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THE COMMUNITY RESILIENCY MODEL (CRM) APPLIED TO TEACHER'S WELL-BEING

John Waterson

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

Of the Requirements for the Degree

Master of Social Work

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by

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Approved by:

Dr. Yawen Li, PhD, MSW, Faculty Advisor

Dr. Yawen Li, PhD, MSW, Research Coordinator

ABSTRACT

The goal of the proposed research is to study the efficacy among educators of a training program based on the Community Resiliency Model (CRM). The role of an educator is currently one of the most stressful vocations in the United States. Chronic stress leads to burnout, has a negative effect on pedagogy, which ultimately degrades the classroom experience. The purpose of this study is to explore whether teachers can learn a simple set of wellness (CRM) skills and become more resilient to stress, which may foster a more robust classroom experience.

ACKNOWLEDGMENTS

I would like to express my sincere gratitude to all those who have supported and guided me throughout the process of completing this research paper. First and foremost, I am deeply thankful to Elaine Miller-Karas for the inspiration to tackle social work and become invested in the Community Resiliency Model. I would not be here today without her encouragement and support.

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Lastly, I am thankful for all the help received from the Trauma Resource Institute, especially Dr. Michael Sapp. Without Dr. Sapp's help, this project would not have come to fruition. Thank you for the access to your rolodex!

DEDICATION

I would like to dedicate this project to my beloved wife and cherished family. Your unwavering love, patience, and encouragement have been the cornerstone of my academic pursuit. Through all the late nights and challenges, you have stood by me with unyielding support, inspiring to reach this milestone. This accomplishment is as much yours as mine. Thank you for being a constant source of strength and motivation.

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CHAPTER ONE:

PROBLEM FORMULATION

Our youth are experiencing a mental health crisis. A study of the 2016 Department of Health and Human Services and 2020 National Survey of Children's Health (NSCH) shows the percentage of children in the United States between the ages of 3 and 17 that had anxiety or depression grew from 9.4% to 11.8%. This represents a 25.5% increase over a four-year period (Casey, 2022). California alone witnessed a 70% increase in this same period: in 2016, 7.0% of Californian children 3 to 17 had depression or anxiety. That figure jumped to 11.9% in 2020 (World Health Organization, 2020). Nearly all children in the United States are in a school setting for much of their formative years. According to the National Center for Education Statistics, in 2008 the average American student in public schools spent 6.64 hours in school each day over a 180- day period; the average student in California is in school 6.24 hours a day for 181 days (US Department of Education, 2008).

School-based mental health has become essential in identifying students with needs for mental health services. In addition to being more likely to arrive at school prepared for learning, participating actively in school activities, establishing supportive and caring relationships with both adults and children, and solving problems appropriately, students who have good mental health are more likely to contribute to a positive school environment. Their classroom

experiences play a crucial role in determining their well-being and academic success. Having a positive and supportive classroom environment can help students succeed, whereas a stressful classroom environment can jeopardize healthy child development.

Our nation's teachers are at the crux to the youth's mental health. The role of teachers extends beyond facilitating learning. Today, teachers and educators are influencing the development of a child's social and emotional skills. A teacher must also assume the responsibilities of a tier one mental health professional as outlined in health policy documents, such as identifying mental health problems in children early and referring them to appropriate mental health practitioners as needed (Rothì et al., 2008). Unfortunately, education ranks among the most stressful occupations in the United States. A 2014 Gallup poll reported 46% of US teachers report high daily stress, which ties it with nursing for the highest rate of stress among all occupational groups (Greenberg et al., 2016).

Stress can be defined as any type of change that causes physical, emotional, or psychological strain. It can come from any event or thought that makes you feel frustrated, angry, or nervous. Stress is your body's reaction to a challenge or demand. Some stressors may be positive and improve health (Dimitroff et al., 2017). On the other hand, negative and chronic exposure to stress and stressors can be very detrimental. Trauma is an experience of extreme stress or shock that is/or was, at some point, part of life (Kuhfuß et al., 2021). Traumatic events are often life-threatening and can include events such as natural disasters, motor vehicle accidents, sexual assault, difficult childbirth

experiences or a pandemic. The effects of trauma can also occur cumulatively. Cumulative trauma during one's work refers to the psychological, emotional, and physical distress associated with repeated exposure to potentially traumatic events, either directly or indirectly (Miller-Karas, 2015).

Since trauma is often of an interpersonal nature, even mildly stressful interactions with others may serve as trauma reminders and trigger intense emotional responses (SAMSHA, 2014). Individual responses to traumatic and stressful events are wide and dependent on many variables. They depend on a person’s own life experiences, accessibility to mental health services, their own coping skills, and the support they have in their community. With the right support and skills, an individual can be quite resilient, can recover quickly, and have the capacity to manage stressors (Miller-Karas, 2015). On the other hand, without proper support, stressors can cause depression, hyperarousal, numbness, and anxiety (SAMHSA, 2014). Chronic exposure to stress without healthy ways to cope can lead to burnout: a state of emotional, physical, and mental exhaustion (Coyle et al., 2020).

A teacher’s well-being is negatively affected by high levels of stress, resulting in burnout, disengagement, job dissatisfaction and poor performance (Greenberg et al., 2016). There are three main symptoms of burnout: emotional exhaustion, feelings of overexertion or fatigue because of one's work; depersonalization, a lack of empathy for students; and a diminished sense of accomplishment (Zalewski, 2022). Burnout is linked to higher costs for both educators and schools as it is linked to turnover, absenteeism, negative

relationships with colleagues, substance abuse, anxiety, depression, and exhaustion (Coyle et al., 2020).

Through observation or interaction, stress contagion occurs when one individual transfer his or her stressed state to another. An observer's cardiac and cortisol activity is negatively altered upon watching others experiencing or recovering from stress (Oberle & Schonert-Reichl, 2016). Previously, it has been shown that being around stressed people can lead to feeling stressed yourself (Coyle et al., 2020). There is a direct correlation between a teacher's stress related experiences to the student's wellbeing (Oberle & Schonert-Reichl, 2016).

The ability to cope with stress and trauma is a key component to resilience. The Community Resiliency Model (CRM) provides real skills that align with what is understood about trauma biology. CRM integrates resiliency skills with trauma awareness, making it universally applicable (Duva et al., 2022). These models can be used by clinicians with almost anyone who has experienced or witnessed anything perceived to be life-threatening or serious. CRM is a neuroscience-based approach to mental health in times of stability as well as crisis. In addition to being affordable and feasible, the model can be adapted and sustained in local contexts due to its layperson-targeted concepts and skills. According to Miller-Karas (2015), the World Health Organization, Unitarian Universalist Service Committee, ADRA International, and San Bernardino County's behavioral health department have all co-sponsored

programs using CRM to help survivors reduce and, in some cases, eliminate the negative effects of trauma.

CRM has demonstrably improved well-being, resiliency, and physical stress symptoms among registered nurses in clinical settings (Grabbe et al., 2020). However, there is a paucity of empirical research concerning CRM among schoolteachers. The purpose of this research is to examine if the Community Resiliency Model, a set of wellness skills, has a noticeable effect on teacher resiliency and well-being. This study is needed because there is an epidemic of mental health issues among our youth, and much of their formative time is spent at school. Educators experiencing burnout are not able to address the academic, behavioral, and social problems of their students, families, and schools (Coyle et al., 2020). If teachers can exhibit more indications of well-being and resilience, this will be embodied in their students as well. For schools, less stress and burnout exhibited by teachers will reduce educator turnover, which presents a huge cost saving to districts.

CHAPTER TWO:

LITERATURE REVIEW

The Community Resiliency Model

The Trauma Resource Institute (TRI) was founded in December of 2006 as a nonprofit corporation with the intent of bringing mental health interventions with cultural awareness to communities experiencing health disparities worldwide. The co-founders, Elaine Miller-Karas, Genie Everett and Laurie Leitch, recognized that mental health services in general are inadequate or nonexistent globally. The interventions were designed to be simple to learn and teach. The Community Resiliency Model (CRM) developed by TRI is an example. CRM can be adapted across cultures, ethnicities, and across the lifespan. A wider audience can be aided with the skills as community members and their health professionals trained in CRM can educate others (Miller-Karas, 2015). CRM is trauma-informed in practice. Trauma-informed refers to the roles of trauma and lingering traumatic stress play in healing (Wilson et al., 2013).

CRM can be introduced and taught in three-hour workshops that introduce the model's concepts of the biology of trauma and core principles of the model (Duva et al., 2022). CRM teaches individuals to learn how to track sensations in their own nervous system and focus on ones that are connected to well-being. Understanding sensations of well-being is at the center to improving one's mind, body, and spirit (Miller-Karas, 2015). Once a person can track and

monitor sensations in their body, through intention they will have increased ability to regulate their nervous system, allowing them to build resilience to stress and recover from trauma.

CRM Applications

CRM has been taught and used with efficacy with several, varying populations. The model was initially developed as a response for communities or persons facing disasters and crises. Much study has been done in this arena. After Hurricane Katrina and Hurricane Rita in 2005, CRM was used to assess 91 social service workers' PTSD indicators, which were measurably lower than the study's control group (Grabbe & Miller-Karas, 2018). After the Sichuan Province earthquake in China, more than 350 frontline crisis responders were trained in the model; 88% subsequently reported continually using CRM in their work (Miller-Karas, 2015).

The skills taught in CRM also demonstrated significance for persons coping with cumulative trauma. According to Citron and Miller-Karas (2013), through a study conducted in San Bernadino of marginalized persons having experienced PTSD, poverty, homophobia, and racism from combat described substantial decreases in depression, anxiety, and hostility. Feelings of somatic well-being increased. A follow-up study showed 95% of those studied continued to use the skills learned to deal with stress.

Studies involving nurses, one of the most stressful professions, show effectiveness with the model. Unlike most people, nurses face suffering, grief, and death every day. In a study investigating CRM's efficacy in relieving secondary traumatic stress and burnout among registered nurses in a hospital setting, CRM techniques were shown to be very effective. (Grabbe et al., 2020). Importantly, nurses as health practitioners are ideally suited for teaching and promoting CRM and resilience to patients experiencing trauma.

Teachers and Stress

Like nursing, teaching is one of the most taxing vocations in the United States (Pressley, 2021). Due to high levels of stress, teachers experience burnout, lack of purpose, work related unhappiness, substandard performance, very high employment turnover (Greenberg et al., 2016). In addition to lowering student success, teacher turnover increases school overhead costs. Schools serving children from lower economic backgrounds, such as Title I schools, have higher teacher turnover rates by 50% (Reed et al., 2022). Moreso, schools that serve primarily students of color see turnover rates 70% higher than the national average (Reed et al., 2022). Annually, over $7 billion is spent on educator turnover in the United States (Greenberg et al., 2016). COVID-19 has further exacerbated anxiety and stressors on educators, putting new demands on classroom management (Pressley, 2021).

A teacher's everyday life can become a source of frustration, anxiety, and depression because of disheartening experiences. Burnout can result from these symptoms if left untreated. A variety of factors contribute to teacher stress, including inadequate preparation, low funding, and high emotional demands (Reed et al., 2022). Teachers are demanded to be accountable for high-stakes testing, managing disruptive student behavior, and difficult parents (Greenberg et al., 2016). Oftentimes when confronted with these daily stressors, they do not have the resources to manage. Schools can lack a healthy and supportive environment; oftentimes the individual instructor can just lack the competence to manage their own stress and support classroom resilience (Taylor et al., 2016).

In addition, teachers who are chronically emotionally exhausted, that is burned out, also have a negative impact on students' school performance (Kim et al., 2021). In students, physiological stress responses are related to teacher burnout (Oberle & Schonert-Reichl, 2016). High stress also increases the likelihood of teachers resorting to punitive behavior management strategies when managing challenging behaviors. Symptoms of teacher stress are exacerbated by teachers' inability to de-escalate situations, which reinforces student misbehavior (Kim et al., 2021).

Existing Interventions to Combat Teacher Stress

Initiatives, policies, and programs to combat teacher stress and its consequences are being deployed with varying success. Varying from

organizational to individual interventions, peer to peer mentoring, Social emotional learning (SEL) curricula, and mindfulness training represent most tactics to help teachers with their daily stress.

Mentoring programs, known as induction for beginning teachers, offer support and guidance among colleagues. Mentoring activities, involving teachers within the same subject field, give opportunities for supportive interaction with school administration and seminars (Greenberg et al., 2016). Teaching is a complex profession, and pre-employment teacher training is usually inadequate preparing educators for the rigors of the classroom (Ingersoll & Strong, 2011). Formal mentoring programs have been in place for decades. The conclusiveness of induction and mentoring are mixed. In a study examining the effects of mentoring programs, teachers who have participated in some forms of mentoring have shown to have significant positive effects on student achievement. However, mentoring demonstrated no evidence of any impact on teacher retention, which could indicate these programs do not provide enough skills for classroom resilience (Ingersoll & Strong, 2011).

Social and emotional learning programs (SEL) began appearing in curricula in the United States in the early 1990s; by 2009 more than 200 variations of SEL are used in classroom settings (Hoffman, 2009). SEL is a broad umbrella for any type of school-based program that focuses on empathy, self-awareness, and emotion regulation. Researchers have found that SEL programs such as Positive Behavioral Interventions and Supports (PBIS) improve teacher feelings of improved proficiency in the classroom, reduced discipline referrals,

and a rise in student academic achievement (Hoffman, 2009) while having lower job-related anxiety and depression (Greenberg et al., 2016).

As an individual intervention, mindfulness training (MT) has become a popular means to reduce stress in clinical and non-clinical environments (de Vibe et al., 2013). Mindfulness means paying active and open attention to what is happening in the present moment. “Mindful” means observing one’s thoughts and feelings from a distance, without assigning them a negative or positive value (Greenberg et al., 2016). Middle school teachers who participated in one specific mindfulness training program, Mindfulness-Based Emotional Balance (MBEB), experienced less job-related stress and anxiety within a month of the training and 4 months afterwards, as well as feeling less emotionally exhausted and depressed than the control group (Roeser et al., 2022). MT such as MBEB is an individual intervention like CRM; however, MT lacks the specific somatic awareness strategies of CRM. Miller-Karas (2015) states that CRM focuses on helping people learn how to draw attention to their sensations of well-being in the present moment. CRM is different from mindfulness practices as it also helps people learn to discern the differences between sensations of well-being and distress.

Theories and Models Observed

CRM draws from Peter Levine’s Somatic Experiencing Model, which centers on the body’s biological trauma response and subsequent cognitive

processing (Leitch et al., 2009). Grabbe (2022) argues trauma survivors may suffer from the multi-sensory body experiences deeply embedded in their nervous system even if they are cognitively aware of their experienced trauma. Using the body's own inherent ability to self-regulate through sensations of well-being, CRM is a simple yet effective crisis intervention (Miller-Karas, 2015).

Stress-contagion theory argues the idea that stressful experiences can spread from one person to another in a mutual social situation (Wethington, 2000). Oberle (2016) suggests teacher burnout could cascade to students and create a spiral of stressful experiences. The classroom environment deteriorates and as a result, students display more negative behaviors, contributing to more burnout and less academic success.

Why CRM is a Novel Approach

Research has shown that CRM is a brief-effective way to manage trauma and stress in a variety of settings, but there is a paucity of knowledge on educators, a highly demanding profession. Thus, in CRM, it is not only an awareness practice like mindfulness, but also a practice that actively teaches people how to develop awareness of their sensations of well-being. Additionally, CRM is easily integrated into work and home life. Using CRM skills does not necessitate finding a calm space to recharge. CRM is awareness with intention

in the present moment, regardless of the chaos that may be existing in the environment.

CHAPTER THREE:

METHODS

Introduction

The goal of the proposed research is to study the efficacy of a three-hour CRM class among educators and its effect on their well-being, resiliency, secondary traumatic stress, and burnout. The role of an educator is currently one of the most stressful vocations in the United States. Chronic stress leads to educator burnout and has a negative effect on pedagogy, ultimately creating a dystopic classroom experience. Many leave the field after brief careers, creating a burden of expense to hire and train new, inexperienced educators. The purpose of this study is to explore whether teachers can learn CRM skills and become more resilient to stress, foster well-being, and ultimately create a more robust classroom experience.

Study Design

This explanatory study measured a teacher's sense of well-being and stress before and after they have taken a three-hour CRM skills course. This research was done with a mixed-method study, taking advantage of surveys and open-ended questions, to understand if learning CRM skills (independent

variable) can increase their well-being, and ability to better cope with stress and burnout (dependent variable). Teachers were surveyed twice: before and several days after a CRM workshop. The second survey included open-ended questions about their perceptions of stress, burnout, and resilience.

Mixed method is a justified approach for several reasons. Open-ended questions have several advantages to this study. Trauma, stress, and resilience- although endemic - is still a unique experience to the individual; this study will look to give educators a chance to define their own ideas of stress and trauma. The sample population of teachers is small: open ended questions may give more depth of understanding what educators endure. It can also give context to how stress is perceived and what may be unique stressors to individual educators. Post-survey open-ended questions will also give the researcher and educator a chance to clarify any misunderstandings that have arisen through the process.

A survey is suitable to measure burnout and stress because it will give quantifiable data to the study. Educator's will be involved in a 3-hour workshop, which is a large time commitment from their already busy schedules. A survey will also provide flexibility to respondents, giving them a chance to be thoughtful in their responses and potentially having a higher response rate. A pre-survey will be given to educators before the workshop and post-survey several days following the training; the process will be a quick way to collect data while being mindful of their time. It is also inexpensive to administer surveys and questionnaires as the budget for this study is negligent. The surveys used draw

from several verified instruments, and have been utilized in previous studies of the Community Resiliency Model and its effect on well-being (Grabbe et al., 2020).

Although surveys have benefits, certainly drawbacks do exist. The data is to be self-reported, not observed, and that could make results arbitrary and inaccurate. Second, the respondents may experience response bias, which is a known tendency for the surveyed to respond falsely, exaggerate, or depreciate their experience. Furthermore, trauma and stress are unique experiences that can have different effects and magnitudes on individuals, a survey may not properly quantify one's perception and understanding of trauma and resilience.

This study observed the effect of a CRM training when given to educators. A complete CRM training encompasses a five-day workshop. Due to time constraints, this study utilized a three-hour workshop, which has demonstrated detectable differences in resilience and well-being in nursing populations (Grabbe et al., 2020). The hypothesis is a negative correlation between educator's stress and burnout levels and the Community Resiliency Model will be demonstrated. CRM skills, including knowing about the biology of trauma, practicing simple yet effective trauma resiliency skills should elevate the capacity to manage daily stressors. Subsequently, this will lead to less educator burnout and ultimately improve their own wellbeing.

Sampling

This study sampled educators from a rural North Carolina school district willing to participate in a three-hour Community Resiliency Model workshop. This school district has been teaching the Community Resiliency Model to its staff and educators for several years; all new educators and staff in the district participate in CRM workshops as part of their career development. The workshop this research sample utilized took place on October 16th, 2023. Community Resiliency Model training was provided to educators from certified CRM teachers to participants over a three-hour workshop. Nineteen educators participated. Sampling was non-probability and available. This is ideal because the sample population will be small and will give a chance for several educators to give responses. Participating teachers were incentivized with modest gift cards for their participation.

Data Collection and Instruments

A mixed-method approach was utilized: both qualitative and quantitative data was collected from the educators participating in the study. Research included pre- and post-CRM training surveys administered to every participant to assess their understanding and managing ability of stress and resilience. The post-training survey offered approximately two weeks after the CRM training had taken place. Both surveys were administered through Qualtrics software. Open-

ended questions in the post-training survey were utilized to gain depth and color of their perceptions of the effectiveness of these topics and how it relates to the Community Resiliency Model.

Both pre- and post-test surveys utilized are borrowed from Grabbe et. al (2020) research on CRM and nurse well-being. Pre- (baseline) and post-training questionnaires are identical and will contain a total of 23 questions. The questionnaire includes pieces from five validated measures: the WHO-5 Well-Being Index, the Kanarci Pro-Sociality Scale, and the Patient Reported Outcomes Measurement Information System (PROMIS).

The first measuring device, the World Health Organization Well-Being Index, contains five noninvasive Likert scaled questions. All five questions will be part of this research survey. Developed in 1998 to measure well-being in primary health acre, the WHO-5 has validity screening for depression and measuring well-being across varying populations (Topp et al., 2015). The Kanacri Pro-Sociality Scale consists of 56 items and focuses on interpersonal relationships. Prosocial behaviors are voluntary, desirable, altruistic behaviors such as sharing, consoling, and helping. Research has shown that prosocial behavior is correlated to individuals' well-being (Luengo Kanacri et al., 2021). Patient Reported Outcomes Measurement Information System (PROMIS) is a tool that measures patient-reported heath status for physical, mental, and social well-being (Cella et al., 2007). PROMIS can be used across a wide range of disorders and is based on a Likert scale. How teacher's experience stress and instances of the

effectiveness of the Community Resiliency Model were studied through open ended questions on the post-test survey.

Teachers solicited to participate in a free CRM workshop provided by certified CRM trainers from the Trauma Resource Institute. Participants RSVP'd through an online portal. As a condition of participation, teachers were given informed consent that they are participating in a resiliency research study. All participants had the option to decline participation or withdrawal at any time. Surveys were given anonymously online using Qualtrics software both before and after the CRM workshop.

Protection of Human Subjects

The protection of privacy is of the utmost importance in this study. The identities of participants were kept confidential from individuals outside the CRM workshop. Both pre- and post-participation surveys were collected anonymously to protect the privacy of the participants. Qualtrics, the survey software program, collects data securely and encrypted. Data is stored behind password protected devices. Once this data was collected it is stored securely with password protected devices. To ensure anonymity of participants involved in the interview process, no identifying information was revealed in the data analysis. Three years after completion of the study, all data will be deleted.

Data Analysis

Analyzing the surveys' quantitative data involved using statistical methods to identify patterns or relationships between both the surveys. The surveys generally measure factors involving teacher's own perceptions of stress and well-being before and after learning CRM's resiliency skills. The data ws collected from both surveys, it was analyzed to see if there is a tendency towards more resilience and well-being.

CHAPTER FOUR:

RESULTS

Demographics

Nineteen K-12 educators participated in both pre- and post-tests. 14 (73.7%) were female, 3 (15.8%) were male and 2 (10.5%) declined to respond. The participant's age ranged from 18 to 64 years old. Most participants (11) had five years of teaching experience or less **(Table 1).**

Quantitative Data Analysis

The paired-sample t test demonstrated that there was a significant increase in the WHO Well-Being test score ($t = -2.96$; $P<.05$) from the pre-test ($M=16.8$; SD 1.76) to the post-test survey ($M= 21.93$; $SD = 4.25$). The Kanacri Pro-Sociality scale reported an increase in test score ($t = -1.44$; $P >.05$) from pre-test ($M = 20.27$; $SD = 4.9$) to the post-test survey ($M= 22.2$; $SD = 2.88$). The PROMIS emotional distress instrument reported a decrease ($t = 1.52$, $P > .05$) between pre-test ($M = 23.71$; SD 7.54) and post-test ($M = 19.5$; $SD = 5.93$). Neither the Kanacri Pro-sociality nor PROMIS emotional distress demonstrated statistical significance **(Table 2).**

Qualitative Data Analysis

The short answer section found in the post-test survey provided more insight. Of the nineteen participants, six reported using skills from the model both personally and in their classroom. “I have used grounding with my students,” and “in preparing SEL lessons.”

Several participants reported all the skills- grounding, tracking, resourcing, and help now! – were beneficial. One participant reported, “I really like the ‘help now!’ skills. I have seen them work in the moment with myself and others.” Of the nineteen participants, four reported not using the skills on the post-test survey. One responded replied, “I think they would all help it’s just a matter of time to learn and apply them when you’re already so busy just surviving.”

CHAPTER FIVE:

DISCUSSION

Summary

This study analyzed two surveys taken by nineteen K-12 educators. The surveys used three quantifiable instruments - the WHO Well-being scale, the Kanacri Pro-sociality scale, and the PROMIS emotional distress scale- as well as short, open-ended questions to measure if the skills taught in CRM could improve teacher's well-being. The first survey was administered before the sample participated in a three-hour Community Resiliency Model skills workshop. The second survey was given approximately two weeks after the sample had completed the workshop.

The increase in teacher well-being from the pre-test to the post-test is statistically significant. Results demonstrate that a three-hour CRM workshop is a successful intervention to improve a teacher's capacity for resiliency. Participants utilized several wellness skills two weeks after the workshop. Increasing a teacher's capacity for resiliency may lower the effects of stress and eventual burnout, leading to lower staff turnover and associated costs. Increasing an educator's capacity for resiliency may correlate directly to overall classroom resiliency, leading to a more effective teaching and learning environment.

Corroboration with Previous Studies

This study's results corroborate with a previous study examining the utility of brief CRM skills education for registered nurses in urban settings. Grabbe et al. (2020) found CRM improved well-being, resiliency, secondary traumatic stress, and physical symptoms for nurses participating in a three-hour CRM workshop. This study used a much larger sample size (n= 197), similar instruments, and contained a control group (nutrition intervention).

Limitations

There were limitations for this study. First, the pre- and post-test did not have identifiers linked in the survey: the individual participants could not be linked to the two surveys they took. This hindered collecting much of the significant data. Second, the sample size was relatively small. This research believes if a larger sample size could be studied, data from all three instruments could be statistically significant. Additionally, the measures used for collecting wellness information are self-reported, which may lead to arbitrary data, compared to quantifiable biological measures.

Recommendations for Future Studies

For future studies, it is recommended that: (1) Biological measures be considered to quantify results as this study relied on self-reported measurements of stress and well-being (2) Additional data points be added as only one temporal sample point was considered two weeks after the survey (3) Randomized control trials with a larger sample size be considered as reliability is limited because of a small sample size and that a control group was not used.

CONCLUSION

Through their daily work, educators are exposed to stress and trauma. Poor mental well-being, secondary traumatic stress, and burnout are real factors impacting the profession. Stressed out teachers can be contagions in the classroom, effectively spreading their stress to the classroom. Additionally, if qualified teachers are distressed enough to leave the field, it hurts the entire education system with burdensome costs of training their replacements. A brief and effective resiliency training like CRM holds promise for improving well-being among educators. The variety and ease of using self-directed tools in CRM expand its accessibility. Individuals have a choice to use the tools when faced with adversity to expand their wellness and resiliency to stressful events.

APPENDIX A:

SURVEY QUESTIONS

WHO Well-being:

		At no time 0	**Some of the time 1**	**Less than half of the time 2**	**More than half of the time 3**	**Most of the time 4**	**All of the time 5**
1	Cheerful and in good spirits						
2	Calm and relaxed						
3	Active and vigorous						
4	Fresh and rested						
5	My daily life has been filled with things that interest me.						

Kanacri Pro-sociality Scale:

		1 never/almost never true	2 occasionally true	3 sometimes true	4 often true	5 almost always/ always true
1	I am empathic with those who are in need (feeling)					
2	I try to console those who are sad (action)					
3	I easily put myself in the shoes of those who are in discomfort (feeling)					
4	I try to be close to and take care of those who are in need (action)					
5	I spend time with those friends who feel lonely (action)					

Patient Reported Outcomes Measurement Information System (PROMIS):

	This scale asks about **depression**: **During the past 7 days….**	**Never 0**	**Rarely 1**	**Sometimes 2**	**Often 3**	**Always 4**
1	I felt worthless					
2	I felt helpless					
3	I felt depressed					
4	I felt hopeless					

	This scale asks about **anxiety**: **During the past 7 days….**	**Never 0**	**Rarely 1**	**Sometimes 2**	**Often 3**	**Always 4**
1	I felt fearful					
2	I found it hard to focus of anything other than my anxiety					
3	My worries overwhelmed me					
4	I felt uneasy					

	This scale asks about **anger**: **During the past 7 days….**	**Never 0**	**Rarely 1**	**Sometimes 2**	**Often 3**	**Always 4**
1	I was irritated more than people knew					
2	I felt angry					
3	I felt like I was ready to explode					
4	I was grouchy.					
5	I felt annoyed.					

Open ended questions:

· Have you used the Community Resiliency Model skills? If yes, in what situations?

· Which skills helped you?

APPENDIX B:

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to study the effects of the Community Resiliency Model as it pertains to educators. The study is being conducted by John Waterson, a graduate student, under the supervision of Dr. Yawen Li, Professor of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine the effects of the Community Resiliency Model (CRM), a set of novel wellness skills, among educators.

DESCRIPTION: Participants will take part in a three-hour CRM workshop. Participants will be surveyed before and after the workshop about their mental well-being.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without consequences.

DURATION: The workshop and combined surveys will take approximately three hours and fifteen minutes to complete.

RISKS: Although no risks are anticipated, we understand that participation in a mental wellness workshop can be a vulnerable and personal experience. To mitigate any potential risks, we take several steps to ensure that all participants feel safe and supported throughout the workshop. This may include providing a safe and confidential space for discussions, offering access to mental health professionals or resources, providing clear guidelines for respectful and supportive communication, and ensuring that all participants are aware of their rights and options for opting out of activities or discussions that may feel uncomfortable. Additionally, our facilitators are trained to recognize and respond to any issues that may arise and will take appropriate action to ensure the well-being of all participants.

BENEFITS: Participating in a mental health wellness workshop can provide educators with practical tools and strategies for managing their own mental health and self-care, as well as resources for supporting students' needs. By participating in a wellness workshop, educators can also gain a greater understanding of the importance of mental health and well-being in the classroom, and how to create a supportive and inclusive learning environment. As an incentive to participate in the study, the first thirty participants in each survey (pre-skills, post-skills 2 weeks, post-skills 2 months) will receive a ten-dollar amazon gift card. The gift cards will be furnished by the Office of Student Research, California State University San Bernardino.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Yawen Li at (909) 537-5584. RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.cusub.edu/) at California State University, San Bernardino after July 2024

APPENDIX C:

IRB APPROVAL

Date: 9-12-2023

IRB #: IRB-FY2023-217
Title: THE COMMUNITY RESILIENCY MODEL (CRM) APPLIED TO TEACHER'S WELL-BEING
Creation Date: 2-2-2023
End Date:
Status: Approved
Principal Investigator: Yawen Li
Review Board: Main IRB Designated Reviewers for School of Social Work
Sponsor:

Study History

Submission Type	Review Type	Decision
Initial	Exempt	Exempt

Key Study Contacts

Member Yawen Li	Role Principal Investigator	Contact Yawen.Li@csusb.edu
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Member John Waterson	Role Co-Principal Investigator	Contact john.waterson8590@coyote.csusb.edu

APPENDIX D:

TABLES

Table 1

Sample Characteristics

Variables	*n*	%
Gender		
Male	3	15.8
Female	14	73.7
Age		
18-24 years old	2	10.5
25-34 years old	3	15.8
35-44 years old	7	36.8
45-54 years old	3	15.8
55-64 years old	2	10.5
Education Completed		
High school diploma or GED	1	5.3
Some college, but no degree	1	5.3
Bachelor's degree	8	42.1
Graduate/Professional Degree	7	36.8
Years of Teaching Experience		
0-1 years	4	21.1
1-5 years	7	36.8
10-20 years	3	15.8
Over 20 years	3	15.8

Note. $N = 19$.

Table 2

Mean, standard deviation (SD), t and P-value of the subdomains for Well-being, Prosociality, and Emotional Distress

Subjects	Well-being	Prosociality	Emotional Distress
Pre Test Mean (SD)	16.8 (5.24)	20.27 (4.9)	23.71 (7.54)
Post Test Mean (SD)	21.93 (4.25)	22.2 (2.88)	19.5 (5.93)
t	-2.96*	-1.44	1.52

*P<.05

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