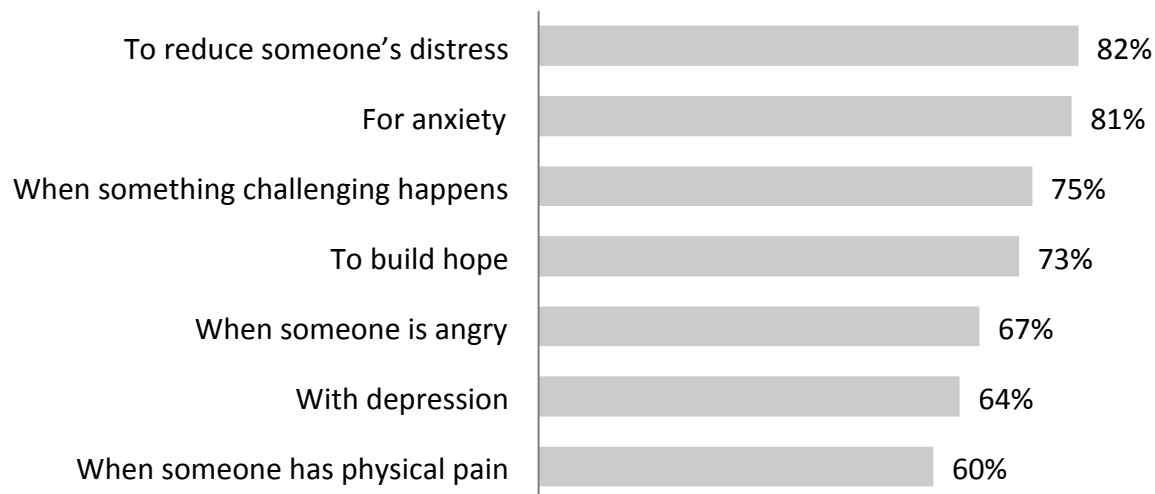
Results of training evaluations received from approximately 68 trainees immediately after their last training session, indicate that 96% of the respondents believe that the CRM skill training will be very to moderately relevant or useful for their work with people in their community, and

> "I will share the information and skills in Adult School in San Bernardino."
>
> - CRM Trainee

90% said they thought they would use the skills very to moderately frequently during the month following the training. One objective of the training is to enable vulnerable community members to use CRM skills for their own self-care and to prevent burnout. Nearly all (94%) of the trainees reported that they will be able to use the skills learned from the training for their own self-care, and all

reported satisfaction with their understanding of the CRM skills. When asked to report on other specific ways they thought the CRM training would help their work with people in the community, at the end of the training 60% or more indicated that the CRM skills will be useful to help reduce distress (82%) and anxiety (81%), when facing a challenge (75%), building hope (73%), with anger (67%) and depression (64%), and when someone has physical pain (60%) (see Figure 1).

Figure 1. How Trainees Said They Will Apply the CRM Skills within the Community

| Category	Percentage
To reduce someone's distress	82%
For anxiety	81%
When something challenging happens	75%
To build hope	73%
When someone is angry	67%
With depression	64%
When someone has physical pain	60%

Follow up data (3-6 months after the training) show that the trainees maintained satisfaction with the CRM training, with 97% reporting satisfaction with their understanding of the CRM skills.

Treatment Results

Although the focus of CRM has been providing training, rather than treatment in a biologically based intervention, all of the 109 participants among the six groups received group sessions of CRM, as well as individual sessions in either demonstrations or in work with a trainer under supervision. Approximately 62% of the participants were female and 38% were male, and the age of the participants ran from 22-75 years, with an average age of 51. The participants report an array of physical and emotional symptoms, reflecting the extensive impact on the mind body system when one is a member of a vulnerable group in a high poverty county. Participants reported an average of 6 physical distress symptoms and an average of 6 emotional distress symptoms. The high incidence of physical symptoms shows the importance of models that include biological interventions that help stabilize the nervous system and that are not limited to traditional interventions that involve "talk therapy."

In order to assess effectiveness of treatment, trainees were assessed immediately after the training was completed, and again 3-6 months later. Combined, the groups reported improvements in the distress indicators of depression, hostility, somatic, and anxiety. As seen in Figure 2, 82% of the respondents indicated less depression symptoms post training, 59% less hostility symptoms, 59% less somatic symptoms, and 58% less anxiety symptoms.

Figure 2. Percentage of Trainees Who Indicated Positive Changes in Distress Indicators Post Training
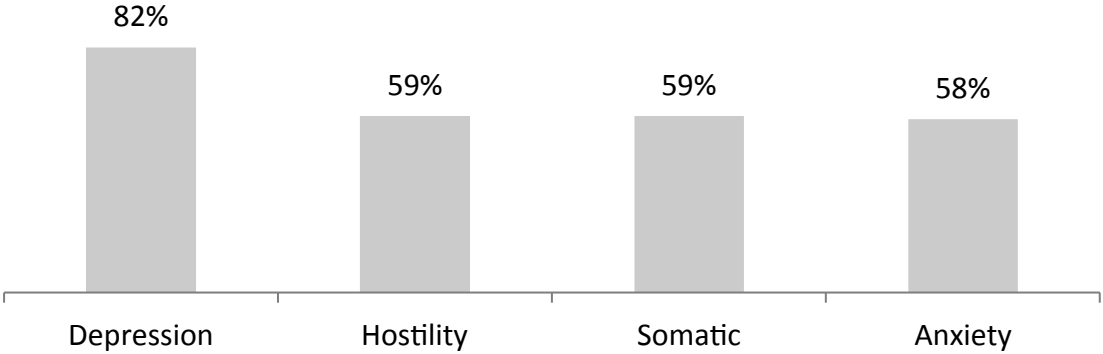
As seen in Figure 3, the results indicate a strong positive trend, which demonstrates the positive effect of treatment in all symptoms at the time of the end of the training (i.e., decline of distress symptoms and upsurge in well being symptoms). Pre to post comparison analyses indicate statistically significant decreases in the average number of depression, hostility, anxiety, and somatic symptoms and statistically significant increases in the average number of symptoms related to relaxed, contented, somatic well-being, and friendly indicators. The most significant area of improvement is related to the depression indicator.

Figure 3. Pre to Post Improvements in Average Number of Distress and Well-being Symptoms
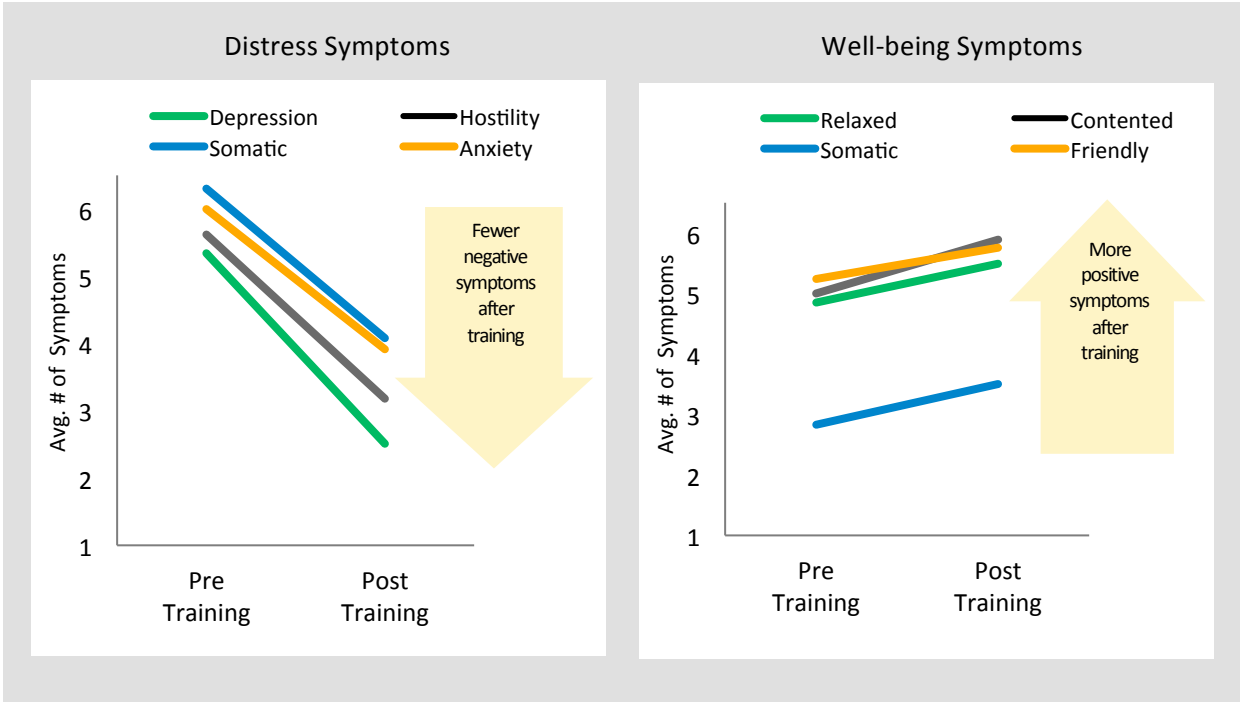
The fact that such a large percentage of depression symptoms are improved across populations suggests that using the CRM skills, which stabilize the nervous system, and learning how to teach them to others, offers trainees a greater experience of control and empowerment, which can result in a sense of renewed hope.

In order to have a preliminary assessment of the stability of treatment effects, trainees' symptoms were assessed 3-6 months after the training. The 3-6 month follow up response rate of 58% to 100% was very good among five of the six groups. There was a 45% response rate for the Asian Pacific Islander group. Findings indicate that at the 3-6 month follow-up, that although the positive distress and well-being findings are not quite as strong 3-6 months after the training, pre to follow-up comparison analyses show positive trends in the desired direction of improvement in every distress and well-being indicator, **with statistically significant improvement pre to follow-up decreases in anxiety, depression and hostility symptoms.**

Additional 3-6 month follow-up data received from approximately 68 trainees across the six groups indicates that 90% or more either completely or somewhat agree that the CRM skills were useful in managing stress (91%), having better self control (94%), and helping get through hard times (90%). The majority (84%) used the skills frequently, with 30% reporting they were using the CRM skills daily and 54% indicating a few times a week. This data suggests that the perceived usefulness of the CRM skills to trainees personally is likely a motivating factor for trainees to practice them frequently over time.

These results indicate that at least in the several months post training, for a majority of the trainees, the positive effects of the training and treatment continued. Even though most of the symptoms did not maintain the level of improvement that they did at the post treatment data point, they continued to demonstrate improvement from the trainees pre-training data point. For program planning in the future, this points to both the need for more refresher meetings to be built in to the training protocol, and more support for trainees to be able to attend refresher meetings in the form of transportation, child care, and continuing education.

The results of the research suggest that offering Community Resiliency Model Trainings to the underserved within San Bernardino County and providing adequate support networks following the initial training, could have a potentially powerful impact in reducing the symptoms of depression and anxiety within a wider population. In this Train the Trainer model, most of the trainees reached the level of competency to become CRM Skills Trainers. The fact that so many lay people across all of these marginalized groups have been able to learn the CRM skills well enough to become CRM Skills Trainers who can then teach the skills to others in their cohort, speaks to the simplicity, accessibility, culture sensitivity and ease of learning of the CRM model. It will be important to evaluate the effectiveness of these first tier CRM Skills Trainers when they teach the skills to groups in their own cohort. When it can be demonstrated that they can indeed impact a second tier of the underserved within San Bernardino County, there will be demonstrated evidence that the CRM model can help create stronger, healthier, more resilient communities.

Section 1:

Data Collection Overview

Data Collection Overview
Data Analysis performed by Shanelle Mennella, PhD

The CRM Innovation Project evaluation consisted of process components measuring the implementation of the train-the-trainer sessions and corresponding outputs, in addition to key outcomes associated with the project objectives. Three tools were used to collect evaluation data and are the focus of the current report: (1) Post and Follow-up Treatment Relevance, Use & Satisfaction Scale (TRUSS) Survey; (2) Pre-Post-Follow-up Symptom Questionnaire (SQ); and (3) CRM Brief Questionnaire. The table below provides the number of surveys completed by the CRM innovation trainees.

Table 1.1 - Number of CRM Evaluation Surveys Collected							
Group	# of Trainees	# of Evaluation Participants	TRUSS		SQ			CRM Brief
			Post	Follow-up	Pre	Post	Follow-up	
Veteran	≥15	15	13	8	15	14	8	8
El Sol	≥24	24	0	14	24	0	14	14
GLBTQ	≥10	10	5	10	8	8	10	9
Hughes	≥26	26	19	16	26	19	16	16
API	≥20	20	18	9	19	18	9	9
Holistic	≥14	14	14	12	14	14	11	12
Total	≥109	109	69	69	106	73	68	68

Section 2:

Treatment Relevance, Use & Satisfaction Scale (TRUSS) Findings

Post and Follow-up TRUSS Findings

A total of 109 community members from San Bernardino County participated in the CRM innovation project evaluation (i.e., 11/30/11-6/11/13). A summary of key characteristics for participants who completed demographic items is provided below (see **Table 2.1**).

Table 2.1 – Participant Characteristics			
Indicator	**Category**	**N**	**%**
Group (N=109)	Veteran	15	14%
	El Sol	24	22%
	GLBTQ	10	9%
	Hughes	26	24%
	API	20	18%
	Holistic	14	13%
Gender (N=92)	Female	57	62%
	Male	35	38%
Age (N=94)	Average	51	70% were adults age 18-59 & 30% were adults age 60+
	Range	22-75	
Ethnicity/Race (N=90)	African American	28	31%
	Hispanic or Latino/Latina	25	28%
	White or Caucasian	15	17%
	Asian/Pacific Islander (API)	14	16%
	Native American	1	1%
	Multiple Ethnicities/Races (i.e., Caucasian and Native American, Caucasian and API)	3	3%
	Other (i.e., Cambodian)	1	1%
	Did Not Specify	3	3%
Years Living in the Community (N=96)	Average # of years living in the community	19	62% lived in community for over 10 years
	Range	1-68	
MHS Experience (N=85)	Previous Experience with Mental Health Services for Self or a Family Member	55	65%
Veteran Status (N=90)	Veteran or Family Member of a Veteran	10	11%

Community Roles and Characteristics

Related to participant characteristics, the post TRUSS survey asked respondents a series of open-ended items about the roles they play in their community and perceptions related to the strengths and weaknesses of their community. Responses to each of the items are summarized below.

Roles in the Community. Many of the trainees identified multiple community roles. Key categories are provided below in order from most to least frequently mentioned.
- Good Neighbor/Friendly Person
- Church Member
- Veteran or Veteran Advocate
- Counselor/Therapist/Group Facilitator/Sponsor
- Mother/Father/Grandparent/Husband/Wife
- Teacher/Mentor/Work with Youth/Coach
- GLBT or Advocate for GLBT Rights
- Social Services Worker
- Outreach/Volunteer Worker
- Leader
- Retiree
- Law Enforcement

> "Most of my time is spent with veterans. I feel a strong connection to be of service."
>
> - CRM Trainee

Community Strengths. When asked what they think are the strengths in their community, the majority of the trainees mentioned positive characteristics related to people who live in their community. For example, one trainee wrote, "There are many people (volunteers) and staff who do so much to make our community a good place to be." Other strengths were related to places such as churches and outreach centers, community support, the safety, quietness and/or peacefulness of the community, and positive changes in medical benefits for veterans.

Community Problems/Challenges. The trainees were also asked to list the biggest problems or challenges in their community. Responses were related to the following categories in order from most to least frequently mentioned.

> "Lack of community involvement with youth."
>
> -CRM Trainee

- Lack of Resources/Support (e.g., food, housing, education, medical care, money, jobs, job training)
- Lack of Awareness and Involvement in the Community
- Feelings of Hopelessness, Anger, and/or Fear
- Weaknesses of People in the Community (e.g., discrimination)
- Alcohol and Drugs
- Gangs and Violence, Family Violence
- Mental and Physical Illness
- Isolation from Others
- Poor Parenting and Teen Pregnancy
- Returning Veterans

Understanding and Use of CRM Skills

The next section of TRUSS findings focus on (1) the trainees' understanding of the CRM skills and (2) how prepared they feel to teach the skills to other members of the community, immediately after the training sessions (post) and 3-6 months later (follow-up). Positive findings are highlighted in yellow in the tables below.

Table 2.2 – Satisfaction with Understanding of Specific CRM Skills								
CRM Skill	**Survey**	**N**	**Not At All**	**A Little Bit**	**Moder-ately**	**Quite A Bit**	**Very**	**Mean (SD)**
Grounding	Post	57	0%	0%	12%	33%	55%	4.42 (0.71)
	Follow-up	67	0%	2%	12%	28%	58%	4.43 (0.76)
Tracking	Post	56	0%	0%	13%	30%	57%	4.45 (0.75)
	Follow-up	67	0%	3%	18%	33%	46%	4.22 (0.85)
Resourcing	Post*	20	0%	0%	15%	10%	75%	4.60 (0.75)
	Follow-up	67	0%	0%	12%	25%	63%	4.51 (0.70)
Resource Intensification	Post	57	0%	0%	12%	25%	63%	4.51 (0.71)
	Follow-up	67	0%	2%	18%	33%	47%	4.27 (0.81)
Shift and Stay	Post	57	0%	0%	10%	32%	58%	4.47 (0.68)
	Follow-up	67	0%	0%	22%	39%	39%	4.16 (0.77)

*Some of the post-surveys were missing this item.

Table 2.3 – How Prepared Trainees Feel to Teach the CRM Skills in Their Community								
CRM Skill	Survey	N	Not At All	A Little Bit	Moder-ately	Quite A Bit	Very	Mean (SD)
Grounding	Post	57	0%	5%	26%	34%	35%	3.98 (0.92)
	Follow-up	67	2%	3%	24%	32%	39%	4.05 (0.94)
Tracking	Post	57	0%	5%	26%	30%	39%	4.02 (0.95)
	Follow-up	67	3%	2%	22%	43%	30%	3.96 (0.93)
Resourcing	Post	57	0%	5%	23%	25%	47%	4.14 (0.95)
	Follow-up	67	2%	2%	22%	33%	41%	4.12 (0.91)
Resource Intensification	Post	57	0%	5%	23%	32%	40%	4.07 (0.92)
	Follow-up	67	2%	6%	25%	34%	33%	3.91 (0.98)
Shift and Stay	Post	57	0%	5%	25%	35%	35%	4.00 (0.91)
	Follow-up	67	2%	3%	31%	34%	30%	3.88 (0.93)

The last item asked if there was anything else that would help the trainees feel more confident about using the information and CRM skills. Following the last training session (post TRUSS survey) respondents believed that they would benefit from more:

- Practice
- Training
- Feedback from trainers and the participants they will train
- Opportunity to teach and observe others
- Materials (e.g., PowerPoint slides, Spanish manual, example online)

Likewise, results show that at follow-up over 76% of the trainees said that ongoing help would be useful in applying CRM to the community.

> "I need to practice more in groups at church and my meeting. That will help me."
>
> -CRM Trainee

Section 3:
Symptom Questionnaire (SQ) Findings

SQ Overview

This section provides aggregate and individual group findings for the SQ analyses. Each set of findings is provided on a separate page and includes two tables and two figures summarizing results from the respective comparison analyses.

The SQ includes a total of 92 items with 17 different negative symptoms related to each of the four distress indicators (i.e., anxiety, depression, somatic, and hostility) and six different positive symptoms related to each of the four well-being indicators (i.e., relaxed, contented, somatic, and friendly). Given the differences in the number of possible symptoms and directionality of positive findings, the distress and well-being indicator findings are presented in separate tables. That is, the first table on each page focuses on the distress indicators (e.g., Table 3.1) and the second table focuses on well-being indicators (e.g., Table 3.2).

In the distress table, the mean scores represent the average number of negative symptoms trainees reported experiencing during the two weeks prior to their first training session (pre), the two weeks prior to their final training session (post), and the two weeks prior to their follow-up session held approximately 3-6 months after the last training (follow-up). Decreases in mean distress scores are considered positive changes and are highlighted in yellow. The well-being findings are presented in a similar fashion in the second table; however, it is important to note that increases in mean well-being scores represent changes in the desired direction (highlighted in yellow). Statistically significant ($p < 0.05$) changes are identified in both tables using an asterisk symbol (*) in respective columns.

Following the distress and well-being indicator tables on each page are bar graphs illustrating the percentages of trainees who experienced positive outcomes after participating in the CRM trainings. The first figure shows the percentage of trainees with decreases in negative symptoms (e.g., Figure 3.1) and the second figure shows the percentage of trainees with increases in positive symptoms (e.g., Figure 3.2)
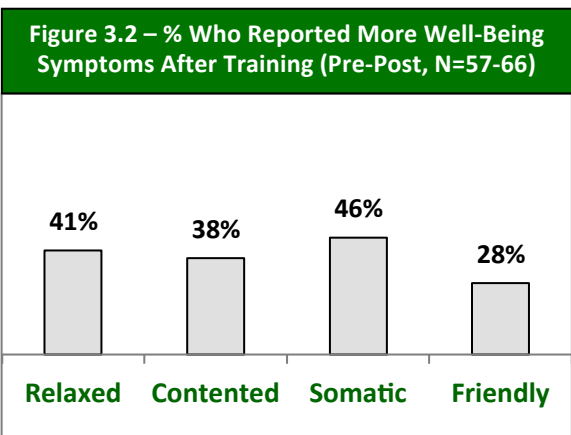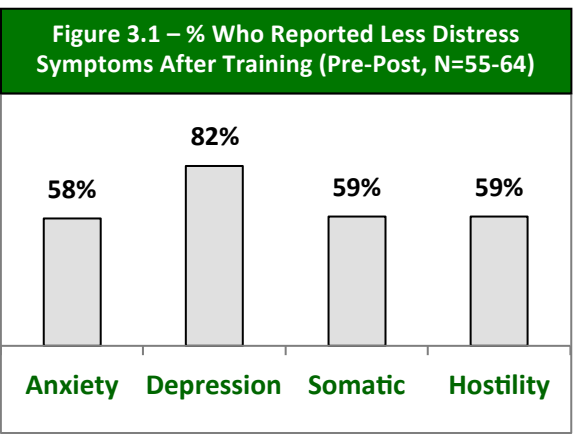
Aggregate SQ Findings

All Groups: Pre-Post-Follow-up Comparisons

The first SQ comparison analysis examined aggregated pre-post-follow-up changes in mean scores and percentages related to the distress and well-being indicators. A total of 41 CRM trainees across the five groups (i.e., Veteran, GLBTQ, Hughes, API and Holistic) completed all relevant pre, post and follow-up SQ items for one or more of the distress/well-being indicators, and therefore, are included in the tables below. (Note: The El Sol group is not included in this analysis because they did not complete the Post SQ.)

Table 3.1 – Distress Indicators						
Indicators	N	Mean Scores			Changes in Mean Scores	
		Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Anxiety	35	6.00	3.91	3.63	-2.09*	-2.37*
Depression	35	5.34	2.51	3.57	-2.83*	-1.77
Somatic	40	6.30	4.08	4.83	-2.22*	-1.47
Hostility	34	5.62	3.18	3.47	-2.44*	-2.15*

Table 3.2 – Well-Being Indicators						
Indicators	N	Mean Scores			Changes in Mean Scores	
		Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Relaxed	41	4.85	5.49	5.29	+0.64*	+0.44
Contented	39	5.00	5.89	5.21	+0.89*	+0.21
Somatic	36	2.83	3.50	3.06	+0.67	+0.23
Friendly	41	5.24	5.76	5.54	+0.52*	+0.30

Figure 3.1 – % Who Reported Less Distress Symptoms After Training (Pre-Post, N=55-64)

Anxiety: 58%
Depression: 82%
Somatic: 59%
Hostility: 59%

Figure 3.2 – % Who Reported More Well-Being Symptoms After Training (Pre-Post, N=57-66)

Relaxed: 41%
Contented: 38%
Somatic: 46%
Friendly: 28%

Individual Group SQ Findings

Group 1: Veteran Pre-Post-Follow-up Comparisons

This analysis focused on pre-post-follow-up changes in mean scores and percentages for trainees in the Veteran group. As seen in the tables below, a small number of CRM trainees from the Veteran group completed all subscale items per indicator for the pre, post and follow-up SQ. The small sample size for this group should be considered when interpreting the findings.

Table 3.3 – Distress Indicators						
Indicators	**N**	**Mean Scores**			**Changes in Mean Scores**	
		Pre	**Post**	**Follow-up**	**Pre - Post Change**	**Pre - Follow-up Change**
Anxiety	5	5.80	7.40	8.60	+1.60	+2.80
Depression	5	8.40	6.80	9.80	-1.60	+1.40
Somatic	7	8.26	7.14	11.14	-1.12	+2.88
Hostility	6	6.33	4.33	7.33	-2.00	+1.00

Table 3.4 – Well-Being Indicators						
Indicators	**N**	**Mean Scores**			**Changes in Mean Scores**	
		Pre	**Post**	**Follow-up**	**Pre - Post Change**	**Pre - Follow-up Change**
Relaxed	8	3.75	5.00	4.50	+1.25	+0.75
Contented	7	4.00	4.71	4.86	+0.71	+0.86
Somatic	6	2.50	3.00	2.50	+0.50	0.00
Friendly	7	4.00	5.57	5.57	+1.57	+1.57

Figure 3.3 – % Who Reported Less Distress Symptoms After Training (Pre-Post, N=9-12)

Anxiety 33% | Depression 89% | Somatic 67% | Hostility 64%
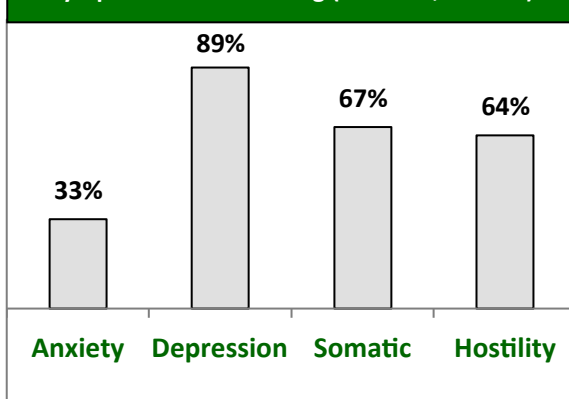
Figure 3.4 – % Who Reported More Well-Being Symptoms After Training (Pre-Post, N=10-13)

Relaxed 69% | Contented 50% | Somatic 50% | Friendly 27%
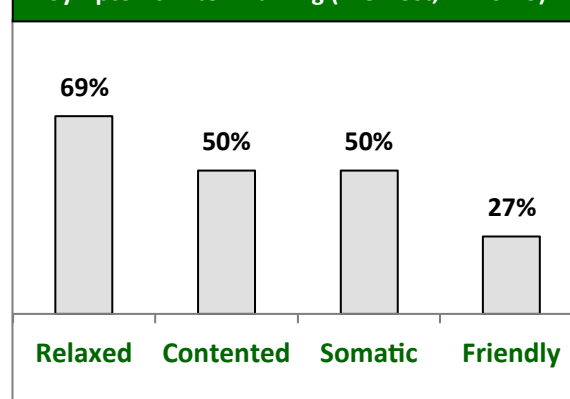
Group 2: El Sol Pre-Follow-up Comparisons

The next analysis focused on pre to follow-up changes in mean scores and percentages for trainees in the El Sol group. As seen in the tables below, post scores are not applicable for this group because they did not complete post surveys. Also note the small sample size when interpreting the findings for this group.

Table 3.5 – Distress Indicators						
Indicators	N	Mean Scores			Changes in Mean Scores	
		Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Anxiety	12	4.33	N/A	3.50	N/A	-0.83
Depression	9	1.89	N/A	1.33	N/A	-0.56
Somatic	12	4.75	N/A	3.58	N/A	-1.17
Hostility	12	5.08	N/A	2.25	N/A	-2.83

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Table 3.6 – Well-Being Indicators						
Indicators	N	Mean Scores			Changes in Mean Scores	
		Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Relaxed	11	5.36	N/A	5.18	N/A	-0.18
Contented	12	5.67	N/A	5.50	N/A	-0.17
Somatic	12	3.00	N/A	3.83	N/A	+0.83*
Friendly	12	5.83	N/A	5.83	N/A	0.00

Figure 3.5 – % Who Reported Less Distress Symptoms After Training (Pre-Follow-Up, N=9-12)
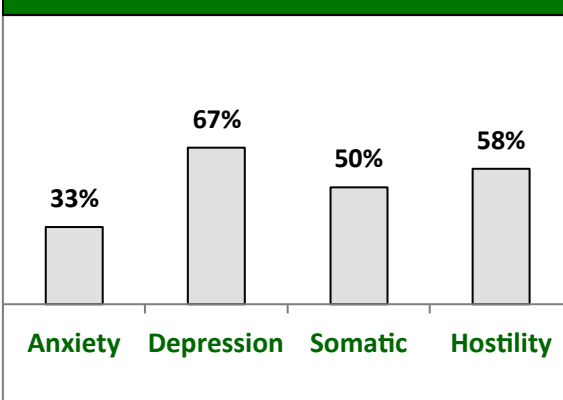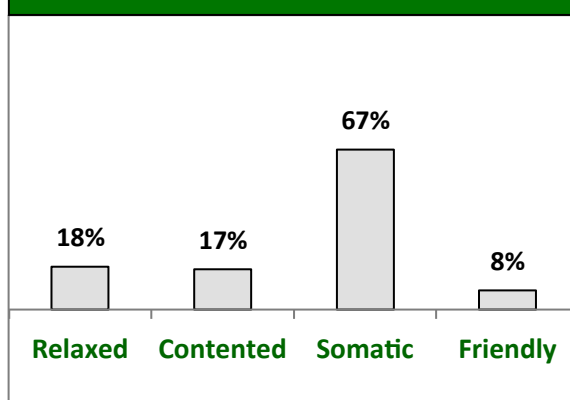
Anxiety 33%   Depression 67%   Somatic 50%   Hostility 58%

Figure 3.6 – % Who Reported More Well-Being Symptoms After Training (Pre-Follow-up, N=11-12)

Relaxed 18%   Contented 17%   Somatic 67%   Friendly 8%

Group 3: GLBTQ Pre-Post-Follow-up Comparisons

This analysis focused on pre-post-follow-up changes in mean scores and percentages for trainees in the GLBTQ group. As seen in the tables below, a small number of CRM trainees from the GLBTQ group completed all subscale items per indicator for the pre, post and follow-up SQ. The small sample size for this group should be considered when interpreting the findings.
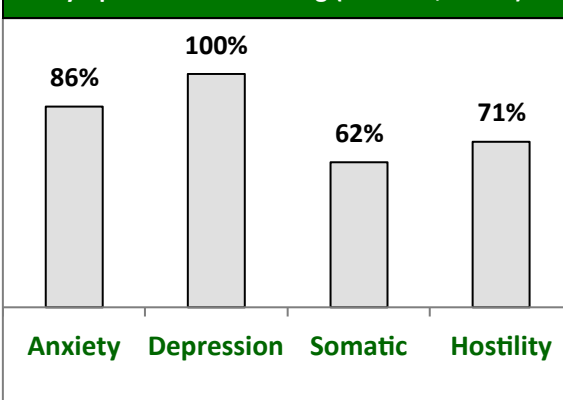
Table 3.7 – Distress Indicators						
Indicators	N	Mean Scores			Changes in Mean Scores	
		Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Anxiety	7	7.57	2.71	3.00	-4.86	-4.57*
Depression	7	7.29	1.29	3.86	-6.00*	-3.43
Somatic	8	5.88	2.38	2.63	-3.50	-3.25*
Hostility	7	6.43	3.43	5.57	-3.00*	-0.86

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Table 3.8 – Well-Being Indicators						
Indicators	N	Mean Scores			Changes in Mean Scores	
		Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Relaxed	8	5.13	5.00	5.63	-0.13	+0.50
Contented	8	5.50	6.00	5.88	+0.50	+0.38
Somatic	6	3.17	5.00	4.50	+1.83	+1.33
Friendly	8	5.63	6.00	5.63	+0.37	0.00

Figure 3.7 – % Who Reported Less Distress Symptoms After Training (Pre-Post, N=7-8)

Anxiety 86% Depression 100% Somatic 62% Hostility 71%

Figure 3.8 – % Who Reported More Well-Being Symptoms After Training (Pre-Post, N=6-8)

Relaxed 25% Contented 25% Somatic 67% Friendly 38%
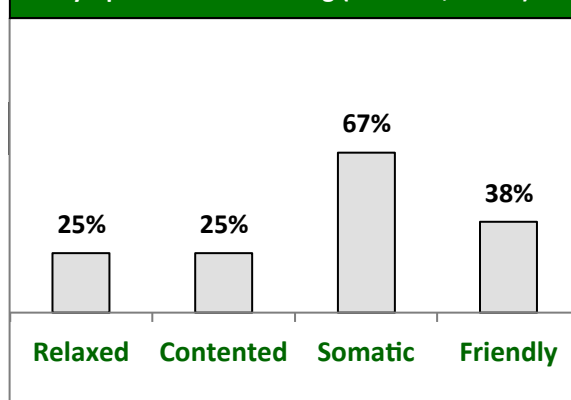
Group 4: Hughes Pre-Post-Follow-up Comparisons

This analysis focused on pre-post-follow-up changes in mean scores and percentages for trainees in the Hughes group. As seen in the tables below, a small number of CRM trainees from the Hughes group completed all subscale items per indicator for the pre, post and follow-up SQ. The small sample size for this group should be considered when interpreting the findings.

Table 3.9 – Distress Indicators						
		Mean Scores			Changes in Mean Scores	
Indicators	N	Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Anxiety	9	5.22	1.67	2.11	-3.55*	-3.11*
Depression	9	3.11	0.78	0.78	-2.33*	-2.33*
Somatic	11	5.36	2.55	2.82	-2.81*	-2.54*
Hostility	9	4.11	1.33	1.22	-2.78	-2.89*

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Table 3.10 – Well-Being Indicators						
		Mean Scores			Changes in Mean Scores	
Indicators	N	Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Relaxed	11	4.91	5.73	5.27	+0.82	+0.36
Contented	10	5.30	5.80	5.10	+0.50	-0.20
Somatic	10	3.30	3.40	3.10	+0.10	-0.20
Friendly	11	5.82	5.82	5.09	0.00	-0.73

Figure 3.9 – % Who Reported Less Distress Symptoms After Training (Pre-Post, N=13-18)

Anxiety 62% Depression 92% Somatic 50% Hostility 53%
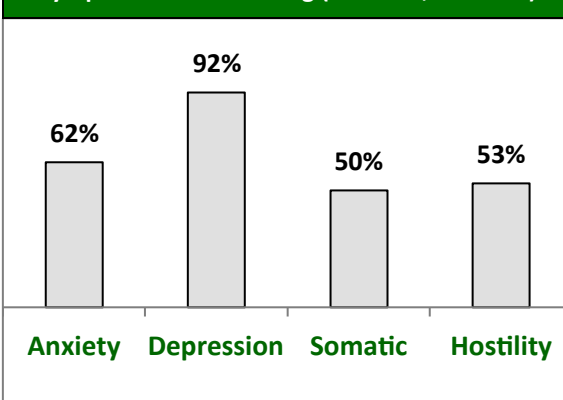
Figure 3.10 – % Who Reported More Well-Being Symptoms After Training (Pre-Post, N=15-18)
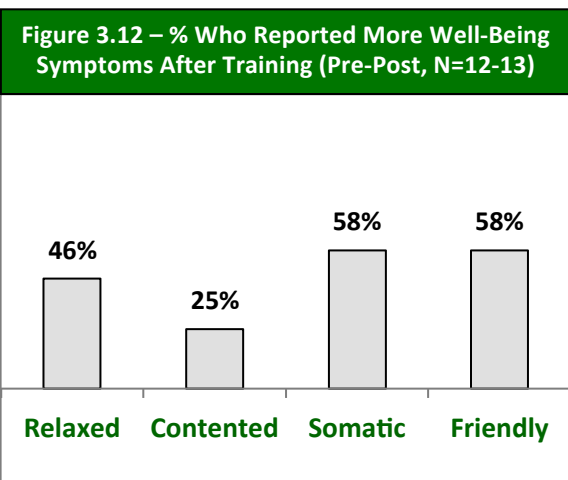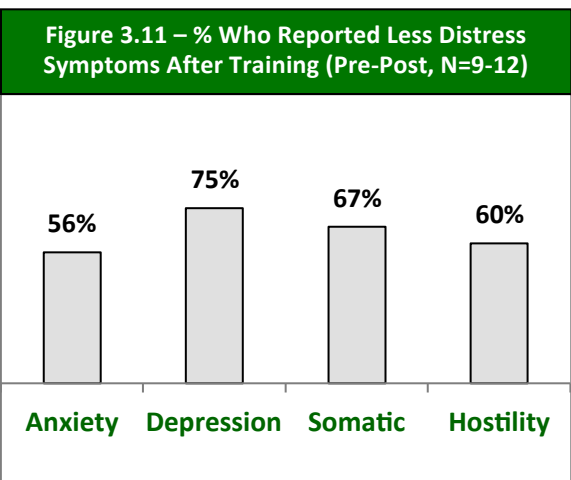
Relaxed 33% Contented 41% Somatic 20% Friendly 13%
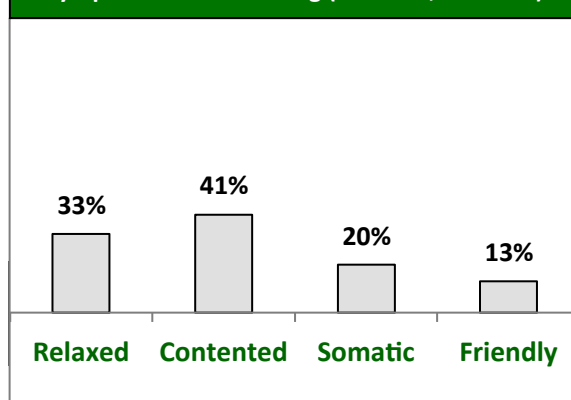
Group 5: API Pre-Post-Follow-up Comparisons

This analysis focused on pre-post-follow-up changes in mean scores and percentages for trainees in the API group. As seen in the tables below, a small number of CRM trainees from the API group completed all subscale items per indicator for the pre, post and follow-up SQ. The small sample size for this group should be considered when interpreting the findings.

Table 3.11 – Distress Indicators						
		Mean Scores			Changes in Mean Scores	
Indicators	N	Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Anxiety	4	6.00	5.50	4.50	-0.50	-1.50
Depression	4	5.75	4.00	6.00	-1.75	+0.25
Somatic	4	5.50	5.00	7.00	-0.50	+1.50
Hostility	3	8.00	4.67	4.00	-3.33	-4.00

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Table 3.12 – Well-Being Indicators						
		Mean Scores			Changes in Mean Scores	
Indicators	N	Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Relaxed	4	4.75	6.00	5.25	+1.25	+0.50
Contented	4	3.50	5.00	3.75	+1.50	+0.25
Somatic	4	2.50	3.00	2.00	+0.50	-0.50
Friendly	5	4.40	6.00	5.60	+1.60	-1.20

Figure 3.11 – % Who Reported Less Distress Symptoms After Training (Pre-Post, N=9-12)

Anxiety 56% Depression 75% Somatic 67% Hostility 60%

Figure 3.12 – % Who Reported More Well-Being Symptoms After Training (Pre-Post, N=12-13)

Relaxed 46% Contented 25% Somatic 58% Friendly 58%

Group 6: Holistic Campus Pre-Post-Follow-up Comparisons

This analysis focused on pre-post-follow-up changes in mean scores and percentages for trainees in the Holistic group. As seen in the tables below, a small number of CRM trainees from the Holistic group completed all subscale items per indicator for the pre, post and follow-up SQ. The small sample size for this group should be considered when interpreting the findings.

Table 3.13 – Distress Indicators						
Indicators	**N**	**Mean Scores**			**Changes in Mean Scores**	
		Pre	**Post**	**Follow-up**	**Pre - Post Change**	**Pre - Follow-up Change**
Anxiety	10	5.70	4.40	2.60	-1.30	-3.10
Depression	10	4.30	2.20	1.80	-2.10*	-2.50
Somatic	10	6.60	4.60	3.50	-2.00	-3.10
Hostility	9	5.22	3.56	1.33	-1.66	-3.89*

Table 3.14 – Well-Being Indicators						
Indicators	**N**	**Mean Scores**			**Changes in Mean Scores**	
		Pre	**Post**	**Follow-up**	**Pre - Post Change**	**Pre - Follow-up Change**
Relaxed	10	5.50	5.80	5.70	+0.30	+0.20
Contented	10	5.60	5.90	5.60	+0.30	+0.00
Somatic	10	2.50	3.20	2.90	+0.70	+0.40
Friendly	10	5.60	5.50	5.90	-0.10	+0.30

Figure 3.12 – % Who Reported Less Distress Symptoms After Training (Pre-Post, N=13-14)

Anxiety 57%, Depression 64%, Somatic 67%, Hostility 54%
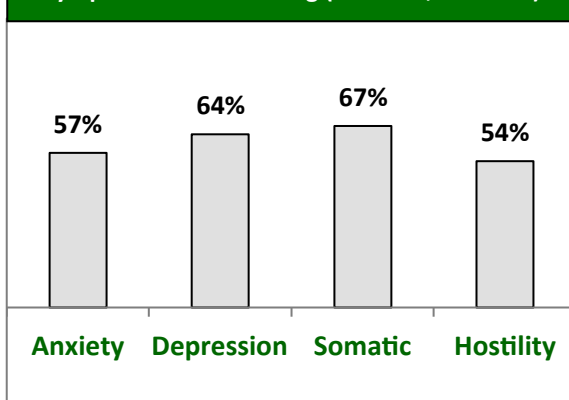
Figure 3.13 – % Who Reported More Well-Being Symptoms After Training (Pre-Post, N=14)

Relaxed 29%, Contented 43%, Somatic 50%, Friendly 14%
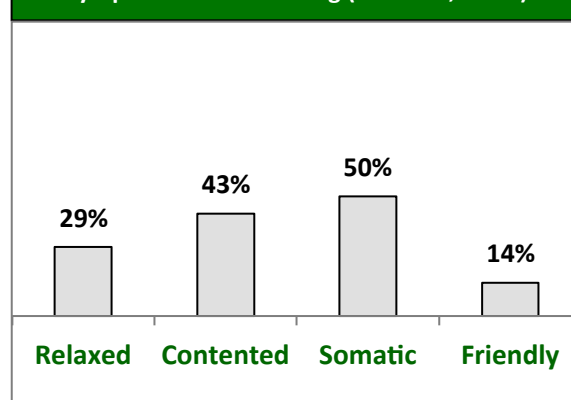
Section 4:
Brief CRM Questionnaire Findings

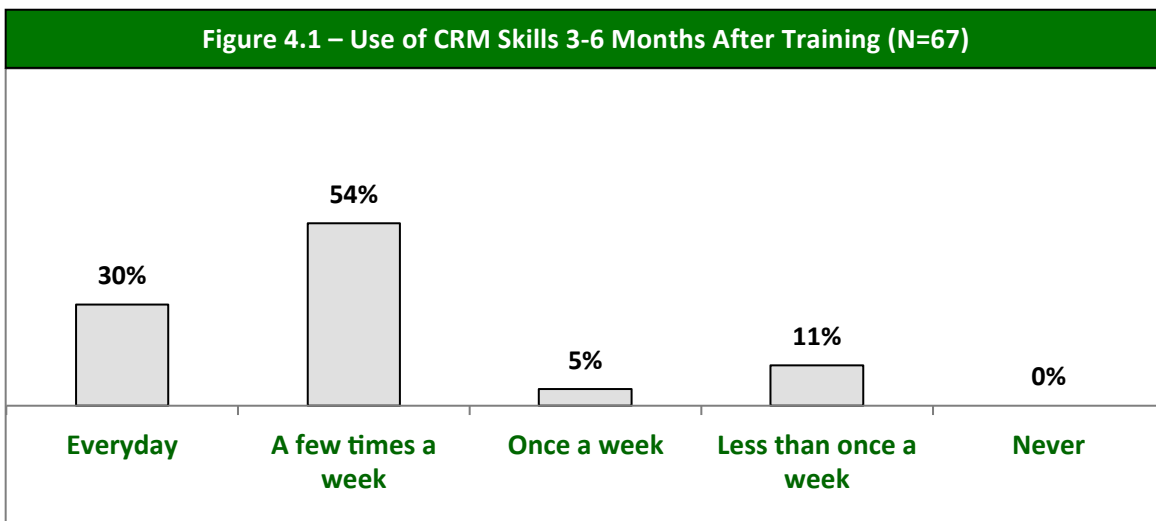## Brief CRM Questionnaire (3-6 Months After Training)

The Brief CRM Questionnaire was administered during the follow-up session, approximately 3-6 months following the training sessions. The questionnaire was administered to a total of 68 trainees.

Benefits and Use of CRM Skills

The first set of items asked about the use of the CRM skills 3-6 months following the training sessions. As seen in **Table 4.1**, 90% or more of the respondents agreed that the CRM skills have been useful in helping them manage stress, have better self-control, and get through hard times.

Table 4.1 – Benefits of CRM Skills 3-6 Months After Training							
Item	N	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Mean (SD)
The CRM skills are helpful to me in managing stress	68	0%	0%	9%	28%	63%	4.54 (0.66)
I have better self-control when I use CRM skills	68	1%	2%	3%	31%	63%	4.53 (0.76)
CRM skills help me get through hard times	67	1%	3%	6%	30%	60%	4.43 (0.86)

As seen in **Figure 4.1**, 84% of the trainees indicated using the CRM skills everyday or a few times a week.

Figure 4.1 – Use of CRM Skills 3-6 Months After Training (N=67)

Everyday	A few times a week	Once a week	Less than once a week	Never
30%	54%	5%	11%	0%

Teaching the CRM Skills to Others

In addition to using the CRM skills, nearly all (94%) of the respondents indicated that they taught the CRM skills to others and listed key demographic information for a total of 167 people they taught the skills to during the past 3-6 months. Across the 167 people listed, approximately 60% were female and 40% were male and their ages ranged from 4 to 82 years old (average age was 34). The respondents said they taught others the CRM skills to help deal with issues related to anxiety/stress, anger/ frustration/irritability, depression/negative thinking, trauma, PTSD, physical pain, family issues, financial problems, childhood abuse, grief/death, menopause, school/work issues, alcohol abuse, homelessness, hyperactivity/tantrums, bipolar disorder, and panic attacks. Many respondents also mentioned teaching the CRM skills to others during trainings and presentations, and some specified that they use the grounding skill when teaching others.

Additional Ways Trainees Used the CRM Skills

The last item on the Brief CRM Questionnaire asked respondents to provide any additional information about the ways in which they have used the CRM skills during the past 3-6 months. The trainees' responses are provided below.

- "At times over the phone depending on the need; when visiting the ill; when I'm with my friends and they need help; when I'm feeling frustrated about something."
- "Awareness of my own state."
- "Casually - with self, integrating little reminders."
- "Community group training - women 24-36. Before computer training; during counseling when people are crying."
- "Each day I try to use them amongst my family and friends and in my everyday life with handling stress and life's difficult moments."
- "First of all to help me relax and to ground others to share within a group."
- "Getting out of road rage episodes."
- "Grounding myself has helped me."
- "I am a clinician and use these skills with most of my clients. I also use them personally and with my family."
- "I believe I use one of the skills day by day both at home and in my community."
- "I have family that these CRM skills have helped during some crisis (showing them how to ground themselves and resourcing, helping them regulate their trauma by using their own nervous system, and using fight, flight or freeze to survive). I can do all things through Christ who strengthens me. Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God."
- "I like to use this model a lot, especially when I see that someone is losing control. First I use the grounding, which has also helped me; then I'll track. I use this with my

daughter and I always end with resources. I always try to listen and give respect to the time the person needs."
- "I teach a parenting class. When I discuss anger management skills, I bring in information involving the CRM skills. There are both genders in the class."
- "I teach the skills to my family so they'll have better tools when dealing with difficult life events. Share the skills to my colleagues at El Sol so that we can achieve a better life."
- "I try to stay within my resilience zone. I use grounding and resourcing with others."
- "I use the skills on myself or others when I find myself (or them) desperate (upset) over a situation I use grounding and resources to feel calm and at peace and I want to continue practicing add/give myself more to others."
- "I've mainly used them with my family, mostly teens because they are consumed with their school work and the stress is too much for their corporal system. It changes their habits and customs."
- "In my personal life."
- "Males and females in ministry."
- "On a personal level. It has become part of my everyday living and it's interesting to notice sensations throughout the day."
- "On a regular basis, I use some technique or variation of a technique in my daily life."
- "Promoting the skills in the Riverside area."
- "Sierra Alternative School: I want to set up a seminar for teachers and staff about hoe to use CRM in school."
- "Some students of the missionary natural doctors."
- "There are two people I have talked to, letting them go over their problems. It was more a matter of getting/keeping out of the way and letting them talk. One was a hospital worker who cannot handle the impersonalization of doctors (he, the patient) at Kaiser Hospital. The other was about 'day to day' ordinary things. It was in a calm way, getting things off their chest."
- "To be in the present, ground, resource and use a skill. If one doesn't work, use another."
- "To help myself and any person who needs it."
- "To talk to my sons and grand children."
- "Track people to help them ground."
- "Use skills when addressing veterans issues in order for others to feed off my resilient zone and better support them."
- "Use them frequently for self soothing and self-control. Use them with co-workers. Use them with teens in group home placement."
- "Used with males and females of all ages for all reasons/situational."
- "Used with various ages and various skills such as mindfulness, grounding, shift and stay; when driving, while waiting for appointments."
- "When angry, when someone cannot concentrate."

- "I use it as a therapist with my clients to help and manage stress, anxiety, and negative symptoms of PTSD.
- "Self - practicing at network event and during presentations; facilitator for CRM workshops (weekly); will be presenting and training the domestic violence shelter/center soon."

Section 5:

Community Resiliency Model Training - A Brief Description

Community Resiliency Model Training – A Brief Description

The Community Resiliency Model Train the Trainer consists of 40 hours of training. The trainees learn the six skills of the Community Resiliency Model (CRM) and the key concepts of CRM. The 40 hours includes 32 hours of training and a 5th day as the student teaching day. The training is a combination of lecture, discussion, practice and student teaching.

During the course, the trainees learn the key concepts of CRM, the biology of traumatic/stressful reactions, the skills of CRM and teaching methods to enhance their training abilities.   The trainees also practice the skills within the larger group and individually within the small practice groups. The training also includes an orientation to how to access the mental health system in their community and warning signs to look for in the participants of their CRM trainings that may indicate the need for a referral.

After each component of training, the trainees spend time creating teaching plans in pairs, and then teaching the material back to the CRM Master trainers. This approach builds competency in teaching the skills and in explaining the CRM concepts. The fifth and final day of training is student teaching where the trainees break out into pairs and prepare a one-hour CRM orientation that can be delivered to their community. The student teaching is evaluated by the Master CRM Trainers using objectives that have been previously handed out to the trainees. Individualized plans are created to help the motivated trainer to develop their competency if they need more time to develop competency. The Master CRM Trainers help the trainees identify places within their community where they can share the CRM skills.

A statement of understanding is explained in the beginning of the training that outlines the trainings and that attendance does not guarantee a person will be made a trainer. Competency in teaching the skills and concepts must be demonstrated before graduating to be a CRM Community Peer Trainer.   Upon completion of the training, some individuals did not want to be CRM Trainers but found the skills useful for self-help or the Master Trainers found that their gifts were not best used as CRM Trainers. These individuals were designated as CRM Ambassadors.

Follow-up sessions are incorporated into the training plan. The follow-ups are set 3 months after the last day of training and quarterly for a year after the last day of their training. Technical assistance in implementing CRM trainings is offered by phone, in-person consultation and by email.   A CRM website is waiting approval by DBH. The website will be another tool to help reinforce the skills for the CRM Trainers, ambassadors, and community recipients of the trainings. The skills are also reinforced through an APP available for iPhone, Droids, PC's and MAC called iChill.

The trainings are offered in English and in Spanish. All the CRM materials are available in both languages.

The Community Resiliency Model incorporates six skills:

Skill 1*:* **Tracking** means noticing sensations within the body. Tracking is used with all the skills of the Community Resiliency Model. One of the goals of tracking is to learn how to tell the difference between sensations that are pleasant or neutral and ones that are unpleasant. The trainees learn about the autonomic nervous system and the bodily sensations connected with the sympathetic (the accelerator) and the parasympathetic (the brake) of the nervous system. Simple graphics are used to help the trainees understand the nervous system and that natural balance can return when attention is paid to neutral and/or positive sensations.

Skill 2: **Resourcing** means using positive things in one's life to bring balance back to the Nervous System. The first step is being able to name resources. The second step is tracking the sensations that happen inside when a person thinks about a resource.

There are two types of resources:
- ♦ External Resources
- ♦ Internal Resources

External Resources include positive experiences and can include people, places, spiritual guides, activities, skills, hobbies and animals.
Internal Resources include experiences, values and beliefs that support and give meaning to life. Personal qualities like kindness, compassion and humor are also internal resources. Resourcing helps a person bring balance back to his/her nervous system.

Skill 3: **Resource Intensification** is used with Resourcing. It refers to adding more detail to the resource in order to strengthen the image of the resource.   More detail is necessary in order to deepen the sensation connected with the resource.

Skill 4. **Grounding** is the direct contact of the body with the ground or with something that provides support to the body. Grounding provides gravitational security which is the foundation upon which we build our interpersonal relationships. Grounding is our relationship to present time and space. When grounding, the person brings awareness to how the body is physically supported in the present moment. The sensory attention to the here and now stimulates an observable and sensed parasympathetic response in the nervous system.

Skill 5: **"SHIFT and STAY"** means shifting attention from something unpleasant to something neutral or pleasant and staying there. During the course of daily living, uncomfortable sensations can emerge or can be triggered that can lead to

uncomfortable, painful or overwhelming sensations. A person learns to shift attention from the distressing sensations to more comforting or neutral sensations by:

1. Moving attention to a place in the body that is more comfortable, calmer or neutral, or

2. Using a resource and noticing sensations that are pleasant or neutral, or

3. Bringing attention to how body is making contact with the chair, sofa, ground etc. and noticing the places that are more pleasant or neutral inside.

Skill 6: **"AMP DOWN/RAMP UP"** are specific actions to help bring balance back to the nervous system if stuck on high or stuck on low. The following are the "AMP DOWN/RAMP UP" strategies:

- Drink a glass of water.
- Look around the room or wherever you are, paying attention to anything that catches your attention.
- Name six colors you see in the room (or outside).
- Open your eyes if they have a tendency to shut.
- Slowly count backwards from 20 as you walk around the room.
- If you're inside, notice the furniture, and touch the surface, sensing if it is hard, soft, rough, etc.…
- Notice the temperature in the room.
- Notice the sounds within the room and outside.
- If you're outside or inside, walk and pay attention to the movement in your arms and legs and how your feet are making contact with the ground.
- Push your hands against the wall or door slowly and notice your muscles pushing.