

Final VEP Evaluation Report

Trauma Resource Institute

Veteran Extension Project (VEP) 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 Department of Behavioral Health (DBH) San Bernardino County Veteran Extension Project (VEP) was initiated in February 2012 in response to the request of the Department of Behavioral Health to extend community resiliency services initiated in the CRM project begun in 2010 to the larger veteran population in San Bernardino County.

Implemented collaboratively by DBH and the Trauma Resource Institute (TRI), the goal of the project was to bring biologically based trauma intervention training to a larger cohort of veterans in San Bernardino County who have limited financial and logistical access to mental health resources. The intent was to expand local response capacity by offering training in CRM skills, which are biologically based, designed to address the needs of community members needing mental health education and coping skills. The groups were chosen because they were likely experiencing the effects of the cumulative trauma that is associated with poverty, racism, and untreated posttraumatic stress from military service including combat.

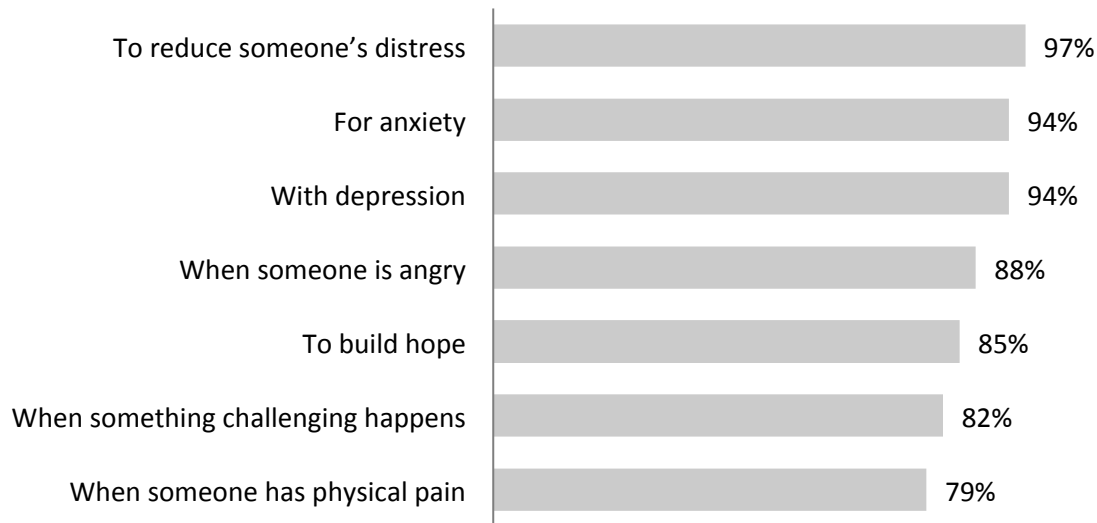
Training Results

Results of training evaluations received from approximately 34 trainees immediately after their last training session, indicate that all of the respondents believe that the CRM skill training will be very to moderately relevant or useful for their community, and all said they thought they would use the skills very to moderately frequently during the month following the training.

“I can articulate skills to my friends who ask in a coherent way. In my own life, I am more calm and deliberate in my being.”

- VEP Trainee

One hundred percent of the trainees also reported satisfaction with their understanding of the CRM skills and said they will be able to use the skills learned from the training for their own self-care. 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 97% of the trainees reported it would help reduce someone’s distress, 94% said it would be useful with anxiety and depression, 88% said it would be useful with anger, 85% said useful to build hope, 82% said helpful for someone facing a challenge, and 79% said helpful with physical pain (see Figure 1).

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

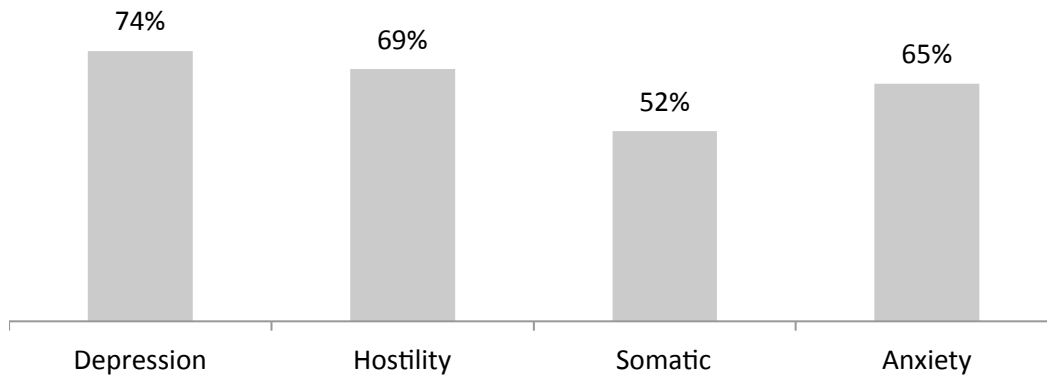
The three-month follow-up data show that the trainees maintain satisfaction with the CRM training. Over 90% report that the CRM skills are relevant and useful in their community and 96% report they use it for their own self-care.

Treatment Results

Although the focus of CRM has been providing training, rather than treatment in a biologically based somatic intervention, all of the 46 participants among the three groups received group sessions of CRM skills, as well as individual sessions in either demonstrations or in work with a trainer under supervision. Approximately 58% of the participants were female and 42% were male, and the age of the participants ran from 28-74 years, with an average age of 53. The participants report an array of physical and emotional symptoms, reflecting the extensive impact of high stress on the mind body system when one is a veteran in a high poverty county. Participants reported an average of 6 emotional distress symptoms and 5 physical distress symptoms. The high incidence of physical symptoms shows the importance of intervention models that are biologically based and not limited to traditional interventions that involve “talk therapy.”

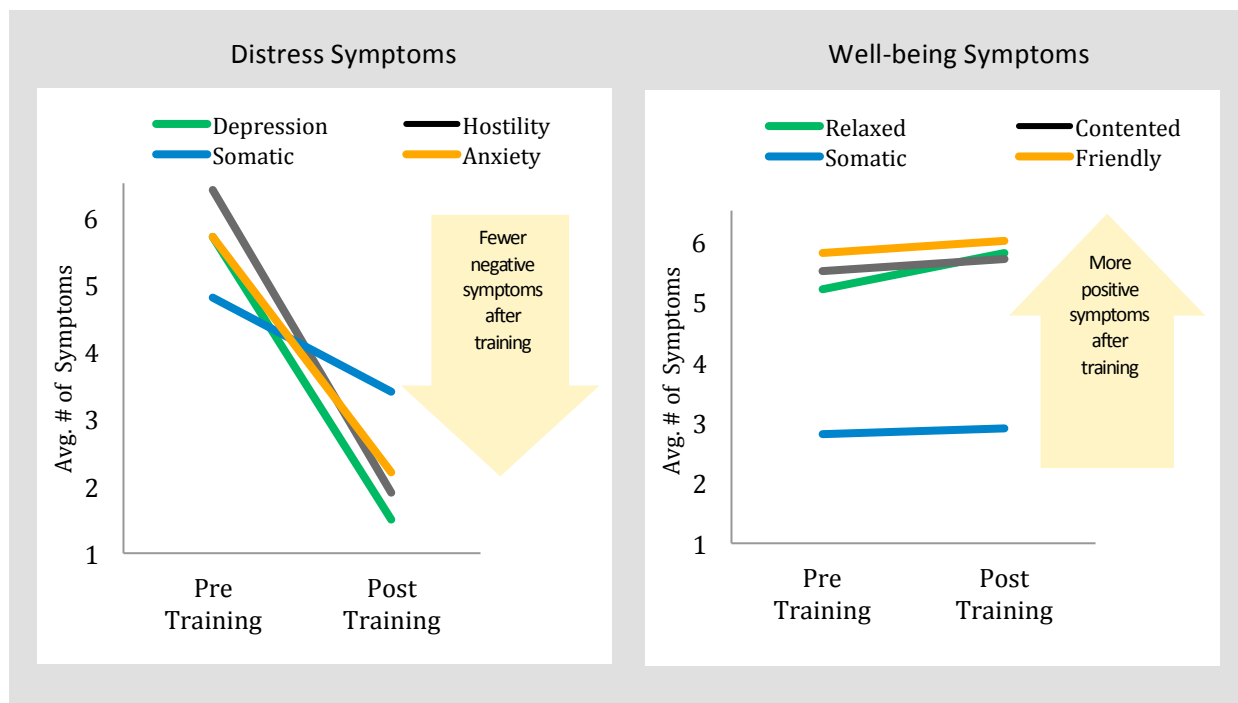
In order to assess effectiveness of treatment, trainees were assessed immediately after training was completed, and again 3-6 months later. Results indicate that immediately after training the Symptom Questionnaire (SQ) symptoms of distress improved at the level of significance in the areas of anxiety, depression and hostility. Combined, the three groups reported positive improvement in the distress indicators of anxiety (74% reporting less anxiety symptoms post training), depression (69%), somatic (52%) and hostility (65%) distress indicators (see Figure 2).

Figure 2. Percentage of Trainees Who Indicated Positive Changes in Distress Indicators Post Training



As seen in Figure 3, the results indicate that there is 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). Although the positive findings are not quite as strong 3-6 months later, participants still show positive change in the desired direction compared to pre-survey findings.

Figure 3. Pre-Post Improvements in Average Number of Distress and Well-being Symptoms



The most significant areas of improvement are related to hostility and depression symptoms. Worthy of note, CRM treatment in Haiti also yielded significant positive results in depression symptom reduction at the post-test data point. 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.

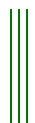
Participants also reported improvements in their daily functioning after participating in the trainings. The largest improvements are related to participants' ability to self regulate emotions of agitation, anger, impulsivity, with proclivity towards self-medication through substances. The ability of participants to note when they are getting amped up, and then being able to settle themselves down was the most significant and sustained measure reported. This change of increased emotional regulation was statistically significant immediately following the training and remained constant at follow-up 3-6 months later.

Additional results of follow-up data 3-6 months after the training indicate that over 90% of the respondents either completely or somewhat agreed that the CRM skills were useful in managing stress (100%), having better self control (94%), and helping get through hard times (91%). At follow-up, 82% said they use the skills daily (21%) or few times a week (61%). This data suggests that the perceived usefulness of the CRM skills to trainees personally is likely to be a motivating factor for trainees to practice them frequently over time.

These results indicate that at least for several months post-training for a subset of participants trained, the positive effects of treatment remained stable. It is always a question as to whether a subset of participants who are evaluated at 3-4 month follow-up are comparable in life circumstances that might affect symptom stability to those who cannot be contacted for follow-up refresher training and evaluation. In this VEP project, two of the three groups had strong follow-up data with a 69% (National) and 78% (Victorville) response rate. The response rate for Yucca was 42%. Even though the researchers made at least three mail, email or telephone contacts after the trainee did not attend the follow-up meeting where participants filled out evaluation questionnaires, participants did not respond. For program evaluation purposes it is valuable to consider how greater follow-up participation could be achieved. Factors such as the need to provide transportation and childcare should be considered to ensure more participation in follow-up in future programming.

The results of the research suggest that continuing to provide Community Resiliency Model Trainings to veterans and their families within San Bernardino County, with adequate follow-up support, could have a powerful impact by reducing agitation, anger, impulsivity, and behaviors related to substance abuse within a wider veteran population. Most importantly, the inability to regulate these emotions can impact the community in the form of child abuse, domestic violence, road rage and other highly destructive behaviors at great cost to society. The fact that at the 3 month follow-up, 82% of the trainees reported that they were using the skills daily to a few times per week suggests that the CRM skills may have a lasting effect on reducing behaviors that result from a dysregulated nervous system.

Section 1: Data Collection Overview



Data Collection Overview

Data Analysis performed by: Shanelle Mennella, PhD

The Veteran Extension Project (VEP) evaluation consists 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. Four tools were used to collect evaluation data during the implementation of the project 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); (3) Pre-Post-Follow-up Daily Functioning Form (DFF) and (4) CRM Brief Questionnaire. The table below provides the number of surveys completed by the VEP trainees.

Table 1.1 - Number of CRM Evaluation Surveys Collected During Phase I											
Group	# Of Trainees	# Of Evaluation Participants	TRUSS		SQ			DFF			CRM Brief
			Post	Follow-up	Pre	Post	Follow-up	Pre	Post	Follow-up	
National	>13	13	11	9	13	11	9	13	9	9	4
Victorville	>14	14	12	11	11	12	11	11	12	11	11
Yucca Valley	>19	19	11	8	18	11	8	18	11	8	8
Total	>46	46	34	28	42	34	28	42	32	28	23

Section 2:
**Treatment Relevance, Use &
Satisfaction Scale (TRUSS) Findings**



Post and Follow-up TRUSS Findings

Over 46 veterans or family/friends of veterans participated in the VEP trainings during the course of the project (i.e., 3/20/11-2/29/13). 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=46)	National	13	28%
	Victorville	14	31%
	Yucca	19	41%
Gender (N=36)	Female	21	58%
	Male	15	42%
Age (N=35)*	Average	53	63% were Adults (18-59) & 37% were Adults (60+)
	Range	28-74	
Ethnicity/Race* (N=33)	White or Caucasian	21	58%
	Hispanic or Latino/Latina	10	28%
	Native American	8	22%
	African American	6	17%
	Asian	1	3%
Years Living in the Community (N=36)	Average # of years living in the community	21	60% lived in community for at least 10 years
	Range	1-60	
MHS Experience (N=27)	Previous Experience with Mental Health Services for Self or a Family Member	19	70%

*Total exceeds 100% because some respondents selected two or more ethnicities/races (i.e., 14 selected White or Caucasian only, 4 selected Hispanic or Latino/Latina only, 4 selected African American only, 1 selected Native American only, and 9 selected multiple ethnicities/races).

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 and a variety of programs they are associated with. Examples of the responses are provided below.

- “Active participant/mental health services contributor”
- “Business owner - self-employed, volunteer work, raised three sons and have three granddaughters”
- “Disabled veteran, working-volunteer for other veterans, advocacy for veteran healthcare”
- “Going to help with our non-profit veterans partner with community opening in June or July 2012”
- “I am a single massage therapist. I would like to help my fellow community members with as much as I am able to.”
- “I sit on the Board of Consumers Advisory Board. I work with/in Morongo Basin Mental Health Volunteer.”
- “I volunteer at a grief center and I work at an autistic school as a therapist.”
- “I work as a clinician, which is field based. I am currently in the community daily working with families.”
- “In a service business. Involved in art and theater.”
- “Marriage and family therapist trainee work with sexual abuse victims and grieving children”
- “Military spouse, volunteer, social service”
- “Minister, registered respiratory therapist, holistic health practitioner, wife, mother, sister”
- “Moved from low desert to high desert 6 years ago. I am an artist on a personal journey to enlightenment and am involved in MBAC, Arts ANON, AL-ANON, JSEF program.”
- “Retired - disabled veteran, Native American Minister - loving heart ministry and massage therapist”
- “Retired military and currently working as a crisis clinician in the mental health field”
- “Single mother, daughter, therapist”
- “Therapist, husband, father, friend”
- “Tour guide, consultant, writer, member of committees, occasionally LEAD”
- “Volunteer - Veterans Transitional Living Project”
- “Volunteer Veteran Service Officer/Commander Apple Valley Marine Corps League/Chaplain Inter-Council War Veteran Ministers/Freelance Writer”
- “Wife of combat veteran, lay counselor at the Rose of Sharon Life Center, assistant to Women’s Ministry leader at our church”

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 (e.g., openness, cohesion, diversity, hope, resilience, small town values, family-

oriented, pro-military). One trainee wrote, “I think many individuals in the community are willing to help each other and less fortunate persons.” Another said, “There is a strong affiliation with military, an appreciation of the arts and grassroots self-sufficiency.” Other strengths were related to places such as churches and senior communities, sports and recreation activities, intergenerational support, peacefulness of the community, and other meetings/programs.

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.

- Lack of Resources/Support (e.g., lack of employment, housing, health, money, transportation, education, funding for special programs)
- Lack of Awareness and Involvement in the Community (e.g., lack of knowledge of where to get help, lack of resource providers to meet mental health needs, lack of understanding of what burdens veterans really bear)
- Weaknesses of People in the Community (e.g., rudeness, ignorance, education-level, transient, unwilling to learn, young adults with no direction)
- Feelings of Hopelessness, Anger and/or Fear (e.g., high anxiety/stress/anger issues with elders, lower income and unemployed persons)
- Lack of Effective Communication/Understanding (e.g., lack of communication to release the pressures of stressful situations, lack of communication between community members, lack of understanding by public officials related to how trauma affects the community)
- Alcohol, Drugs and Violence
- Isolation from Others/Services
- School Issues (e.g., lack of follow through after one-on-one sessions with school therapists)
- Vacant Homes
- 29 Palms Military Base
- Lack of cultural diversity and the arts

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	Moderately	Quite A Bit	Very	Mean (SD)
Grounding	Post	34	0%	0%	9%	35%	56%	4.47 (0.66)
	Follow-up	28	0%	0%	22%	39%	39%	4.18 (0.77)
Tracking	Post	34	0%	0%	6%	23%	71%	4.65 (0.59)
	Follow-up	28	0%	0%	14%	39%	47%	4.32 (0.72)
Resourcing	Post	34	0%	0%	3%	23%	74%	4.71 (0.52)
	Follow-up	27	0%	0%	4%	37%	59%	4.56 (0.58)
Resource Intensification	Post	28	0%	0%	3%	32%	65%	4.62 (0.55)
	Follow-up	28	0%	0%	25%	25%	50%	4.25 (0.84)
Shift and Stay	Post	34	0%	0%	5%	38%	57%	4.50 (0.57)
	Follow-up	28	0%	0%	14%	36%	50%	4.36 (0.73)

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	Moderately	Quite A Bit	Very	Mean (SD)
Grounding	Post	33	0%	0%	18%	40%	42%	4.24 (0.75)
	Follow-up	28	0%	4%	21%	32%	43%	4.14 (0.89)
Tracking	Post	34	0%	0%	15%	35%	50%	4.35 (0.73)
	Follow-up	28	0%	4%	18%	28%	50%	4.25 (0.89)
Resourcing	Post	34	0%	0%	15%	32%	53%	4.38 (0.74)
	Follow-up	28	0%	0%	14%	36%	50%	4.35 (0.73)
Resource Intensification	Post	33	0%	0%	21%	36%	43%	4.27 (0.80)
	Follow-up	28	0%	4%	18%	32%	46%	4.21 (0.88)
Shift and Stay	Post	33	0%	0%	21%	36%	43%	4.21 (0.78)
	Follow-up	28	0%	0%	25%	32%	43%	4.18 (0.82)

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:

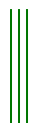
- Help finding resources or funding to reach out to larger audiences or organizations (e.g., help with setting up opportunities to present to veterans)
- Continuing group meetings and discussions with fellow trainees
- More practice
- Refresher meetings
- Additional materials/resources (e.g., contact information for other trainees, "Helpline" with access to master trainers, YouTube training video or CD, handouts, Powerpoints, Website with updated information).

"I would like to keep in touch and keep up with any new ideas."

-VEP Trainee

Likewise, after participating in the training, 97% of the trainees said that ongoing help would be useful as they apply CRM within their community.

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 right 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 VEP 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 pre-post-follow-up changes in mean scores and percentages related to the distress and well-being indicators. A total of 19 VEP trainees 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.

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	14	5.71	2.21	3.78	-3.50*	-1.93
Depression	17	5.18	1.53	2.12	-3.65*	-3.06*
Somatic	17	4.76	3.35	3.06	-1.41	-1.70
Hostility	16	6.38	1.88	2.38	-4.50*	-4.00*

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	17	5.24	5.82	5.82	+0.58	+0.58
Contented	19	5.53	5.74	5.79	+0.21	+0.26
Somatic	18	2.83	2.94	3.28	+0.11	+0.45
Friendly	19	5.79	5.95	5.89	+0.16	+0.10

Figure 3.1 – % Who Reported Less Distress Symptoms After Training (Pre-Post, N=23-26)

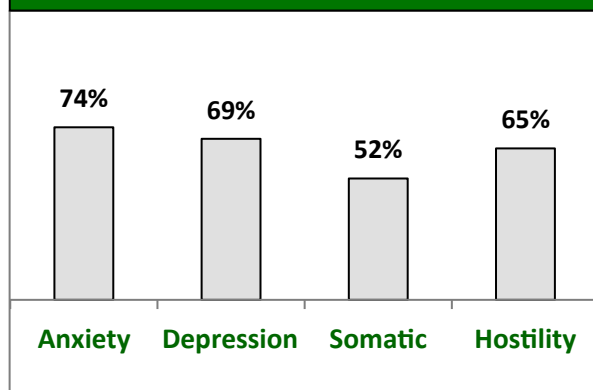
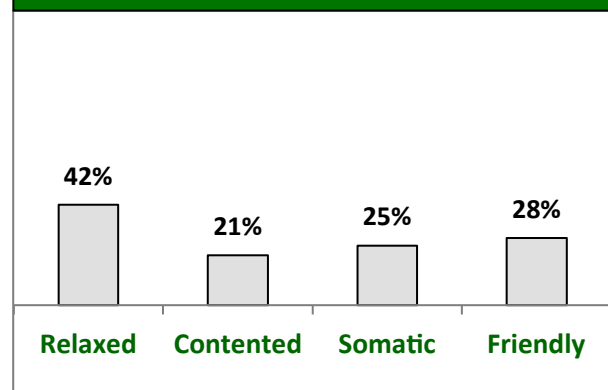


Figure 3.2 – % Who Reported More Well-Being Symptoms After Training (Pre-Post, N=24-29)



Individual Group SQ Findings

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

This analysis focused on pre-post-follow-up changes in mean scores and percentages for trainees in the National group. As seen in the tables below, a small number of VEP trainees from the National 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.

Indicators	N	Mean Scores			Changes in Mean Scores	
		Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Anxiety	3	7.67	2.33	8.33	-5.34	+0.66
Depression	5	8.20	2.40	1.40	-5.80	-6.80*
Somatic	4	7.25	5.00	4.75	-2.25	-2.50
Hostility	4	9.00	1.50	2.50	-7.50	-6.50

Indicators	N	Mean Scores			Changes in Mean Scores	
		Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Relaxed	4	3.75	5.75	5.75	+2.00	+2.00
Contented	5	5.40	5.80	6.00	+0.40	+0.60
Somatic	5	2.20	2.20	3.20	0.00	+1.00
Friendly	5	5.40	6.00	6.00	+0.60	+0.60

Figure 3.3 – % Who Reported Less Distress Symptoms After Training (Pre-Post, N=6-8)

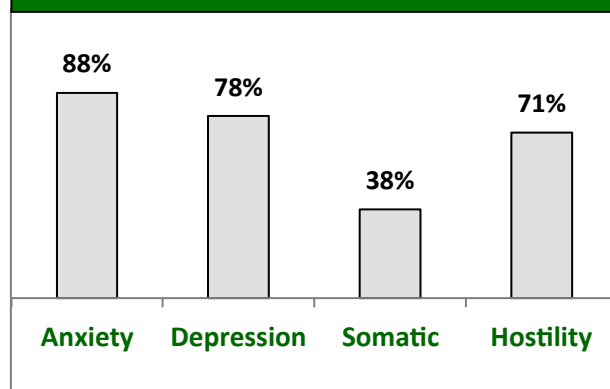
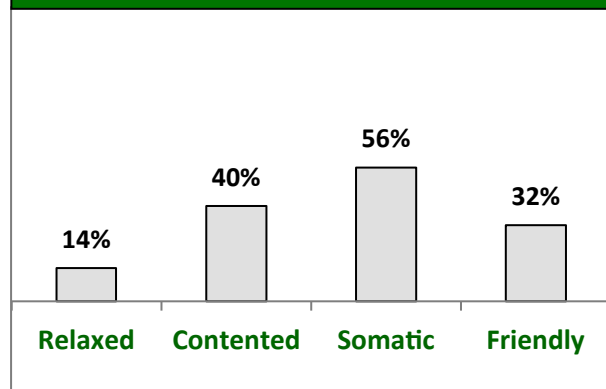


Figure 3.4 – % Who Reported More Well-Being Symptoms After Training (Pre-Post, N=6-8)



Group 2: Victorville Pre-Post-Follow-up Comparisons

The next analysis focused on pre-post-follow-up changes in mean scores and percentages for trainees in the Victorville group. As seen in the tables below, a small number of VEP trainees from the Victorville 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.

Indicators	N	Mean Scores			Changes in Mean Scores	
		Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Anxiety	6	5.67	2.00	2.33	-3.67	-3.34
Depression	8	3.88	1.25	2.13	-2.63	-1.75
Somatic	8	4.13	2.37	3.38	-1.76	-0.75
Hostility	8	5.25	1.25	0.88	-4.00	-4.37

Indicators	N	Mean Scores			Changes in Mean Scores	
		Pre	Post	Follow-up	Pre - Post Change	Pre - Follow-up Change
Relaxed	8	5.75	6.00	5.75	+0.25	0.00
Contented	8	5.63	5.63	5.63	0.00	0.00
Somatic	7	3.14	2.86	3.43	-0.28	+0.29
Friendly	8	5.88	6.00	6.00	+0.12	+0.12

Figure 3.5 – % Who Reported Less Distress Symptoms After Training (Pre-Post, N=7-9)

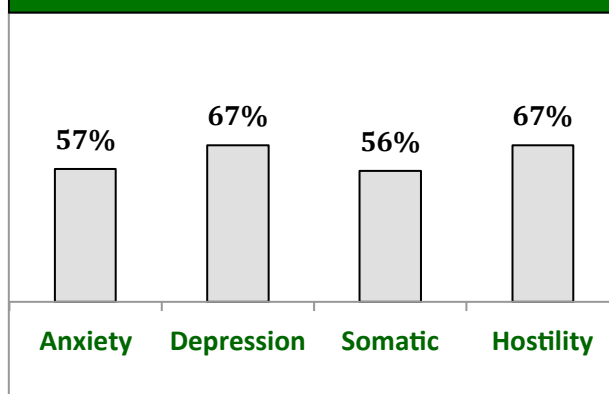
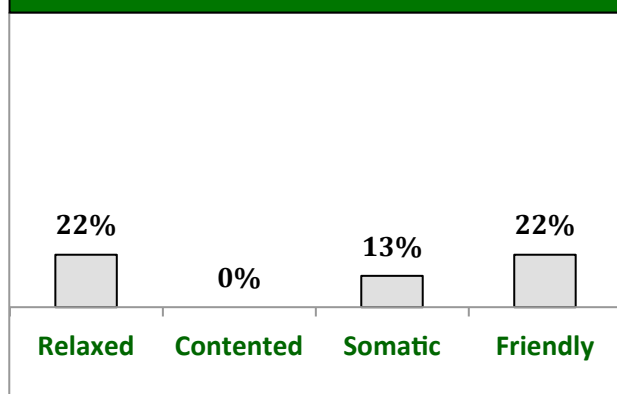


Figure 3.6 – % Who Reported More Well-Being Symptoms After Training (Pre-Post, N=8-9)



Group 3: Yucca Valley Pre-Post-Follow-up Comparisons

This analysis focused on pre-post-follow-up changes in mean scores and percentages for trainees in the Yucca Valley group. As seen in the tables below, a small number of VEP trainees from the Yucca Valley 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	5	4.60	2.40	2.80	-2.20	-1.80
Depression	4	4.00	1.00	3.00	-3.00	-1.00
Somatic	5	3.80	3.60	1.20	-0.20	-2.60
Hostility	4	6.00	3.50	5.25	-2.50	-0.75

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	5	5.60	5.60	6.00	0.00	+0.40
Contented	6	5.50	5.83	5.83	+0.33	+0.33
Somatic	6	3.00	3.67	3.17	+0.67	+0.17
Friendly	6	6.00	5.83	5.67	-0.17	-0.33

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

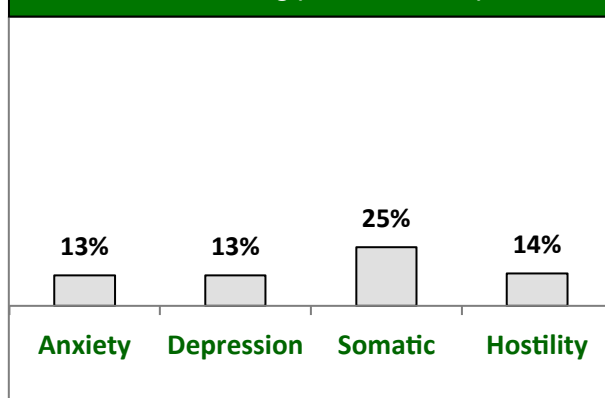
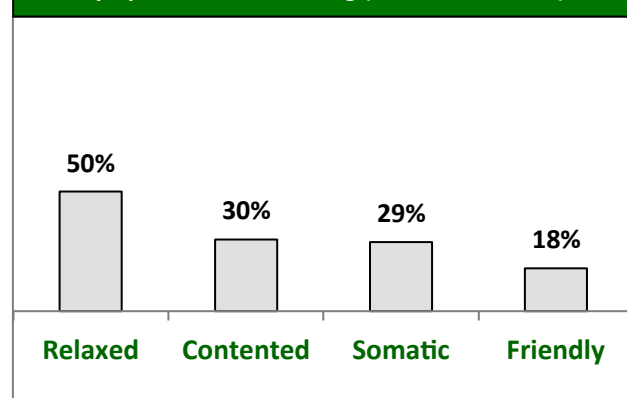
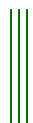


Figure 3.8 – % Who Reported More Well-Being Symptoms After Training (Pre-Post, N=7-11)



Section 4: Daily Functioning Form Findings



Daily Functioning Form Findings

The Daily Functioning Form (DFF) lists issues service members and veterans may sometimes experience as they go about their daily lives. VEP participants were asked to indicate the extent that they disagree or agree with a series of statements using a 4-point Likert scale (i.e., 0 = Strongly Disagree, 1 = Disagree, 2 = Agree, and 3 = Strongly Agree) for the two weeks before the first training session (pre), two weeks before the final training session (post), and month before the follow-up session (follow-up).

Table 4.1 provides a comparison of mean pre, post and follow-up agreement scores for respondents who completed all three administrations of the survey. It is important to note that some of the DFF statements are phrased positively and some negatively. An increase in mean scores for positively phrased statements and a decrease in mean scores for negatively phrased are considered changes in the desired direction. The negatively phrased items are italicized in the table below to help emphasize this difference and mean changes in the desired direction are highlighted in yellow. Significant ($p < 0.05$) changes are identified using an asterisk symbol (*).

Table 4.1 – Daily Functioning Comparisons						
Statements	N	Mean Scores			Mean Change	
		Pre	Post	Follow-up	Pre to Post	Pre to Follow-up
1. <i>I am bothered a lot by daily stressors.</i>	23	1.26	1.04	1.44	-0.22	+0.18
2. <i>I find it difficult to be in a public place.</i>	23	0.96	0.83	0.87	-0.13	-0.09
3. <i>I'm an angry person.</i>	23	0.78	0.44	0.65	-0.34*	-0.13
4. I am starting to see things in a better way in my life.	23	2.30	2.48	2.52	+0.18	+0.22
5. <i>I have problems exercising good judgment.</i>	22	0.82	0.50	0.59	-0.32*	-0.23
6. I am aware of when I am getting amped up and can settle myself down.	22	1.77	2.55	2.55	+0.78*	+0.78*
7. <i>I'm aggressive towards others.</i>	23	0.74	0.52	0.65	-0.22	-0.09
8. <i>I often self-medicate with alcohol, drugs, or energy drinks.</i>	21	0.76	0.43	0.62	-0.33*	-0.14
9. I have the energy I need to get things done.	22	1.91	2.18	2.14	+0.27	+0.23
10. I can drive without road rage.	21	2.33	2.10	2.19	-0.23	-0.14
11. <i>Sleep is a problem for me.</i>	22	1.23	1.00	1.41	-0.23	+0.18
12. I am able to "feel" my emotions.	21	2.24	2.48	2.14	+0.24	-0.10
13. I have confidence that I can handle what comes up.	21	2.38	2.48	2.48	+0.10	+0.10

Comments About Changes

The follow-up form asked respondents if they noticed any changes in their daily functioning since the training. Quotes from the responses are captured below.

- “Ability to cope with change and accomplish goals.”
- “Awareness of zone limits and make adjustments accordingly.”
- “Calm, see things in a different way. Understand and feel triggering or onset of stress.”
- “Decreased anger and frustration.”
- “Don't allow myself to become depressed.”
- “I am able to stay calm longer, distract myself for longer periods of time now.”
- “I am more understanding. I try to listen people out to hear their pain.”
- “I am now able to better manage my daily stress. Thinking about my favorite things really helps.”
- “I can articulate skills to my friends who ask in a coherent way. In my own life, I am more calm and deliberate in my being.”
- “I have better control of my heart rate. Prior to CRM training I was seeing my doctor for heart rate.”
- “I have found most difficult situations are always manageable. I don't panic, amp down, scan, and use resources.”
- “I think overall I feel happier, more able to work on my own stress, to calm down, and to keep in a resilient balanced state. Thank you.”
- “I'm much calmer overall and can catch myself a lot quicker when I begin to ramp up.”
- “I'm not isolating.”
- “Increased distress tolerance.”
- “Just a better me overall.”
- “More accepting of what life throws at me.”
- “Much better control over my emotions. I have been able to return to spiritual practice.”
- “My wife notices a calmness and more focus. Less energy expended in judgmental behavior. Having a lot of fun with shift and stay.”
- “Start my day off well since I sense into my body before I start my day.”
- “Using the shift and change helps me a lot and resource.”

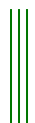
“I have become aware and am more apt not to fly off the handle.”

-VEP Trainee

“I no longer get aggravated by changes to my daily routine.”

-VEP Trainee

Section 5: Brief CRM Questionnaire Findings



Brief CRM Questionnaire (3-6 Months After Training)

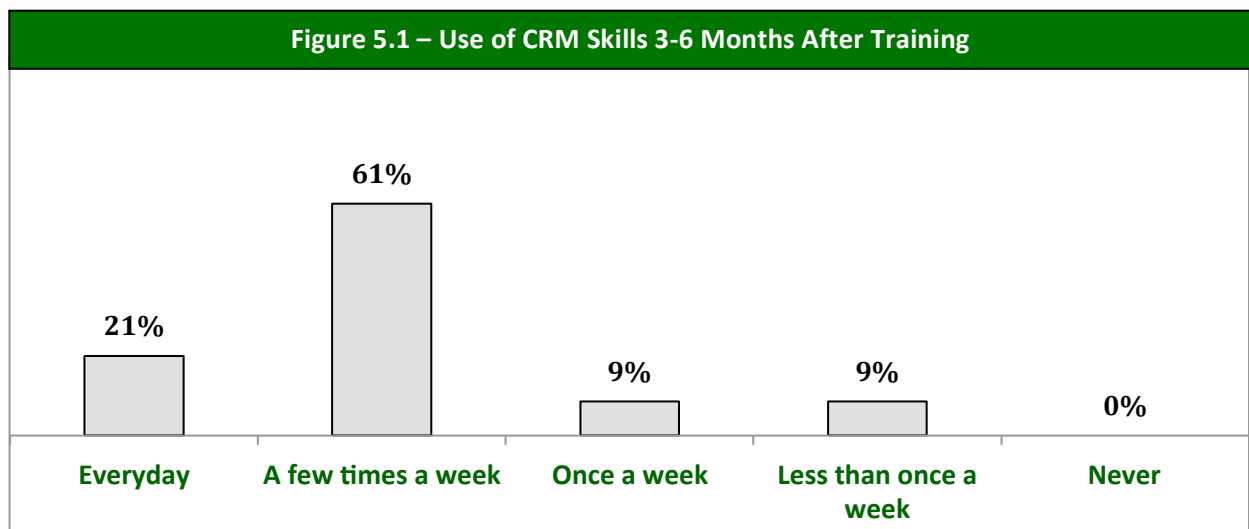
The Brief CRM Questionnaire was administered during the follow-up session, approximately 3-6 months following the training sessions. The questionnaire was administered to a total of 23 VEP trainees.

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 5.1**, all 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 5.1 – 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	22	0%	0%	0%	32%	68%	4.68 (0.48)
I have better self-control when I use CRM skills	22	0%	0%	4%	32%	64%	4.59 (0.459)
CRM skills help me get through hard times	21	0%	0%	9%	27%	64%	4.55 (0.67)

As seen in **Figure 5.1**, 82% of the trainees indicated using the CRM skills everyday (21%) or a few times a week (61%) during the 3-6 months following their training sessions.



Teaching the CRM Skills to Others

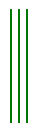
In addition to using the CRM skills, 87% of the respondents indicated that they taught the CRM skills to others and listed key demographic information for a total of 67 people they taught the skills to during the past 3-6 months. Across the 67 people listed, approximately 48% were female and 52% were male and their ages ranged from 6 to 82 years old (average age was 44). The respondents said they taught others the CRM skills to help deal with issues related to alcohol, anxiety, anger, autism, death, depression, divorce, family, finances, health, homelessness, PTSD, sexual abuse, stress management, trauma, and work stress. Respondents also mentioned teaching the CRM skills to others during classes at the Veteran's Center and through clinical work as counselors.

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 trainee's responses are provided below.

- "Accomplishing goals."
- "Casual friends, friends to proud to ask."
- "Co-teacher and I taught a class of volunteers."
- "Encouraging others to change their focus from a negative situation to one that allows for positive attitude and to watch their body's reaction when doing so."
- "I am a lay minister at my church and member of international council of war veteran ministers, an outpost leader for ministries – all related to mentoring returning veterans."
- "I have taught them to groups of adults (males and females - various ethnicities that have chronic mental illness)."
- "I have worked with families of autistic children. The mothers are very receptive to anything to help with stress, fathers on occasion."
- "I use tracking and grounding on a daily basis. Resourcing a few times a week."
- "I wear the bracelet that was given to me at the symposium. I have in fact never taken it off. Just looking at it reminds me of CRM and everything is calm. CRM is just one of the many tools I use to calm my thoughts and have more peace and joy in every moment of my life."
- "To aid emotional regulation, distress tolerance."
- "To calm friends, colleagues, acquaintances regarding the biological correction to stress. Others agree that this would be helpful for Emergency Awareness (Riverside County)."
- "When needed I use the skills to relax and get a release from daily stress. Life is so fast paced. CRM helps to relieve anxiety. CRM has helped me in bringing down my heart rate from anxiety."

Section 6:
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 were offered in English and in Spanish. All the CRM materials are available in both languages.