



Trauma Resource Institute

Organization Overview

The Community and Trauma Resiliency Models

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Overview of the Trauma Resource Institute

The Trauma Resource Institute is a 501(c)3 non-profit organization, which cultivates trauma-informed and resiliency-focused individuals and communities worldwide. Two types of trainings are offered, the Trauma Resiliency Model (TRM)[®] and the Community Resiliency Model (CRM)[®], which have been developed to educate individuals about their nervous system and to teach easy-to-learn wellness skills to be used for self-care as well as care for others. While TRM is oriented toward mental health professionals, CRM takes on a public health focus and has been taught to professionals and non-professionals globally. A Teacher Training curriculum has also been developed for CRM to promote capacity-building and sustainability in the regions of the world where CRM Workshops are conducted. Furthermore, CRM is a “research-informed” intervention, as evidenced by the Loma Linda University School of Behavioral Health, Emory University, and a State of California Mental Health Services Act Innovation’s Project.

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 wellness skills to enhance resiliency for our active duty service members, veterans and their families;
- To expand access to biologically-based treatments by training frontline service providers, community leaders and clinicians in order to build local capacity in diverse communities nationally and internationally.

Our Values

- Every individual, child and adult, has a natural-born resiliency and can learn an array of self-help skills that can restore resiliency after a highly stressful and/or traumatic event;
- 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

Human beings are resilient and have the capacity for healing after traumatic life experiences. We define resilience as “the ability to identify and use individual and collective strengths to live fully in the present moment and to thrive while managing the tasks of daily living.” We have seen that resilient people not only get back on their feet after a fall, they create meaning from their falls that transform their lives and their communities. According to George Bonanno (2012), resilience is the most common reaction of those who experience trauma. We have traveled the world after human-made and natural disasters and have witnessed this capacity for resiliency.

Along with the common reaction of resiliency, there is still a significant number of individuals who experience long-lasting traumatic stress reactions. 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, 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, 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 village, experiencing joy, or walking through the hard road of grieving loved ones who have died.

As already mentioned, TRI’s mission is to help build capacity of human beings to heal after experiencing traumatic events and become resilient. The Community Resiliency Model and the Trauma Resiliency Model restore hope. The models help individuals understand the biology of traumatic stress reactions and most importantly, learn specific skills to return the body, mind and spirit back to balance after experiencing traumatic events. Specifically, the models help individuals learn to distinguish between sensations of well-being and those of distress through six easy-to-learn 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 re-set 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.

CRM is a “research-informed” intervention, as evidenced by a State of California Mental Health Services Act Innovation’s Project, which yielded statistically significant reductions in depression and anxiety as well as reductions in hostility and somatic indicators. CRM is developing its evidence base and one of the first randomized control trials was published in Nursing Outlook in 2020.

CRM training has been offered at the Wounded Warrior Chronic Pain Clinic at Walter Reed National Military Medical Center’s Annual Conference in San Diego and Washington, D.C. The Department of Defense named the Trauma Resiliency Model, which includes the CRM skills, a promising practice in 2011. In addition, CRM skills have been incorporated into the Social, Emotional, and Ethical (SEE) Learning curriculum (i.e., an innovative K-12 education program developed by Emory University), which is bringing compassionate and ethical learning to children K-12 throughout the world.

“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 general public training opportunities to become ‘CRM Teachers’. The Certification Program is offered as a five-day training and follow-up for a period of one year. Upon successful completion of the training and post-training requirements, the CRM Teacher achieves certification and can then begin to teach their own CRM Workshops to members of their organization, their community, and the general public. There is an annual licensing fee for materials use that is on a sliding fee scale. Only the Trauma Resource Institute can train individuals to become CRM Teachers. Recertification is required every two years by taking a recertification seminar. This training is now offered online through Zoom.

The Community Resiliency Model Disaster Preparation and Relief Program (CPRP)

In 2020, TRI launched the CPRP. This program not only incorporates the Community Resiliency Model Teacher Training, but also lays out the structure of how to bring the concepts of the program to your community taking into account four phases that occur pre-, during and post-natural and human made disasters.

The Community Resiliency Model Family Resiliency Program (CFRP)

In 2020, TRI launched the CFRP. This program adapts the Community Resiliency Model to children worldwide through training parents, teachers, and caregivers in the wellness skills and demonstrating how the skills can be brought to children taking into consideration different development ages.

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 the treatment of 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 as well as self-care. The TRM skills can be a stand-alone intervention but 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 program is also offered online.

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

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/>

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

~CRM Guide, the Philippines

Research

CRM is developing its evidence base and one of the first randomized control trials was published in *Nursing Outlook* in 2020. CRM is a “research-informed” intervention, as evidenced by a State of California Mental Health Services Act Innovation’s Project, which yielded statistically significant reductions in depression and anxiety as well as reductions in hostility and somatic indicators. Since this research project, TRI has partnered with several academic institutions – Loma Linda University, Claremont Graduate University, California State University Dominguez Hills, Arizona State University, Michigan State University, Emory University, Duke University, and Fairfield University – in order to expand the breadth of

research performed on CRM by independent and external evaluators. Owing to the plethora of multi-national research conducted to date, we are noticing similar trends in improved mental health around the world, as was seen in the original research from 2013.

Emory University:

Community Resiliency Model Randomized Control Trial 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.

Dr. Grabbe's recommendations to Emory University included incorporating 3-hour trainings on-site for nurses, physicians, and other medical personnel. She also suggested offering "booster" sessions: resiliency rounds to promote a common resiliency language based on the results of her study.

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. [doi:10.1016/j.outlook.2019.11.002](https://doi.org/10.1016/j.outlook.2019.11.002)

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 Community Resiliency Model 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. Noxxel, 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*. Retrieved from: <https://doi.org/10.1007/s11469-019-00189-9>

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 are in need of self-care programs to support their mental health. Dr. Grabbe and colleagues conducted a quasi-experimental study to assess the

impact of the Community Resiliency Model (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 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. *Medical Care*. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/33827106/>

Loma Linda University:

Community Resiliency Model in Sierra Leone

Loma Linda University School of Behavioral Health (LLUSBH) has two publications currently pending, which reflect on the effectiveness and scalability of CRM in Sierra Leone. Dr. Suzanne Montgomery, Ph.D., Assoc. Dean of Research, Loma Linda University, is the principle investigator. Below is the summary of their research.

In 2016, Loma Linda University (LLU) provided CRM interventions in Sierra Leone following the Ebola Crisis. The LLU crisis teams provided an initial two-and-half-day CRM intervention to 40 community members. They then selected 22 individuals from that group of participants to complete a 5-day Teacher Training curriculum. Upon completion of the 5-day training, 19 of those 22 participants then went out and conducted CRM Workshops for various community members in their own communities. Data was collected from the 22 Sierra Leone CRM Teachers (SLTs) at four different times: (1) prior to the 2.5 day CRM intervention (baseline), (2) prior to the 5-day CRM Teacher Training, (3) at the end of the 5-day Teacher Training program, and (4) at a 6-month follow up. Data was only collected on 19 of the 22 participants at the 6-month follow up due to non-attendance.

Fifty-nine (59) community members received a 3-day CRM intervention from the SLTs, which was observed by the LLU CRM Trainers. Data was also collected from this cohort of 59 at two different times: (1) prior to the CRM intervention (baseline) and (2) at the end of the 3-day

CRM intervention. Each participant from both groups was assessed for their overall understanding of the emotional, physical, and behavioral reactions to trauma, their perceived ability to manage trauma-related stress and anxiety of recipients, as well as their confidence in providing the CRM services. A 5-point Likert scale was used to assess each of these three areas.

Results showed that for the 22 SLTs, there were statistically significant increases across the trainings in the participants' understanding of trauma, their knowledge of ways to manage anxiety and stress, and their confidence in providing CRM services. Interestingly, results for the 59 community members that were trained by the SLTs, nearly showed identical statistically significant improvements in all three areas. This suggests that CRM Workshops can truly help develop trauma-informed communities wherein individuals participating in a CRM Teacher Training program can help other community members become trauma-informed, resulting in similar effects that ripple outward.

In addition, each participant was assessed for resiliency and improved ability to manage stress and post-traumatic dysregulation. The Conner-Davidson Resiliency Scale 10 was used to capture changes in resilience pre- and post-intervention. Meanwhile, the Patient Health Questionnaire and Generalized Anxiety Disorder Questionnaire, were used to assess symptoms consistent with depression and anxiety, respectively. The Secondary Trauma Stress Scale was employed to determine the degree to which each participant experienced vicarious trauma. Moreover, the Harvard Trauma Questionnaire-Revised assessed the extent of pre-existing PTSD symptoms. Finally, the 5 Facet Questionnaire was used to evaluate various elements of mindfulness.

Results for the 22 SLTs indicated a statistically significant improvement in resiliency and a statistically significant reduction in trauma symptoms, secondary (i.e., vicarious) traumatic stress, depression and anxiety across the trainings. These improvements remained consistent amongst the 19 SLTs even when assessed at the 6-month follow-up. Likewise, a similar pattern was observed in the 59 community members who were trained by the SLTs. This suggests that the positive effects experienced in the 22 SLTs, originally trained by the LLU training team, were "passed on" to the community members that they themselves trained. This, in turn, suggests that CRM trainings, especially the Teacher Training program, can help develop resiliency-informed communities wherein community members can learn skills that not only

help in their own recovery, but can empower them to effectively help their friends and family recover as well.

It's also worth noting that the cohort of 59 community members, trained by the original 19 SLTs, were a very small portion of the total number of people who received the CRM training. Between the months of February and May 2016, a total of 518 CRM Workshops had been given, with each SLT averaging about 22 Workshops each. The total number of participants in each workshop is unavailable at this moment in time, but it was estimated that these 19 SLTs likely impacted more than 900 members of their community. Even if only half of the “untracked” community members experienced similar results as those of the 59 community members whose data was collected, the potential impact that the CRM interventions and Teacher Training programs can have on a community is quite remarkable.

State of California, Mental Health Services Act (2013)

Community Resiliency Model (CRM)[®] Innovation Project

The Department of Behavioral Health (DBH) in San Bernardino County Community Resiliency Model (CRM)[®] Training Innovation Project was initiated in December 2010 through the California Mental Health Services Act - Proposition 63 and completed December 2013. 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 Workshop, to seven marginalized groups in San Bernardino County who had limited financial and logistical access to mental health resources. The intent was to expand local response capacity by offering training in CRM 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.

All of the 109 participants among the six groups (Veterans, African-Americans, Asian-Pacific Islanders, GLBTQ, At-Risk Youth, and Latinos) received group sessions of CRM, as well as individual sessions in either demonstrations or in work with a trainer under supervision.

- ✓ **62% of the participants were female**
- ✓ **38% were male**

- ✓ **The age of the participants ranged from 22-75 years with an average age of 51.**

The participants reported 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.

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.

- ✓ **82% of the respondents indicated less depression symptoms post training,**
- ✓ **59% less hostility symptoms,**
- ✓ **59% less somatic symptoms, and**
- ✓ **58% less anxiety symptoms.**

A major finding of the research conducted suggests that 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. Findings indicate that at the 3-6 month follow-up, 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.***

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

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 the Community Resiliency Model 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 as well as 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 Community Resiliency Model Teachers.

Tanzania

The Trauma Resource Institute provided an 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 Community Resiliency Model 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 Community Resiliency Model 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 Community Resiliency Model 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 myself in terms of high and low zone to get back in 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 which included a teacher training in the Community Resiliency Model. From 2014-2016, approximately sixty people were trained as Community Resiliency Model teachers. Subsequent to the initial training, the TRI team returned for further enhancement trainings 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 a 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 the Community Resiliency Model. 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 Community Resiliency Model 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).

United States of America

TRI has provided its resiliency trainings across several states, developing CRM/TRM-informed community-based organizations and school systems. Furthermore, TRI has contracted with the Substance Abuse and Mental Health Services Administration (SAMHSA) to deliver CRM Teacher Trainings in Flint, Michigan, as part of the Resiliency in Communities After Stress and

Trauma (ReCAST) program, established under the Obama Administration. With the move to online trainings in 2020, TRI has been able to reach people in even more states.

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 (CRM). 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.

EUROPE

Northern Ireland

In 2017, TRI was selected to provide a CRM Teacher Training to staff of the Victims and Survivors Service (VSS) of Northern Ireland and The Forum for Cities in Transition, in order 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 and are rolling out their own CRM trainings across the country. TRI returned in September 2019, to provide its second CRM Teacher Training for twenty people and again in December to meet with various officials and provide a CRM Workshop to a group of 20 at the Prisoner Ombudsman's Office.

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 trainings to various mental health

professionals. TRI returned in November 2018 to provide additional trainings in TRM. TRI is planning to provide additional TRM trainings in 2020/2021.

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 Community Resiliency Model skills have been incorporated into the SEE Learning curriculum, and will bring compassionate and ethical learning to children K-12 throughout the world. 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 and 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 in order 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 Skoll World Forum, the World Health Organization and the United Nations

- Elaine Miller-Karas, Director of Innovation was invited to present at the Skoll World Forum as a social entrepreneur as a result of her creative strategies for scaling simple interventions to ameliorate and reduce the impact of trauma and depression in our global community.
- Elaine Miller-Karas participated in October 2018 in a global forum at the World Health Organization headquarters with regard to 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 Community Resiliency Model Workshop for a group of 52 counselors from the UNSSCG.