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OF PHILADELPHIA

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# Community Resilience Model © Introduction

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*Trauma Resource Institute*

[www.traumaresourceinstitute.com](http://www.traumaresourceinstitute.com)

[www.communityresiliencymodel.com](http://www.communityresiliencymodel.com)



# Objectives

- Introduce the Community Resilience Model ©
- Define the Resilient Zone
- Consider ways to widen your Resilience Zone OR get back into your Resilient Zone when bumped out.
- Define the skills of ***Resourcing, Tracking, Grounding, Gesturing, Shift and Stay*** and ***Help Now!***
- Apply these practices and concepts to be used with the children and adults.



# ***Goals of the Community Resiliency Model®***

## ***Accessible, Affordable, Portable, Adaptable***

### ***Individual***

- ❖ To widen the “Resilient Zone” so one is better able to handle life stressors
- ❖ To reset the nervous system to bring it back into balance after stressful/traumatic events
- ❖ To intercept the hijacking of the NS by learning skills for self-care
- ❖ To integrate the CRM skills into the activities of daily living

### ***Community***

- ❖ To create a cadre of CRM-informed community members who are educated in
  - ❖ the biology of traumatic stress reactions
  - ❖ the biology of resiliency
- ❖ To widen the “Resilient Zone” in individuals, family members and the extended community



# *The Skills of CRM*



# Two Models

## Community Resilience Model (CRM)

- Wellness Model
- Can be learned and used by anyone
- Teaches 6 Wellness Skills to enhance well-being

## Trauma Resilience Model (TRM)

- Clinical Model
- Used by clinicians
- Teaches the 6 CRM skills, plus 3 clinical skills



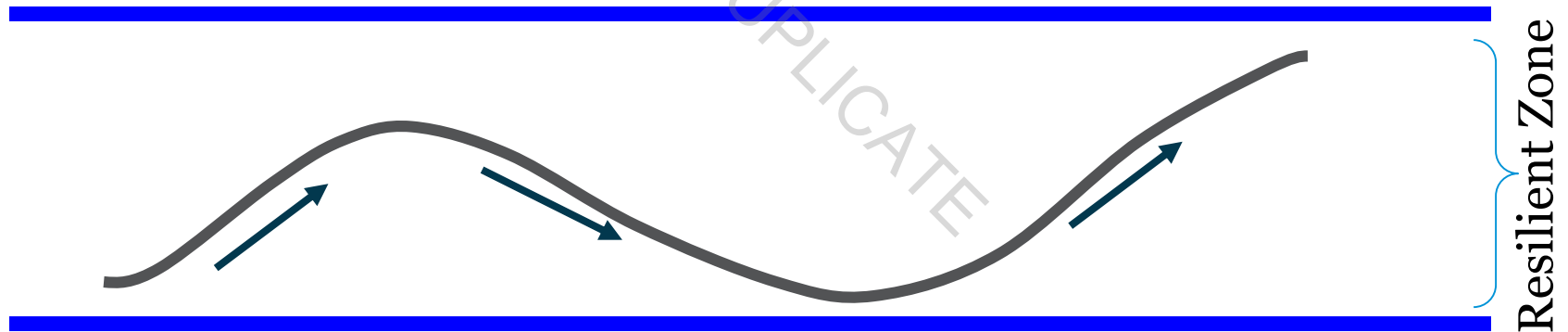
# Resilience is the GOAL

- Being resilient is the ability to manage the ups and downs of everyday life with the skills and tools we have available to us.
- Being resilient is not just surviving, but thriving after difficult or challenging times.
- Being resilient is being able to bounce back after tragedy and loss.



# *What is the Resilient Zone?*

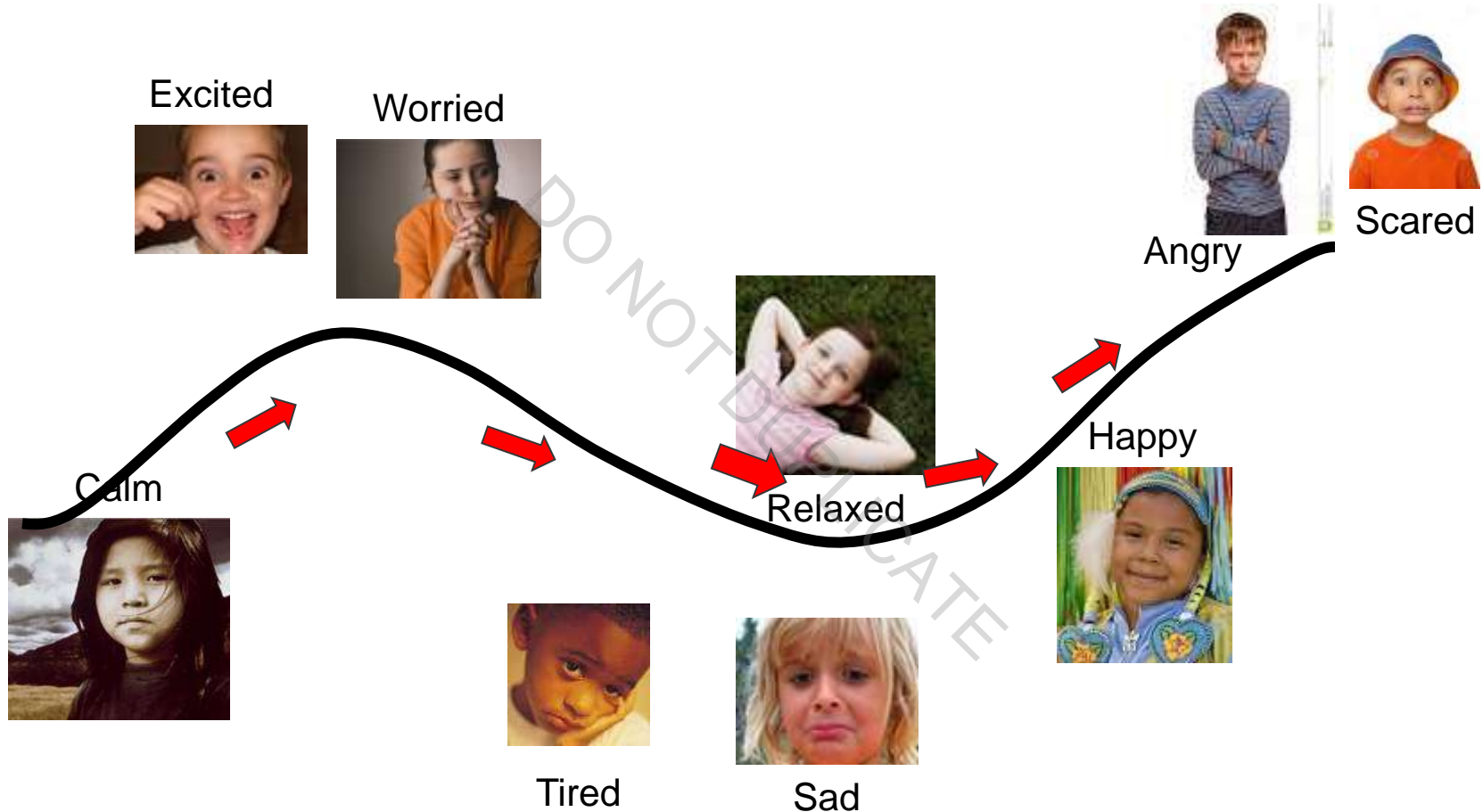
- ❖ A state of well-being in mind, body and spirit
- ❖ When in the Resilient Zone one is able to handle the stresses of life
  - ❖ You can be annoyed or even angry but do not feel like you will lose your head
  - ❖ You can be sad but not feel like you will be washed away by the river of sorrows



(c) Trauma Resource Institute

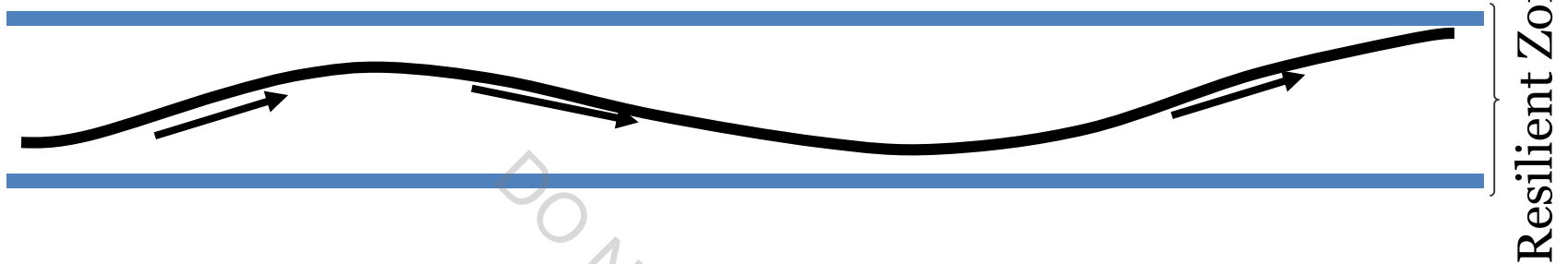


# Things happen in life and our thoughts, feelings and reactions move around in the OK ZONE

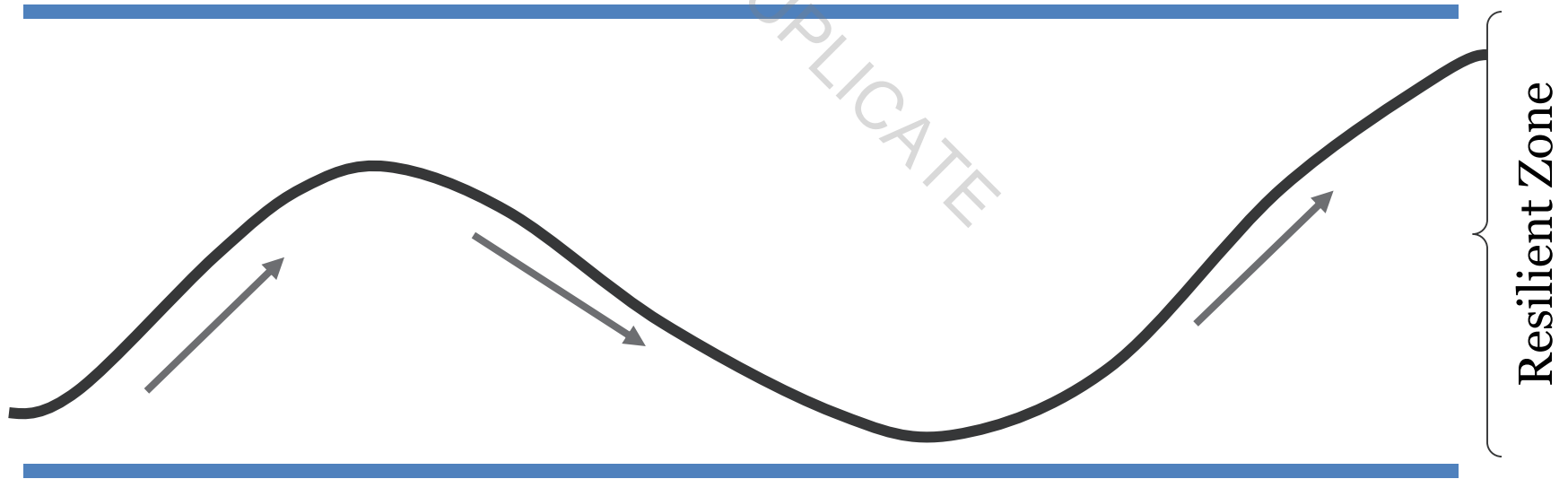




Some have a very shallow Resilient Zone where even small stressors bump you out of the Zone.



Some have a deep Resilient Zone where there is a higher tolerance for a wide range of stressors.



# ***In The Zone***

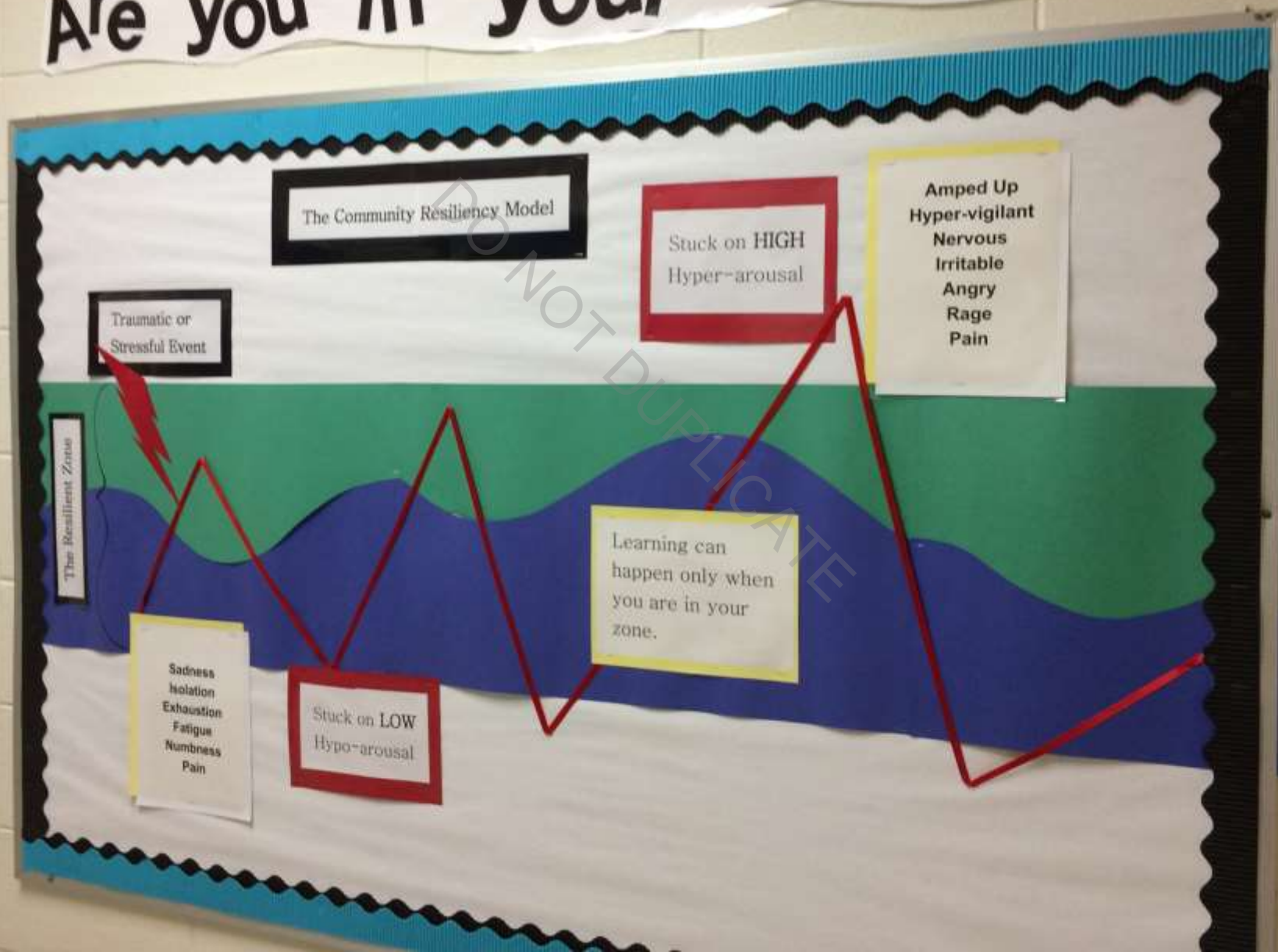
How often have you been in your Resilient Zone today?



Never	Occasionally	Sometimes	Frequently	All the Time
1	2	3	4	5



# Are you in your ZONE?



# ***TRACKING is***

## ***paying attention to sensations in the moment***

- ❖ Tracking is the foundation for helping stabilize the nervous system.
- ❖ Tracking helps children and adults learn to tell the difference between sensations of distress and upset and sensations of balance and well-being within the nervous system.
- ❖ Exploring sensations connected to well-being is key to helping one feel better in mind, body and spirit.
- ❖ Tracking is used with all the skills.



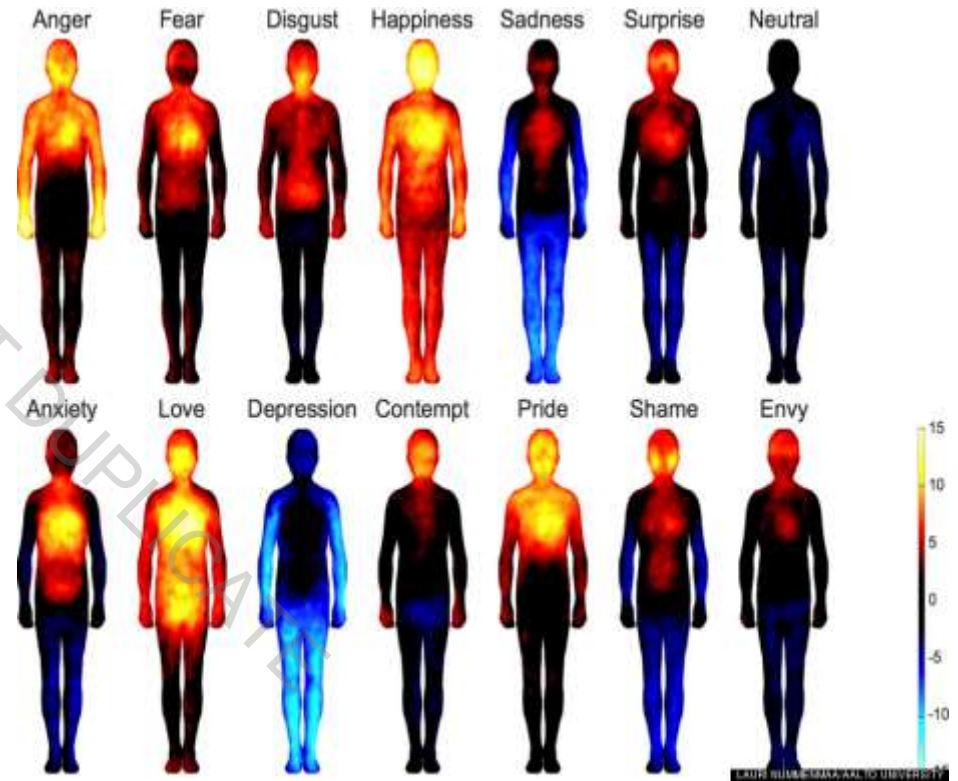
## *Tracking Exercise*

- ❖ Hold the item in your hand
- ❖ As you hold the item in your hand, is it smooth, rough, scratchy, soft?
- ❖ As you look at it, what do you notice on the inside?
- ❖ When you smell it, is it sour, sweet, salty, metallic?
- ❖ Does it have a taste? Can you describe it?
- ❖ Does it make a sound? Can you describe it?



# *Developing the Language of Sensation*

- ❖ A sensation is a *physical experience* in the body.
- ❖ Sensation originates in billions of receptors distributed in every part of the body.
- ❖ Life experiences, including our thoughts and feelings, have a corresponding sensation within the body.



**YELLOW SHOWS REGIONS OF INCREASED SENSATION WHILE BLUE AREAS REPRESENT DECREASED FEELING IN THESE COMPOSITE IMAGES. IMAGE CREATED BY LAURI NUMMENMAA, ENRICO GLERAN, RIITTA HARI, AND JARI HIETANEN.**



# ***Learning Sensation Words***

<b>Vibration</b>	<b>Size/Position</b>	<b>Muscles</b>
Shaking	Small	Tight
Twitching	Medium	Loose
Trembling	Large	Calm
Quick/Slow	Up/Down/Center	

<b>Breathing</b>	<b>Heart</b>	<b>Temperature</b>	<b>Density</b>	<b>Weight</b>
Rapid	Fast	Cold	Rough	Heavy
Deep	Slow	Hot	Smooth	Light
Shallow	Rhythmic	Warm	Thick	Firm
Light	Flutters	Neutral	Thin	Gentle



# ***How do we Track?***

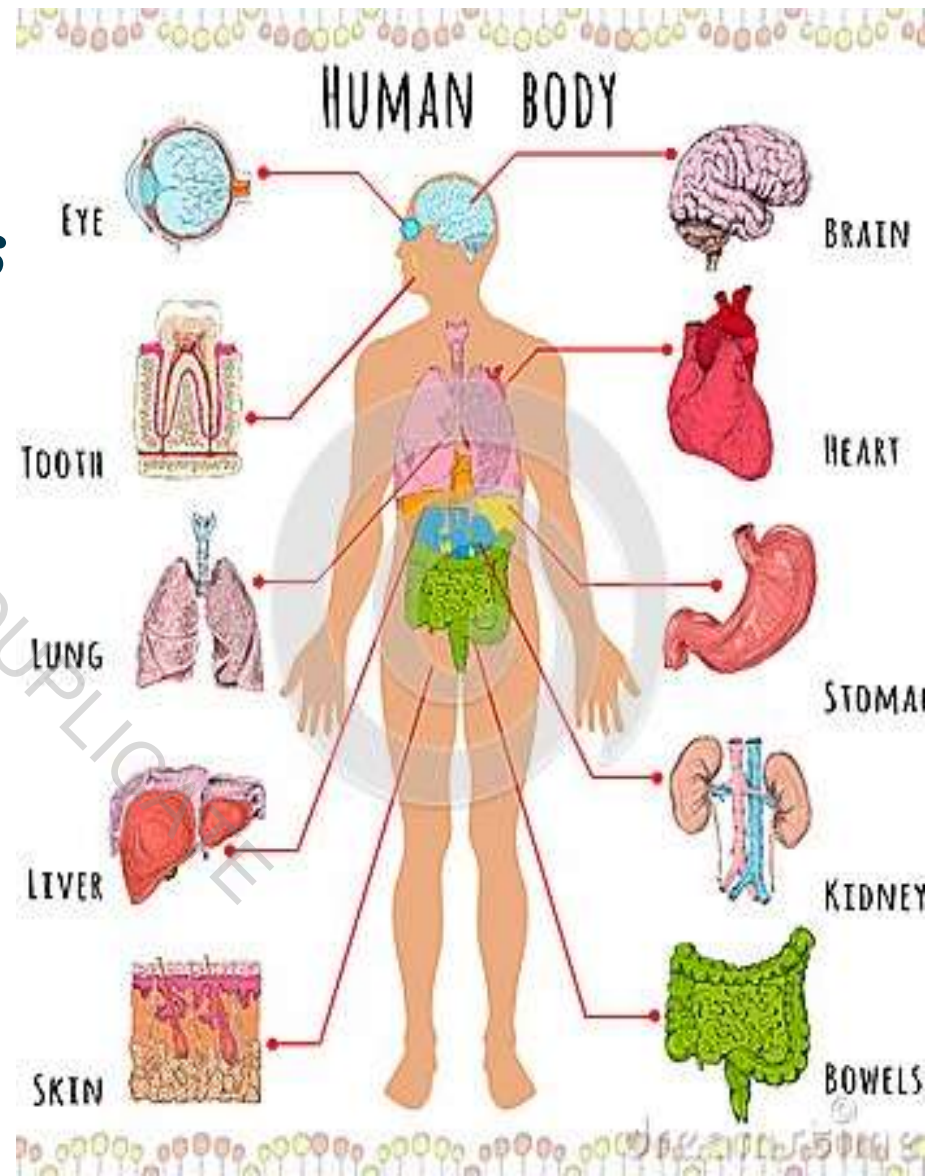
- ❖ **Tuning in to your nervous system and body responses:**
  - ❖ Are the sensations inside pleasant, neutral or unpleasant?
    - ❖ Bring attention to your heart rate, breathing rate, muscle tension/relaxation.
  - ❖ Asking yourself:
    - ❖ What do you notice happening inside?
- ❖ **When teaching someone else to track-use Invitational Language**
  - ❖ Observing someone else's responses:
    - ❖ What do you notice about the person's posture, muscle tension/relaxation, breathing, skin tone?
    - ❖ Asking the person, "What are you noticing on the inside?"
- ❖ **Your internal climate when with another person:**
  - ❖ Do you feel sleepy? Clear and focused? Sad or happy?





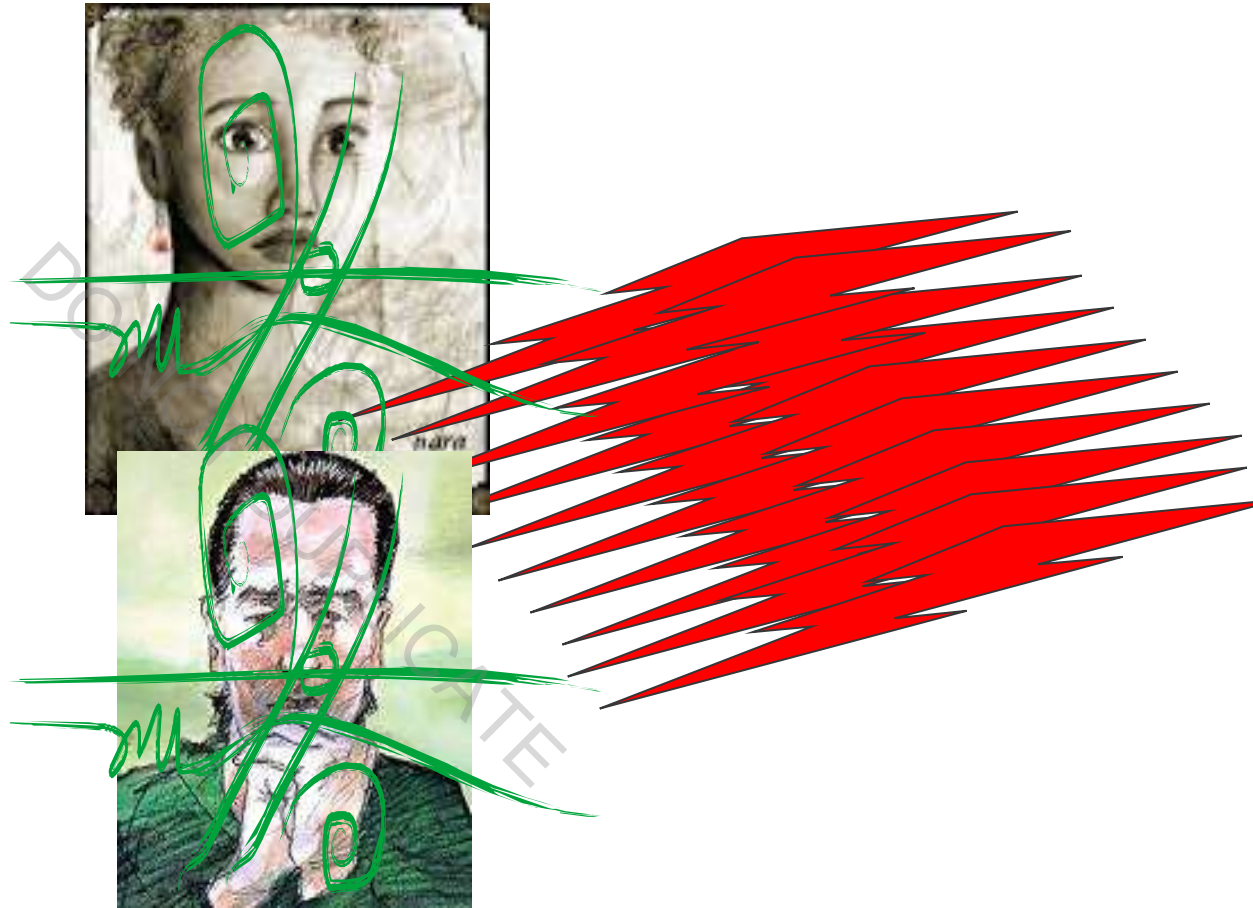
*The Primary Focus is*

**BIOLOGY**  
**NOT**  
**MENTAL**  
**WEAKNESS**



# ***Trauma/Stress***

***TOO much  
& TOO fast!***



***Perception is key***



# ***Trauma/Stress Cumulative Developmental***



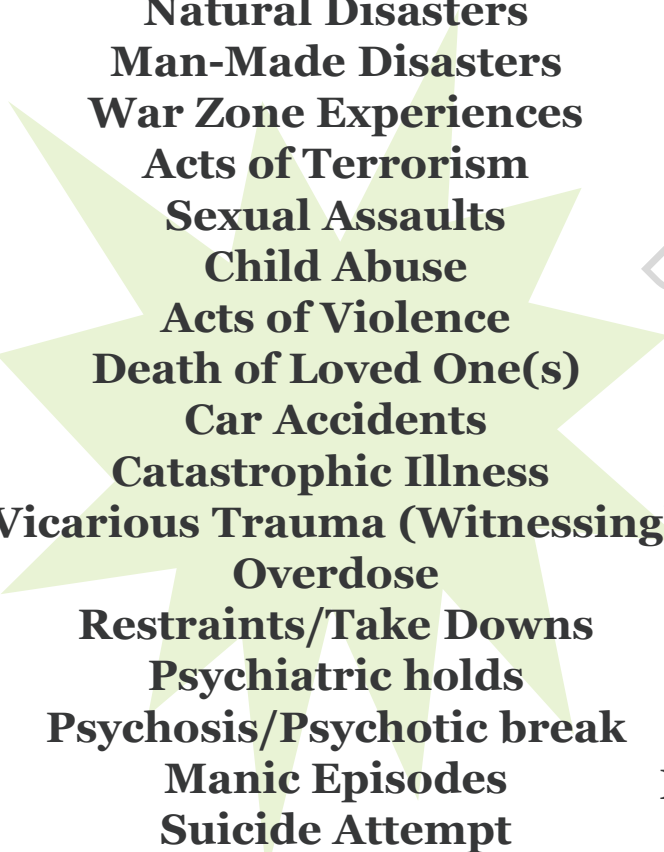
**Too little or  
Too much for  
TOO LONG**

**The nervous system  
becomes dysregulated**

***Perception is key***



# Big “T” Trauma



Natural Disasters  
Man-Made Disasters  
War Zone Experiences  
Acts of Terrorism  
Sexual Assaults  
Child Abuse  
Acts of Violence  
Death of Loved One(s)  
Car Accidents  
Catastrophic Illness  
Vicarious Trauma (Witnessing)  
Overdose  
Restraints/Take Downs  
Psychiatric holds  
Psychosis/Psychotic break  
Manic Episodes  
Suicide Attempt

# Little “t” Trauma



Dog Bites  
Routine Surgeries  
Falls  
Invasive Dental or  
Medical Procedures  
Minor Car Accidents  
Medication Side Effects  
Multiple Med Regimens

# “C” Trauma



Racism  
Poverty  
Homo/Trans phobia  
Bullying  
Oversaturation in Media  
Domestic Violence  
Child Abuse  
Multiple Deployments  
Vicarious Trauma (Witnessing)  
Multiple Hospitalizations  
Sexism  
Colonialism  
Overdoses  
Homelessness  
Stigmatization  
Multiple Diagnoses  
Micro Aggressions  
Incarceration  
Gravely Disabled  
Immigration Challenges  
Historical Trauma

**When the nervous system becomes overwhelmed, people can lose the capacity to stabilize and regulate themselves**

# ***Common Reactions to Trauma Children and Adults***



**Physical**  
Numb/Fatigue  
Physical Pain  
Rapid heart rate  
Breathing problems  
Tight Muscles  
Sleep Problems  
Stomach Upset  
Hypervigilance

## **Emotion**

Rage  
Fear  
Grief  
Guilt  
Shame  
Apathy  
Anxiety  
Avoidance  
Depression

# **Trauma & Stress Common Reactions**

**Thinking**  
Paranoid  
Nightmares  
Dissociation  
Forgetfulness  
Poor Decisions  
Distorted Thoughts  
Suicidal/Homicidal

**Relational**  
Angry at others  
Isolating  
Missing Work

**Spiritual**  
Hopelessness  
Loss/Increase of Belief  
Deconstruction of Self

## **Behavior**

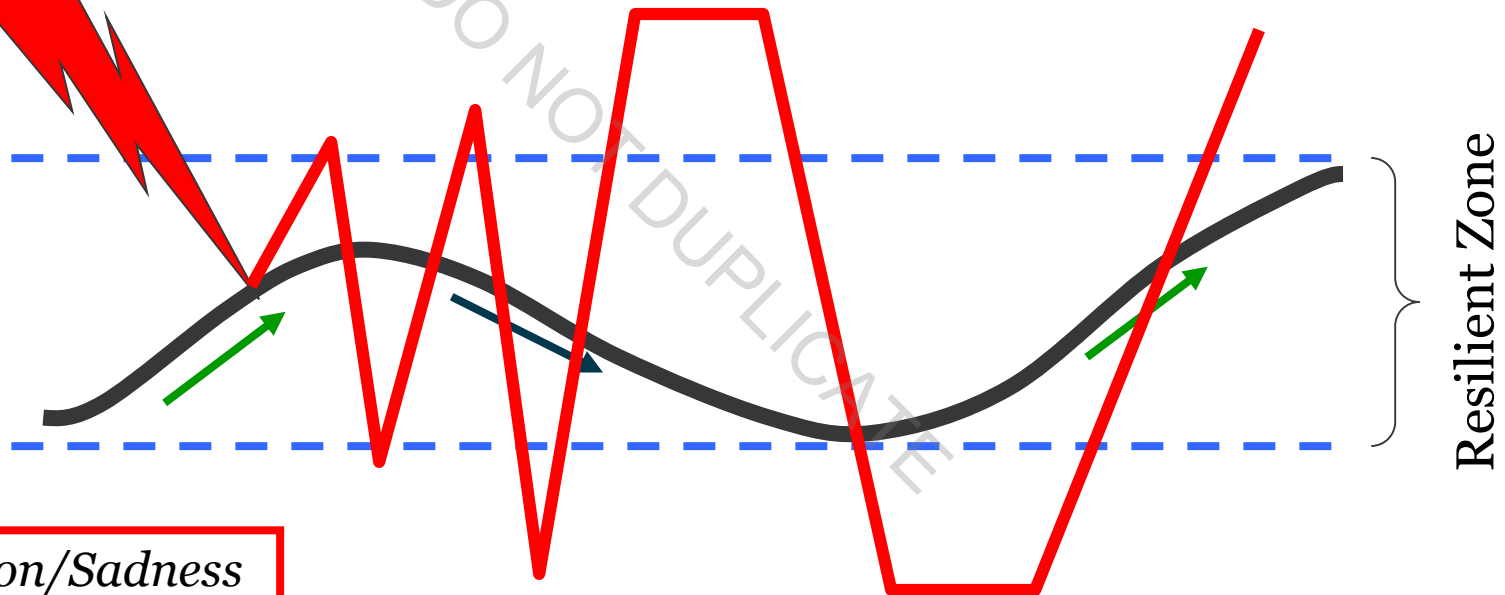
Isolation  
Tantrums  
Self-Injury  
Addictions  
Eating Disorders  
Abusive Behaviors



# ***Traumatic/Stressful Event or Stressful/Traumatic Triggers***

*Edgy  
Irritable  
Mania  
Anxiety & Panic  
Angry outbursts  
Pain*

***Stuck in High Zone***



*Depression/Sadness  
Isolated  
Exhaustion/Fatigue  
Numbness*

***Stuck in Low Zone***

Resilient Zone





# *Adverse Childhood Experiences Study (ACES)*

The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (Felitti & Anda)

17,337

- ❖ Adverse Childhood Experiences profoundly impact the developing child
- ❖ These experiences greatly impact the emotional and physical health of a human being into adulthood



# ***Adverse Childhood Experiences Study***

***ACE Score: the number of categories of adverse childhood experiences to which a person was exposed 0-18 years of age***

## **Abuse and Neglect**

- ☐ Child physical abuse
- ☐ Child sexual abuse
- ☐ Child emotional abuse
- ☐ Child verbal abuse
- ☐ Child neglect

## **Indicators of Family Dysfunction**

- ☐ Mentally ill, depressed or suicidal person at home
- ☐ Drug addicted or alcoholic family member
- ☐ Witnessing domestic violence
- ☐ Loss of parent – indicated by divorce, separation, abandonment or death
- ☐ Incarceration of any family member

**There is a strong link between adverse childhood experiences and adult onset of chronic illness. Those with ACE scores of 4 or more:**

- ❖ Had significantly higher rates of heart disease and diabetes
- ❖ Chronic pulmonary lung disease increased 390 percent
- ❖ Hepatitis, 240 percent
- ❖ Depression, 460 percent
- ❖ Suicide attempts, 1,220 percent
- ❖ Those with an ACE score of 6 or more
  - ❖ had a 4,600 percent increase in the likelihood of becoming an IV drug user
  - ❖ died nearly 20 years earlier on average than those without ACES of 0 — 60.6 years versus 79.1 years.

# ***ACEs are Common***

**Centers for Disease Control and  
California Department of Public Health**

<b>ABUSE</b>	<b>CDC (1998)</b>	<b>CDPH (2011-2013)</b>
Psychological (verbal)	11%	29.5%
Physical	28%	21.3%
Sexual	22%	13.1%
<b>NEGLECT</b>		
Physical	10%	9.3%
<b>HOUSEHOLD DYSFUNCTION</b>		
Alcoholism or drug abuse	27%	27.3%
Loss of biological parent	23%	27.0%
Depression or mental illness	17%	16.2%
Domestic violence	13%	19.9%
Incarceration	5%	7.2%



# Draw a PICTURE of...

Something that makes you feel calm, joyful, or contented....or confident, strong, and alive

It could be....

- A PERSON
- A PLACE
- An ACTIVITY you enjoy
- An INTERNAL strength
- An EXTERNAL support

**AS YOU DRAW, NOTICE WHAT'S HAPPENING ON the INSIDE.**



# ***Resource Intensification***

**GET INTO GROUPS OF 2 and SHARE  
YOUR RESOURCE**

Ask 3 or 4 additional questions about the  
resource.

Focus on the sensory experience.

Resource intensification strengthens  
the elements of the resource in order to override attention  
that automatically goes to unpleasant sensations.



# *Identifying Resources*

1. Write down three resources.
2. Circle one resource.
3. Write down 3 or more details about your resource.
4. Read your resource and the three details about your resource.
5. As you read about the resource, notice what happens on the inside.
6. Share your resource with a friend.



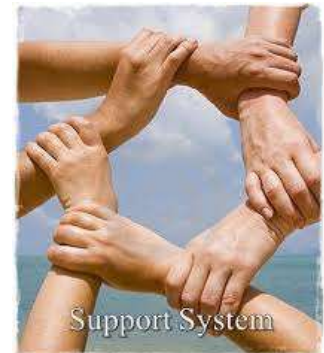
# Resourcing

❖ *External Resources* include positive experiences and memories and can include the people, places, activities, skills, hobbies, spiritual guides and animals that give you joy, peace or calm.

❖ *Internal Resources* include an individual's:

❖ Personal characteristics such as kindness, compassion and humor.

❖ Body resources such as strong legs, body's ability to heal from illness, etc...



❖ *Imagined Resources* - i.e. super heroes or super powers, characters from books, imaginary scenarios, etc.

# *Why do we develop Resources to track our Neutral and Pleasant sensations?*

**Brain cells that fire together  
wire together!**

Carla Schatz



# *Mirror Neurons*



**What we see, we become ready to do...to mirror another's actions in our own behaviors.**





# ***Mirror Neurons: Hardwired for Empathy***

- ❖ A part of the brain responds when a person experiences pain
- ❖ When you watch a person experiencing pain, your neurons (brain cells) will respond similarly
- ❖ “If I empathize with your pain, I need to experience it myself. That’s what the mirror neurons are doing, allowing me to empathize with your pain—This is the basis of all empathy.”  
VS Ramachandran, UC San Diego
- ❖ Individuals can begin to experience what is called “vicarious trauma” because of witnessing and listening to the trauma story of others.



# ***Benefits of Resourcing***



- ❖ Resourcing builds a sense of internal strength and resiliency and reinforces a sense of one's own abilities and capacities.
- ❖ Pleasant and/or neutral sensations connected to individualized resources can bring a direct experience of well-being that helps stabilize the nervous system.
- ❖ A person can experience new hope that there are other sensations that can help bring them back into their Resilient Zone.



# Resource Intensification

# Create a Resource Box

# Create a Book of Resources



# Organizing Principle: Three Parts of The Brain

## Cortex: Thinking

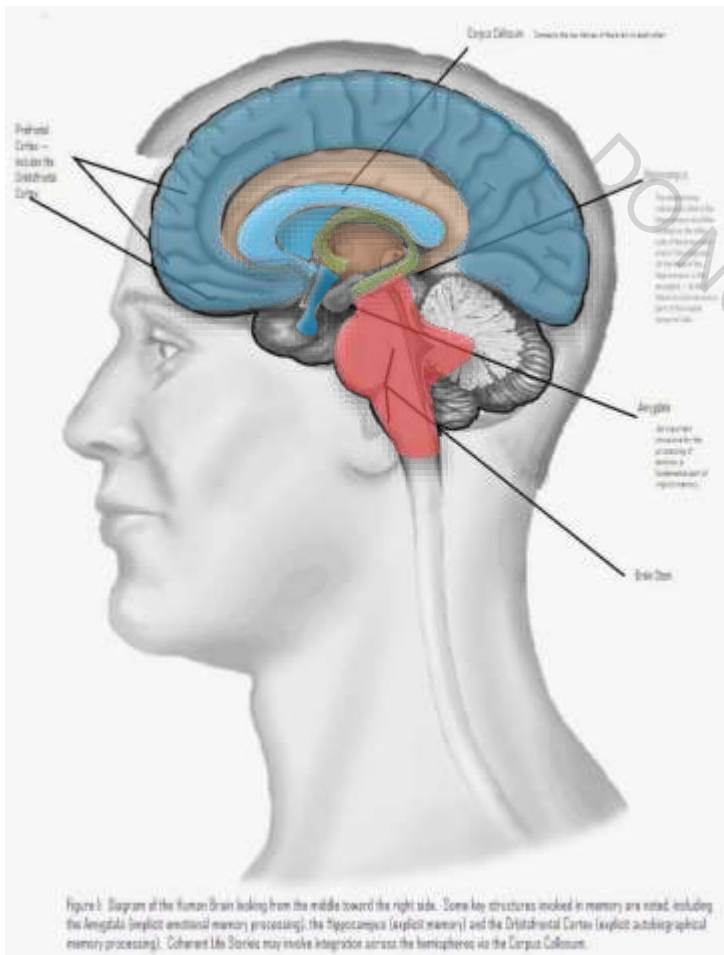
Integrates input from all 3 parts.  
Cognition, beliefs, language,  
thought, speech.

## Limbic Area: Emotional

Assesses risk.  
Expression and mediation of  
emotions and feelings, including  
emotions linked to attachment.

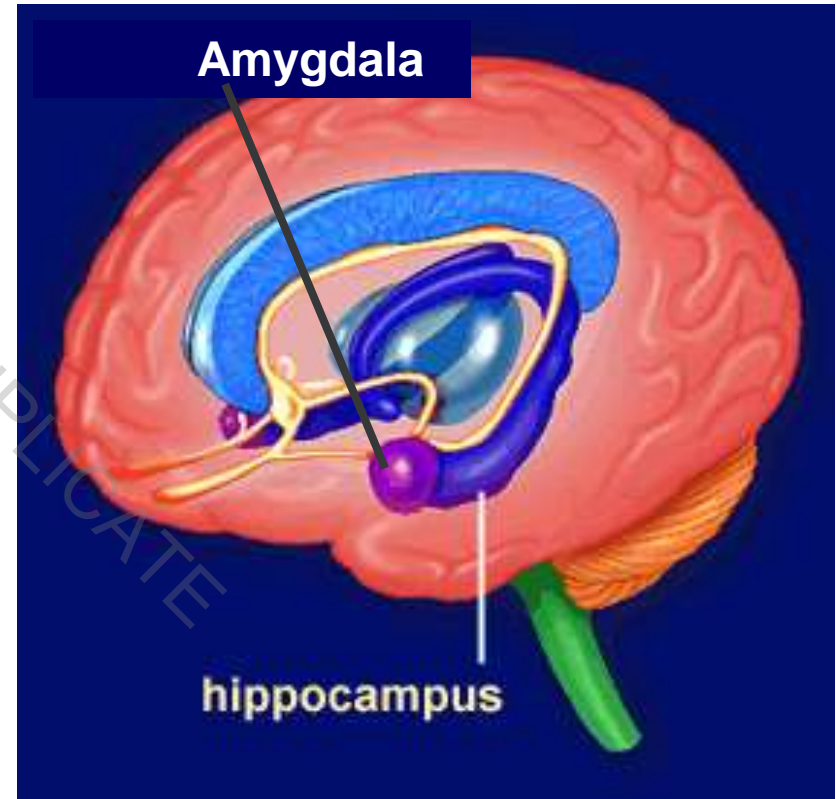
## Survival Brain: Instinctual

Carries out “fight, flight, & freeze.”  
Unconscious.  
Digestion, reproduction, circulation,  
breathing - responds to sensation.



# *The Limbic Area: Amygdala*

- ❖ The amygdala is the appraisal system of the brain.
  - ❖ Signals rest of nervous system when there is a threat
  - ❖ It creates templates from highly charged emotional memories
    - ❖ Positive memories
    - ❖ Negative memories



# *Explicit Memory*

The process of conscious learning and storing of information like facts and events

Accessed by our intention

- ❖ Facts
- ❖ Life history on a timeline
  - ❖ There is a sense of self & time
  - ❖ Develops between 18-24 months of age



# *Implicit Memory*

Includes body memories like sensations associated with traumatic memories

Cues trigger implicit memories

- ❖ Does not have a sense of self & time
- ❖ Develops before birth
- ❖ Can be triggered out of the blue

*COZOLINO (2002) THE NEUROSCIENCE OF PSYCHOTHERAPY*





# ***AMY GDALA'S SUITCASE OF MEMORIES***





## External Trigger



Visuals  
(people,  
places  
& things)



Sounds



Smells

## Internal Trigger

Internal body sensation



Muscle tension



Headache



Stomachache

## Memory Capsule

pain, numbness, dizziness,  
trembling, paralysis,  
nausea, palpitations,  
anxiety, terror, shame, anger, rage,  
flashbacks, nightmares or  
intrusive thoughts



# Perspective Shift

*Adapted by Elaine Miller-Karas TRI© from a Slide by Jane Stevens (ACES Connection)*

## Traditional

- People are bad.
- People need to be punished.
- People just don't care.
- We need to stop making excuses for people.
- What is wrong with you?

## Trauma-Informed

- People are suffering.
- People need an effective intervention.
- Many people care, but lack understanding and skills.
- We need to learn how trauma impacts a child's and adult's development.
- What happened to you?

## Resiliency-Informed

- People are resilient.
- People need our compassion as they learn new skills.
- Any person can learn self-regulation skills based on science
- We need to learn how skills of well-being can reduce suffering.
- What is right with you? What are your strengths?



# ***Help Now! Strategies***

## ***A Skill for Self and for Others***



❖ Can be used for self-care when we are stuck in the High Zone or Low Zone.

❖ Can be taught to other people to help them get back to the Resilient Zone when stuck in High or Low Zones.

# **HELP NOW!**



1. Drink a glass of water or juice or cup of tea.
2. Look around the room or wherever you are, paying attention to anything that catches your attention.
3. Name six colors you see in the room (or outside).
4. Close and open your eyes and look around the room/landscape.
5. Count backwards from 10 (or from 100 if an adult). This can also be done while walking.
6. If you're inside, notice the furniture, and touch the surface, noticing if it is hard, soft, rough, etc...
7. Notice the temperature in the room.
8. Notice the sounds within the room and outside.
9. Walk and pay attention to the movement in your arms and legs and/or how your feet are making contact with the ground.
10. Push your hands against the wall or door slowly and notice your muscles in your arms and/or your legs. Stand with your back against a wall and push your body against the wall. Notice any changes.



# HOW CAN WE HELP CHILDREN or ADULTS WIDEN THEIR RESILIENCE ZONES?

- CALM the physiology FIRST.
- Teach and model using calming tools and sensory supports—eventually these are self-directed.
- Highlight strengths and give the child a sense of agency
- Have many tools that work with various brain regions (Cortex, Limbic, Survival (Brainstem))



# A RESILIENCE TOOLBOX





# Grounding

*The direct contact of the body or part of the body with something that provides support in the present moment*

- ❖ Grounding is necessary to be in the present and to experience safety in mind, body and spirit. You can ground through your hands, feet and your whole body!



# GROUNDING

**Noticing sensations that are supportive and safer in the present moment**

**We can ground while**

- ❖ Sitting on a chair or couch or the ground
- ❖ Standing against a wall or hard surface
- ❖ Lying on the floor, bed, or the ground
- ❖ Walking and paying attention to your feet making contact with the ground



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# Grounding

## Sensing Body in Present Moment

- ✧ Music
- ✧ Singing
- ✧ Play dough
- ✧ Sand play



## ***Grounding Caution***

- ❖ Some children and adults who have experienced physical and emotional trauma may have difficulty with the skill of “Grounding.”
  - ❖ Begin with Resource and Resource Intensification
  - ❖ If the child or adult is able to sense pleasant or neutral sensations with Resourcing, introduce Grounding
- \*For some children and adults, Grounding can increase sensations connected to traumatic memory.



# ***Post Traumatic Growth***

Increased resilience

Internal strength

Gratitude for life/Hope

Stronger advocate

Appreciation of loved ones

Forgiveness

Increased faith

Increased wisdom

Clearer priorities

Compassion for self and others



# *Post Traumatic Growth*

Positive psychological and spiritual change experienced as a result of the struggle with highly challenging life situations.



*What are some of the ways that you or those you work with have experienced post-traumatic growth?*



# ***Gesture Exercise***

*adapted from an exercise by Rachel Padilla*

- ❖ Take 3 seconds to think about a self-soothing gesture...count 1, 2, 3 and then make the gesture.
  - ❖ As you do your gesture of self-soothing, notice what happens inside...
- ❖ Take 3 seconds to think about a gesture of confidence...count 1, 2, 3 and then make the gesture.
  - ❖ As you do your gesture of confidence, notice what happens inside...
- ❖ Take 3 seconds to think about a gesture of joy...count 1, 2, 3 and then make the gesture.
  - ❖ As you do your gesture of joy, notice what happens inside...



# ***Gesturing and Spontaneous Movements***

- ❖ A movement usually of the body or limbs that expresses or emphasizes an idea, sentiment, or attitude.
- ❖ The use of motions of the limbs or body as a means of expression. (Merriam Webster Dictionary)
- ❖ Movements and/or gestures that do not cause self-injury or self-harm.



# Movements and Gestures

## Self-Calming



## Release





# Movements and Gestures

## Joyful and Powerful



## Protection





# Universal Spiritual Gestures



## ***Shift and Stay***

“Shift and Stay” means shifting your attention from sensations that are unpleasant to sensations that are neutral or pleasant and staying there.



## ***Shift and Stay CRM Wellness Skill***

The person learns to shift from distress, discomfort and/or overwhelm by shifting:

- ❖ To a resource
- ❖ To grounding
- ❖ To a soothing gesture
- ❖ To a sensation that is more comfortable or neutral
- ❖ To Help Now! strategies

Shift and Stay is a skill used to help a person learn and pay attention to different ways of bringing the nervous system back into the Resilient Zone.



# *Shift and Stay Exercise*

Exercise:

Think about a situation from your own life experience that is mildly upsetting but routine in your life. What happens inside?

- ❖ If distressing sensations are experienced, bring your attention to a place in the body that feels better, to Grounding, to Help Now! strategies or a Resource. Track neutral or pleasant sensations and notice the change.



# ***The Role of Guide***

- ❖ **The person** who helps a child or an adult learn the skills is called a CRM guide.
- ❖ **The CRM Guide** helps the person become more aware of his/her sensations in the present moment by using invitational rather than directive language.
- ❖ **The Guide:**
  - ❖ Does not interpret or assume meaning
  - ❖ Asks open-ended questions
  - ❖ Gives the child or adult time for sensations to develop
  - ❖ Is non-judgmental
  - ❖ Does not direct, but observes and stays one step behind



## *CRM Nugget*



## **Conversational Resourcing and Tracking**

CRM Guides may interweave skills in a conversational way when talking to someone who may be in a state of distress, we call this CONVERSATIONAL CRMMING

The CRM Guide may ask:

- ❖ What or who helps you get through hard or stressful times?
- OR
- ❖ What or who helps calm you or uplifts you during difficult situations?



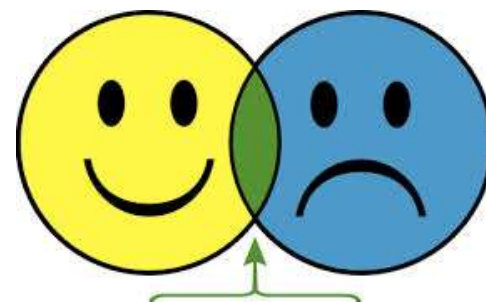
<b>Stress &amp; Trauma</b>	<b>Resiliency</b>	<b>Release</b>
Shallow Breath	Deeper Breath	Shaking
Rapid Heart Rate	Slower heart rate	Trembling
Tense Muscles	Relaxed Muscles	Burping
Pain	Grounded	Yawning
Cold/chill	Calm	Heat/warmth
Numbness		Vibration/tingling

- ❖ For some people, even sensing pleasant or neutral sensations can trigger unpleasant, even painful sensations
- ❖ If you find yourself sensing uncomfortable sensations, you can try to bring your attention to pleasant or neutral sensations
- ❖ If this is too difficult, you can stop



# *Resources Can Have Many Natures*

- ❖ Discussion of a Resource can sometimes shift out of pleasant sensations and into difficult memories and/or uncomfortable body sensations.
- ❖ This is OK. Resources can have many parts:
  - ❖ Gently invite the person to shift back to the positive aspects of the resource.
  - ❖ Invite awareness to part of the body that feels more comfortable or neutral.
  - ❖ Often the person can learn to hold both parts of the resource and this actually strengthens the resource.
- ❖ If this is too hard, ask whether a different resource might be easier to work with.





# *Resource Questions*

## CRISIS

- Can you tell me the moment you knew you had survived?
- Can you tell me the moment helped arrived?
- Who or what is helping you the most now?

## LOSS

- Can you tell me some of your meaningful memories of her/him?
- What did you like to do together?
- What kind of words of encouragement would s/he say to you during difficult times?

## Questionable

- The CRM Guide may need to ask about the questionable resource first before the person may be open to explore healthier resources.

(c) Trauma Resource Institute



# GET the iChill App—It's FREE!



**iChill Info**

[www.ichillapp.com](http://www.ichillapp.com)



[www.healthfederation.org](http://www.healthfederation.org)

[www.traumaresourceinstitute.com](http://www.traumaresourceinstitute.com)

# Application to Practice



How can these skills be used in your current practice for self, those you serve, or your family and community?



# **DBH-State of California Mental Health Services Act 2013**

- ❖ The goal of the project is to bring biologically based intervention training to seven marginalized groups in a large county in Southern California.
- ❖ Training 32 hours & Student Teaching – 8 hours
  - ❖ Follow-up Consultations
- ❖ Approximately 60% of the participants were female and 40% were male
- ❖ The age of the participants ranged from 22-75 years
- ❖ Participants were from a wide community:
  - ❖ African-American, Latino, Pacific Islanders-Asian, LGBTGQ, Native American and High Risk Youth, Veterans

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# Statistical Significance

- ❖ **Statistically significant decreases in:**
  - ❖ **the average number of depression, hostility, anxiety, and somatic symptoms**
- ❖ **Statistically significant increases in the average number of symptoms related to:**
  - ❖ **relaxed, contented, somatic well-being, and friendly indicators**

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# 3-6 Month Follow-up

- ❖ **3-6 month follow-up data received from 57 trainees across the underserved groups indicated that over 90% either completely or somewhat agree that the CRM skills were useful in:**
  - ❖ **managing stress (95%)**
  - ❖ **having better self control (96%)**
  - ❖ **helping get through hard times (92%)**
- ❖ **All used the skills frequently, with 93% reporting they were using the CRM skills daily, and 7% indicating a few times a week.**

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# Research Underway

- ❖ Claremont Graduate University, Paul Zak's Laboratory, California
- ❖ University of Hamburg, Germany
- ❖ Loma Linda University, California
- ❖ Emory University, School of Nursing
- ❖ University of Kigali, Rwanda
- ❖ Cal State, Dominguez Hills, California

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