Title:
Community Resiliency Model Training to Improve Mental Well-Being

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Session Title:
Research Poster Session 2
Slot (superslotted):
RSC PST 2: Saturday, 29 July 2017: 12:00 PM-1:30 PM
Slot (superslotted):
RSC PST 2: Saturday, 29 July 2017: 2:45 PM-3:30 PM

Keywords:
mindfulness, resiliency and stress

References:
Miller-Karas, E. (2015). Building resilience to trauma: The trauma and community resiliency models. Routedge Press: New York.

van der Kolk, B. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. Penguin Publishing Group: New York.

Abstract Summary:
Can emotion regulation be learned? We will present results on two populations trained in the Community Resiliency Model, a sensory mindfulness intervention. Preliminary findings demonstrate reduced anger symptoms in a small group of incarcerated young women. Findings will also be presented on changes in secondary traumatic stress symptoms among nurses.
Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Explain the basic 3 skills of the Community Resiliency Model	The concept of the Resilient Zone Three basic skills of the Community Resiliency Model: Tracking, Resourcing and Grounding
Describe research findings among diverse sets of participants in the Community Resiliency Model training	The poster will show findings on emotional well-being among nurses and other target populations

Abstract Text:

Purpose: Emotion regulation skills afford better coping in the face of stress and trauma and therefore may improve resiliency. The Community Resiliency Model (CRM) is an easily-taught set of somatic

mindfulness skills to increase resiliency in any population (Miller-Karas, 2015). The basic three CRM skills are tracking, resourcing, and grounding. These sensory-motor awareness skills serve to re-equilibrate the nervous system when persons are “bumped” out of their “Resiliency Zone” by excessive sympathetic or parasympathetic discharge. Symptoms which result from stress and trauma are seen as normal biologic responses and the CRM skills are also biologic, grounded in the body (van der Kolk, 2015). The impact of CRM training for diverse populations will be presented.

Methods: CRM trainings are 3-4 hours in length and consist of didactic instruction, demonstration, and practice. A pre-/post-test design is planned for 1) hospital nurses and 2) homeless or incarcerated women and youth. There will be a control group for the nurse intervention. Paired samples T-tests will be presented. Established measures of mental wellness are being used to examine response to the CRM intervention. Surveys on the acceptability and usefulness of CRM skills will be described. Use of the free CRM app, "ichill" by participants will be described.

Results: Measures of anger, depression, and anxiety from incarcerated and homeless youth in response to the resiliency training will be presented. Preliminary results indicate reduced anger among incarcerated young women. Findings on well-being, resiliency, and secondary traumatic stress for the nurses will be presented. Heart rate variability as a measure of autonomic flexibility is being considered for future studies with first respnders in particular.

Conclusion: Resiliency training to withstand stress and trauma can be taught in a brief group formatfor diverse populations. The Community Resiliency Model is a simple set of mental wellness skills which nurses can incorporate into their toolkit. Nurses may use the skills for mental wellness self-care and share with family, friends, and patients.