

# Community Resiliency and Recovery Curriculum



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### *About this curriculum*

These lessons are a framework for discussing trauma and recovery in migratory and seasonal agricultural worker communities – particularly, trauma related to the COVID-19 pandemic.

The curriculum will equip community health workers (CHWs, or *promotores de salud*) with skills and activities that can be used with migratory and seasonal agricultural workers to reflect upon and improve mental health. With these tools, we hope that CHWs can support agricultural communities' recovery.

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### *Objectives*

- Participants will leave with an understanding of resiliency, in the context of themselves as individuals and the broader context of their communities
  - Participants will learn about the different types of stress and trauma, their origins, and their effects on the body
  - Participants will learn and practice hands-on strategies to build resiliency in their lives
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### *How to use this curriculum*

You can deliver this curriculum in a single, whole-day session or divide it up into pieces. We give several options for training schedules in the next section.

The lessons are participatory in nature, and you should invite participants to share their experiences whenever possible. However, remember that trauma and recovery can be difficult to talk about, so no one should be pressured to participate. The goal is to make the environment safe enough that participants feel comfortable and share voluntarily.

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### *Sample agendas*

As stated previously, you can deliver this curriculum as a single, whole-day training, or you can deliver it over multiple days. Examples of how to do so can be found here:

## Sample Agendas

### Full-Day

Section	Time
<i>Introductory activity and pre-test</i>	9:00 – 9:30 am
<i>Trauma and stress</i>	9:30 – 10:30 am
<b>Break</b>	10:30 – 10:45 am
<i>Resiliency and Recovery</i>	10:45 – 12:45 pm
<b>Lunch</b>	12:45 – 1:45 pm
<i>Strategies and Practice, Part 1</i> (through Case Studies)	1:45 – 3:15 pm
<b>Break</b>	3:15 – 3:30 pm
<i>Strategies and Practice, Part 2</i>	3:30 – 4:50 pm
<i>Post-Test</i>	4:50 – 5:00 pm

### Two Half-Days

#### *Day 1*

Section	Time
<i>Introductory activity and pre-test</i>	4:00 – 4:30 pm
<i>Trauma and stress</i>	4:30 – 5:30 pm
<i>Resiliency and Recovery</i>	5:30 – 7:30 pm

#### *Day 2*

Section	Time
<i>Strategies and Practice, Part 1</i> (through Case Studies)	4:00 – 5:30 pm
<i>Strategies and Practice, Part 2</i>	5:30 – 7:20 pm
<i>Post-Test</i>	7:20 – 7:30 pm

## Introductory Activity: Guided Meditation

Time: 20 minutes  
Materials: Device to play music,  
printer paper, markers/  
crayons/colored pencils

### Method:

1. Before beginning, dim the lights, turn on music, and create a calm atmosphere for this activity.
2. Guide participants through a short meditation using this script:

#### *Meditation Script*

Close your eyes. Take some deep breaths, and think of the place in the world where you feel happiest and safest.

In your mind, look around your happy place. You can stay in one place or imagine you are moving up and down through it.

Observe the happy place: What's around you? What can you see, hear, smell, taste, and touch? Use your five senses to connect with the place.

What are you doing in your happy place? Who is with you?

3. Then, ask participants to open their eyes again. Pass out pencils or crayons and blank printer paper.
4. Ask them to draw their happy places as best they can. You can keep the music on and lights dimmed or bring the room back to normal.
5. Give participants ten minutes to draw. Then, ask for volunteers to share their drawings with the big group.
6. Once everyone has shared their drawing, discuss these questions in the big group:
  - a. What are some common elements in our drawings?
  - b. What is something that someone else included in their drawing that you also enjoy?
  - c. What are some other things that make us feel happy and safe, that didn't make it into our drawings?

- d. How can we include some of these things in our daily lives, even if we're busy or can't physically go to our happy place?
7. Remind participants that they can always go to their happy places in their minds, by doing the meditation exercise or even drawing their happy place again. Every time they return to their happy place, they strengthen it, and it becomes a better tool to support them.

PRESENTER NOTES: This is an example of resourcing.  
Later, when you introduce that technique formally,  
remind participants about this exercise.

## Pre-Test

Time: 10 minutes  
Materials: Pens or pencils, printed pre-tests

### Method:

1. Before the session, print the questions from the handout in the appendix. One side of the paper will say **pre-test** and the other side will say **post-test**.
2. Invite participants to complete the pre-test before the session begins.

PRESENTER NOTES: If participants have difficulty reading and writing, read the questions aloud and write down their answers for them.

## **Trauma and Stress**

## Introductory Discussion

Time: 10 minutes  
Materials: None

### Method

1. Ask participants to turn to a partner and discuss the following questions:
  - a. How does stress affect the body?
2. Then, ask for volunteers to share with the large group.
3. If they don't come up in the discussion, share the points from the presenter notes.

#### PRESENTER NOTES:

- Resiliency is the ability to cope with stressful life situations in a healthy manner, “to bounce back.”
- It is a process that is strengthened through practice.
- Stress impacts our physical health, as well as our mental health, in various ways.

## Types of Stress

Time: 20 minutes  
Materials: Poster paper and markers, PowerPoint slide

### Method:

1. Before the session, write the three types of stress on three sheets of poster paper, and hang them around the room.
2. To introduce the topic, ask participants to discuss the following as a large group:
  - a. How does stress appear in your life?
3. After the discussion concludes, display the definitions of the different types of stress (stoplight graphic) on a PowerPoint slide.
4. Summarize the information found in presenter notes below.
5. After presenting the information, ask the group to name stressors that fall into each of the three categories (positive, tolerable, toxic). Write these stressors on the poster paper.

**PRESENTER NOTES:** We all experience stress, in both positive and negative ways. How we we're introduced to or coped with stress as children can have big impacts on our lives and on our health later in life.

**Positive stress:** Helps our minds and bodies cope with situations and become better at confronting future stressors.

- Stress hormones help the body respond to an event. During a stressful event, our bodies experience an elevated heart rate or blood pressure levels.
- With positive stress, the stress response ends when the event passes.
- It can help an individual learn coping skills when supported through this stress.
- These are mild changes, and the body can recover quickly through natural coping mechanisms.

**Examples include:** feeling nervous about getting a shot at the doctor's office, starting a new routine

PRESENTER NOTES:

**Tolerable stress:** May include big events like experiencing a natural disaster or moving homes.

- Coping with these stressors is easier to manage with the help of a caring adult or other interventions.

**Examples include:** Moving homes, natural disaster

**Toxic stress:** An ongoing stress response that can cause bodily harm.

- When children are not supported through ongoing stress, the lasting stress response can create lifelong health problems.
- Toxic stress and poor health outcomes can sometimes be caused by Adverse Childhood Experiences (ACEs).
- We will discuss ACEs more in the next section.

**Examples include:** abuse, disfunction in the home

**Slide contents (SLIDE 1)**

The levels of stress are organized like a stop light to show the different severity of stress:

**Positive:** A physiological response to a light or moderate stressor.

- *Examples:* Difficult tests in school, competitive competitions

**Tolerable:** A physiological, adaptive response to a time-limited stressor. The body recovers from this stress with support.

- *Examples:* Moving homes, natural disaster

**Toxic:** A physiological response to an intense and sustained stressor.

- The prolonged stress on the body establishes a chronic stress response on the body.
- Toxic stress also is established when stressors are unsupported or left unattended by an adult caregiver.
- *Examples:* abuse, disfunction in the home
- When we talk about toxic stress, it is important to identify potential sources of this stress and how it can have long lasting impacts.

### **Sources**

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4928741/>
- <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- <https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/>

## Adverse Childhood Experiences (ACEs)

Time: 20 minutes

Materials: PowerPoint slide, poster paper, markers

### Method

1. Explain that now you're going to discuss a concept called "Adverse Childhood Experiences" (ACEs).
2. Present the definition of ACEs on a PowerPoint slide, and summarize the information from the presenter notes.
3. Display the three categories of ACEs (household, community, and environment) on the screen.
4. Ask participants: What kind of trauma or stressors do you think could fall into each category?
5. Divide participants into three groups and assign each group a category. Hand each group a sheet of poster paper.
6. Ask the groups to name as many ACEs as possible that fall into their category and write them on the poster paper.
7. After the groups have written their responses, ask them to share with the large group.
8. Finally, summarize the information from the presenter notes about the link between structural inequalities and ACEs.

PRESENTER NOTES:

**Adverse Childhood Experiences (ACEs):**

ACEs are traumatic events that occur in childhood. They may include violence, abuse, and growing up in a family with mental health or substance use problems.

Toxic stress is often linked to ACEs.

The three “realms” of ACEs as outlined by the Massachusetts Association for Mental Health ([MAMH](#)), are:

- The household (i.e., physical and emotional abuse, neglect, household dysfunction)
- The community (i.e., poverty, structural racism, poor housing quality, food scarcity)
- The environment (i.e., impacts of the climate crisis and natural disasters).

ACEs can cause toxic stress in children and harm the health and wellbeing of families and communities.

ACEs of all “realms,” over time and without support from trusted adults, can trigger an excessive and long-lasting stress response. This can cause wear and tear on the body

**Structural Inequalities:**

Trauma from ACEs disproportionately impacts poor children of color. Low-income environments experience higher instances of food scarcity, low quality housing and underfunded schools.

Structural inequities have been created through:

- Policies, laws or institutions that govern housing, transportation, law enforcement and other entities.
- Low-income environments deprioritized from local agendas, resulting in poor quality of life for residents.
- These environments are overrepresented in incidents of traumatic events such as gun violence, which results in mental and behavioral health disparities for the children that are exposed to such events.

## Slide contents (SLIDES 2-3)

### Slide 2:

- ACEs are traumatic events that occur in childhood
- May include violence, abuse, and growing up in a family with mental health or substance use problems.

### Slide 3:

- 3 “realms” of ACEs as outlined by the Massachusetts Association for Mental Health ([MAMH](#)), which may occur in:
  - The household (i.e., physical and emotional abuse, neglect, household dysfunction)
  - The community (i.e., poverty, structural racism, poor housing quality, food scarcity)
  - The environment (i.e., impacts of the climate crisis and natural disasters).

### Sources

- [acesaware.org](https://www.acesaware.org)
- <https://www.acesaware.org/wp-content/uploads/2019/12/2-What-is-Toxic-Stress-English.pdf>  
<https://static1.squarespace.com/static/5b996f553917ee5e584ba742/t/5c1d8e9d758d46eaf18afa7e/1545440925618/SSRN-id2948001.pdf>  
<https://www.samhsa.gov/child-trauma/understanding-child-trauma>
- <https://store.samhsa.gov/sites/default/files/d7/images/sma16-4923-thumbnail.jpg>
- <https://www.cdc.gov/vitalsigns/aces/index.html>

## Impacts of ACEs and Toxic Stress

Time: 10 minutes

Materials: None

### Method

1. Begin with a large-group discussion:
  - a. Why is understanding toxic stress and ACEs important?
  - b. How might ACEs and toxic stress in childhood continue to affect people later in life?
2. Follow up participants' discussion with some key points from the presenter notes.

PRESENTER NOTES:

Main idea: The impact of toxic stress and ACEs can last well beyond childhood.

ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood.

Survivors of childhood trauma survivors may experience:

- Learning problems, including lower grades and more suspensions and expulsions
- Increase involvement with the child welfare and juvenile justice systems
- Long-term health problems (e.g., diabetes and heart disease)

Responding to ACEs includes a wide range of responses:

- Most intensive: Therapeutic interventions, which are designed specifically to deal with serious trauma
- Less intensive: Trauma-informed care or practice. (How practitioners in a range of fields work with people who have experienced toxic stress. It reflects an awareness of the harm that has occurred and takes that into account. )
  - This category also includes meditation and breathing exercises, to physical exercise and social support.
- Best approach: Preventing ACEs--reducing the sources of stress in people's lives, whether basic needs like food, housing, and diapers, or substance abuse, mental illness, violent relationships, community crime, discrimination, or poverty.

Preventing ACEs can help children and adults thrive and may:

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.
- Reduce risky behaviors like smoking and heavy drinking.
- Improve education and employment potential

## **RESILIENCY AND RECOVERY**

## The Community Resiliency Model (CRM)

Time: 15 minutes  
Materials: PowerPoint

### Method

1. Using a PowerPoint slide, present the definition of the Community Resiliency Model.
2. Before defining trauma, ask the large group the following:
  - a. What have you heard about trauma?
3. Then, present the definition of trauma using a PowerPoint slide.
4. Finally, summarize the different types of trauma using the information from the presenter notes.

### PRESENTER NOTES:

#### **Large-T Trauma, Small-t trauma, and Cumulative Trauma**

- According to the Trauma Research Institute, “**Large-T**” Trauma includes major events such as natural disasters, war, sexual assaults, child abuse, or acts of terrorism.
- Examples of “**small-t**” trauma could be a dental procedure, a dog bite, a routine surgery, a fall, or a minor car accident.
- **Cumulative** trauma can be used to describe racism, poverty, homophobia, and many other experiences humans have over and over, all of the time.
  - Living with racism, for example—not knowing if you are accepted by others or even if your life could be in danger because of the color of your skin—can create a cascade of physical and emotional reactions.
- It’s important not to label someone’s experience as big “T” trauma, little “t” trauma or “C” trauma for them. Two people can experience the same life event and categorize it differently.
- No matter what category we use, if an event (or events) overwhelms a person’s nervous system then they can lose the capacity to stabilize and regulate themselves.

**Slide contents (SLIDES 4-7):**

*Slide 4:*

- Introduction: The core values embedded within the Community Resiliency Model are service, social justice, dignity, respect, and the worth of every person, family, and community. When practiced, resiliency skills can embody well-being and understanding, which helps provide resiliency and trauma-informed skills to individuals.

*Slide 5:*

- Community Resiliency Model (CRM): CRM uses observation and knowledge of patterns of the nervous system to help people learn to distinguish between sensations of distress and well-being.
- CRM can be used by anyone in any circumstance of distress.

*Slide 6:*

- Trauma: An individual perception of an experience as being life-threatening.
- It is also the emotional, psychological, and physiological impact of the heightened levels of toxic stress.

*Slide 7:*

- Sources/types of trauma.

**Sources**

- Source: <https://www.traumaresourceinstitute.com/crm>

## Physical Responses to/Manifestations of Trauma

Time: 30 minutes  
Materials: PowerPoint

### Method

1. Displaying the PowerPoint slides, summarize the presenter notes about the six different areas in which people experience reactions to stress and trauma, and examples of these reactions.
2. Then, divide participants into groups (4-5 participants each) and ask them to discuss the following:
  - a. When you experience stress/trauma, how does your body react? How does your behavior change? How does it affect your spirituality?
  - b. When our nervous system becomes dysregulated due to stress or trauma, what are the physical and behavioral reactions you experience?
3. Once the groups have discussed, reconvene the large group, and ask for a volunteer from each small group to summarize their conversation.

### PRESENTER NOTES:

- Every thought and feeling has a sensation connected to it.
- Highly stressful and traumatic experiences can have a major effect on the nervous system.
- There are patterns in these sensations, observable within ourselves and others.
- Reactions within six (6) areas – physical, behavioral, spiritual, relational, thinking (cognitive), and emotional (psychological) – are common when experiencing something highly stressful and/or traumatic.
- These reactions are not connected to mental weakness.
- COVID-19, for example, has been challenging and has caused some of the following stress effects:
  - Polarization
  - Grief
  - Job, financial, housing, and food insecurity
  - Disruption of social network and isolation
  - Fear of catching and spreading the virus
  - Anxiety about the unknown
  - Stigma
  - Inequity
  - Chronic mental health challenges.

**Slide contents (SLIDES 8-9):**

*Slide 8:*

Common reactions to trauma:

- Thinking
- Emotional
- Physical
- Spiritual
- Behavioral
- Relationships

*Slide 9:*

COVID-19

Common reactions

- Stigma
- Chronic mental health challenges
- Polarization
- Grief
- Insecurity
- Disruption of support networks
- Fear of catching/spreading virus
- Fear of the unknown

**Sources**

- Source: <https://www.traumaresourceinstitute.com/crm>

## The CRM Perspective Shift

Time: 10 minutes  
Materials: PowerPoint

### Method

1. Displaying the PowerPoint slide, summarize the information from the presenter's notes about the CRM model and the difference between conventional, trauma-informed, and resiliency perspectives.
2. Direct participants to look at the "resiliency" perspective. Then discuss as a large group, inviting everyone to share:
  - a. What are your strengths?

### PRESENTER NOTES:

- Wellness and resilience skills like CRM are preventative treatments.
- CRM stabilizes a person's reaction to trauma and toxic stress that affects the mind, body, and spirit.
- The Community Resiliency Model focuses on resiliency.
  - Conventional thinking when we see a behavior that is troubling → "*what is wrong with that person?*"
  - Trauma-informed perspective understands the impact of trauma on development and on behavior and asks the question → "*what happened to you?*"
  - A resiliency-focused perspective asks the questions → "*what are your strengths?*" and "*what helps you get through hard times?*"

**Slide contents:**

*Slide 10*

- Conventional model
- Trauma-informed model
- Resiliency model

**Sources**

- Source: <https://www.traumaresourceinstitute.com/crm>

## Biology and the Brain

Time: 10 minutes  
Materials: PowerPoint

### Method

1. Displaying the PowerPoint slide, summarize the information from the presenter notes, focusing on these main points:
  - a. CRM focuses on the biology of the human nervous system.
  - b. There are common human reactions to stressful/traumatic events that affect the mind, body, and spirit.
  - c. CRM helps individuals learn to read their nervous system to return to their zone of well-being (the “Resiliency Zone”) using simple wellness skills.
  - d. It also helps create new pathways in our brains—new ways the body reacts to stressful life experiences.

### PRESENTER NOTES:

- Our reactions to highly stressful or traumatic experiences are caused by the design of the human body.
- For example, if we are in a state of distress, it can affect different organs in the body, like the digestive system. (You may get a stomachache when you’re stressed.)
- Our reactions are not because we are weak, but rather because we are human.
- Learning about our biology can help us learn ways to calm our nervous system so we can return to our resilient zone.
- “Neuroplasticity” is a word that means that the brain changes in structure based on life experiences.
- It occurs as a result of learning, experience, and memory formation, or as a result of damage to the brain.
- Learning and new experiences cause new neural pathways to strengthen. Pathways that aren’t used get weaker.
- ACEs and other traumatic events can cause negative pathways to develop. CRM helps us develop new, positive pathways.

**Slide contents:**

*Slide 11:*

- Neuroplasticity: lifelong capacity of the brain to change and rewire itself
- Neurogenesis: ability to create new neurons connections between them

**Sources**

- Source: <https://www.traumaresourceinstitute.com/crm>

## Community Resiliency Wall

Time: 25 minutes  
Materials: Paper, colored pencils  
or markers, tape

### Method

1. Before the session, draw your own picture of what a resilient community looks like to you.
2. To begin, discuss as a large group:
  - a. Based on our discussions up to this point, how would you define “resiliency”?
3. Then, define “resiliency”
  - a. The ability to cope with stressful life situations in a healthy manner, “to bounce back”
  - b. Resiliency is a process
  - c. It is strengthened through practice
4. Once you’ve shared the definition, write *Resilient Community Wall* on a large sheet of paper and hang it somewhere where participants can see.
5. Give each participant a sheet of paper and colored pencils or markers.
6. Invite them to draw what a resilient self or a resilient community looks like.
7. After a few minutes, invite 2-3 participants to share their drawings.
8. Then, ask the rest of the participants if they are comfortable sharing their drawings and guide them to tape their drawing on the *Resilient Community Wall*.

## The Resilient Zone

Time: 20 minutes  
Materials: PowerPoint

### Method

1. Displaying the PowerPoint slides, summarize the presenter notes about the Resilient/OK Zone.
2. Displaying the PowerPoint slides, discuss being above and below the Resilient Zone.
3. Then, invite participants to share answers to the following:
  - a. Has anyone besides me ever been in the High Zone?
  - b. And how about the Low Zone?
  - c. Has anyone experienced both?

### PRESENTER NOTES:

#### **Resilient/OK Zone**

- The Resilient Zone is a state of well-being in mind, body, and spirit. When in the Resilient Zone you can handle the stresses of life.
- The Resilient Zone is not the Happy Zone. You can be happy in the Resilient Zone and you can also be sad. It's whether you can **handle** the sadness that determines whether you're in the Resilient Zone.
- Our thoughts, feelings, and reactions move around in the Resilient/OK Zone.
  - You can be annoyed or even angry but do not feel like you will lose your head.
  - You can be sad but not feel like you will be washed away by the river of sorrows.
  - When you are in the Resilient/OK Zone you can manage the ups and downs of life.
  - When you are in your Resilient/OK Zone you are your best self in good or bad weather.
- Notice that the Resilient Zone is like a wave as there can be times in your day when you have more stress and other times during your day when you are calmer.

### **High/Low Zones**

- Life experiences can result in a person getting bumped out of the Resilient Zone.
- High Zone reactions: being keyed up, hyper-vigilant, anxious, irritable, in pain.
- Low Zone reactions: disconnection, exhaustion, numbness, and depression.
- When there is a reminder that represents a past traumatic/stressful event/experience, we can get bumped out of our Resilient Zone and get stuck in the High Zone or Low Zone. We can also alternate between the two.

### **Slide Contents (SLIDES 12-14)**

#### *Slide 12:*

- Diagram of the resilient zone

#### *Slide 13:*

- Emotions mapped out in the resilient zone

#### *Slide 14:*

- High and low zones

### **Sources**

- Source: <https://www.traumaresourceinstitute.com/crm>

## Pilot Evaluation

**Time estimate:** 10 minutes

**Materials:** printed evaluation sheets

**Questions:**

**1. Thinking back on the topics presented (ACEs, CRM, etc.), how clearly were these concepts presented?**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Not at all clearly | <input type="checkbox"/> 3. Clearly      |
| <input type="checkbox"/> 2. Somewhat clearly   | <input type="checkbox"/> 4. Very clearly |

Please explain your answer:

**2. For what, if any, concepts do you need additional support? (Please check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Adverse Childhood Experiences (ACEs) | <input type="checkbox"/> Physical responses and manifestations to trauma and mental distress |
| <input type="checkbox"/> Community Resiliency Model (CRM)     | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Structural reasons for trauma        |  |

Please explain your answer:

**3. Please rate how applicable the following activities are for your work/organization:**

	1. Not at all applicable	2. Somewhat applicable	3. Applicable	4. Very Applicable
Guided Meditation				
CRM Exercises				
Sharing Circle				
Case Study Activities #1-3: Juan, Farmworker Andrea, Mother Yesenia, Childhood Trauma				

Please explain your answers:

## **STRATEGIES AND PRACTICE**

## Sharing Circle

Time: 30 minutes

Materials: None

### Method

1. Before the session, look up the contact information for an advocate or helpline for those needing mental health support. Display the information in a prominent location throughout the session. Examples include:
  - a. Lifeline: call 988, or text 741741 (GO for English, HOLA for Spanish)
  - b. National Alliance on Mental Illness (NAMI): 1 (800) 950 - 6264
2. Gather participants into a circle.
3. Explain that they will now have the opportunity to share personal stories. They should share only as much as they feel comfortable sharing. No one should feel pressured, and they're welcome to just sit and listen. Everyone should keep all stories shared in the session confidential.
4. Below are some prompts to inspire participants to start sharing their stories. If participants are eager to share, you don't have to ask all (or any) of the questions:
  - a. Have you ever had an experience that pushed you out of your resiliency zone?
  - b. Have you heard about other people having these types of experiences?
  - c. When was a time where you were able to stay in your resiliency zone, despite feeling stress? What techniques helped you?
  - d. How do you think you might feel when starting to expand your resiliency zone and addressing past toxic stress?
  - e. If they don't come up, you can suggest common reactions, such as:
    - i. Renewed connections
    - ii. Hope and faith
    - iii. Gratitude
    - iv. Strength and courage in other areas of your life
5. Once everyone has had the opportunity to share, thank them for their participation.

## CRM Recovery Exercises

Time: 40 minutes  
Materials: PowerPoint, pencils and paper

### Method:

1. Introduce the CRM Recovery Exercises using the information in the presenter notes.
2. Then, displaying the PowerPoint slide, explain the “Help Now!” activities using the information in the presenter notes and slowly demonstrate each one.
3. Invite participants to choose 1-3 activities that they feel comfortable doing and take a few minutes to try them out.
4. Discuss the following, as a group:
  - What part of the resiliency zone were you in before you started?
  - How did you feel while doing the activity?
  - How do you feel now?
5. Then, displaying the PowerPoint slide, explain “Tracking” using the information in the presenter notes. Slowly demonstrate tracking activities.
6. Hand out pieces of paper and pencils and invite participants to create their own sensation word boards like the one on the slide.
7. Invite participants to share if their words are pleasant, unpleasant, or neutral.
8. Finally, explain “Resourcing” using the information in the presenter notes (page 5)
9. Explain that the guided meditation exercise (page 4) at the beginning of the curriculum is an example of resourcing—they’ve already practiced it!

PRESENTER NOTES:

**Introduction to CRM Recovery Exercises**

- CRM exercises are designed to bring an uneasy or distressed nervous system back into its natural rhythm, its Resilient Zone.
- When a person reenters the Resilient Zone, there is often an accompanying biological sensation of release.

**Help Now! Exercises**

- Help Now! activities tune in to environmental sensory stimuli: temperature, colors, textures, objects, and environmental sounds.
- Help Now! skills are emergency strategies for individuals when they are in a high or low zone.
- When stuck in the High Zone or Low Zone, a Help Now! strategy can help you get back to your Resilient Zone.
- Examples of these activities are:
  - Drink a glass of water, juice or tea.
  - Look around the room or wherever you are, paying attention to anything that catches your attention.
  - Name six colors you see in the room (or outside).
  - Open your eyes if they have a tendency to shut.
  - Count backward from 20 as you walk around the room.
  - If you are inside, notice the furniture, and touch the surface, noticing if it is hard, soft, rough, etc.
  - Notice the temperature in the room.
  - Notice the sounds within the room and outside.
  - If you are outside or inside, walk and pay attention to the movement in your arms and legs and how your feet are making contact with the ground.
  - Push your hands against the wall or door slowly and notice your muscles pushing, or push you back against the wall, facing outward.

## **Tracking**

- Tracking is noticing and paying attention to what is happening inside your body at the present moment.
- For example:
  - Determining if a sensation is pleasant, unpleasant or neutral.
  - Sitting or staying a sensation that is pleasant or neutral.
  - Asking questions: What do you notice on the inside? Are the sensations pleasant, unpleasant or neutral?
- Tracking also includes learning the signs of nervous system release, such as:
  - Trembling
  - Ringling, stomach gurgling and/or burping (as digestion comes back online)
  - Warmth
  - Cooling down
  - Throat clearing
  - Shaking
  - Itching
  - Laughing
  - Crying
  - Yawning

## **Resourcing**

- Identifying a personal resource is important for tracking.
- Identifying resources and tracking sensations connected to the resource develops internal resiliency.
- Individuals are often surprised how many resources that they have in their life
- As the person begins to sense pleasant, neutral, or less distressing sensations in the body connected to the identified resource, they begin to feel hope and possibility.
- A resource is any person, place, thing, memory or part of yourself that makes you feel calm, pleasant, peaceful, strong or resilient.
- A resource can be real or imagined.
- A resource can be internal or external.

## Slide contents (SLIDES 15-18)

### *Slide 15*

- Intro to CRM exercises

### *Slide 16:*

- Help Now! Activity Examples

### *Slide 17*

- Sensation word board

### *Slide 18*

- Explanation of resourcing

### **Sources**

- Source: <https://www.traumaresourceinstitute.com/crm>

## Case Study Activity

Time: 20 minutes

Materials: Printed case studies  
handout

### Method

1. Break participants into groups of 3-4 people. Distribute the case study handout, and assign each group one of the case studies below. Multiple groups can have the same case study:

Case Study #1: Juan used to be a farmworker, but he lost his job at the beginning of the COVID-19 pandemic. Since then, he has only been able to find work for a few weeks at a time. When he is working, Juan appears happy and energized. When he isn't, it's hard for him to get out of bed. He also has trouble sleeping and has terrible migraines. Juan's wife, Feliciano, is worried about her husband and wants him to return to his old self.

Case Study #2: Andrea lost her parents to COVID at the beginning of the pandemic. She has three young children. They're all vaccinated, but she's still terrified that something could happen to them. Every time there's a flu going around, she worries about sending them to school, and she has started avoiding large family gatherings – which she used to love. Now she's worried because the holidays are coming up, and she knows the kids are going to want to spend time with their cousins.

Case Study #3: Yesenia had a hard childhood: she never had enough to eat, and her father drank a lot. Ever since, she has always gotten sick—every time there is a flu, she catches it. Recently, she's been having a lot of pain in her back. One day, she tells her friend that she has been to the doctor, but the doctor says there's nothing physically wrong with her. Instead, he recommended that Yesenia go to therapy. Yesenia feels uncomfortable with this idea. She doesn't know anyone who has been to therapy, and she doesn't know how that would help the problem with her back.

2. Each group should read their case study and discuss the following questions:
  - a. How is the person in the case study feeling?
  - b. Where is the person in the case study relative to the resiliency zone?
  - c. What are the factors (ACEs, traumas, or other stressors) contributing to them feeling that way?

- d. Which of the CRM exercises we learned about could be helpful for the person in this case study?
  - e. How can the loved ones/friends in the case study help promote resilience for this person?
3. Give participants 10 minutes to discuss their case studies. Then, bring them back together as a large group.
4. Ask everyone who had Case Study #1 to share the highlights of their discussion. Then, go over the other two case studies.

## Challenges and Opportunities - Resiliency Outreach

Time: 25 minutes  
Materials: Poster paper and markers

### Method

1. Discuss the following questions as a large group:
  - a. Do Juan, Andrea, and Yesenia's stories feel realistic to you? Do you think you will encounter cases like these when doing outreach?
  - b. What might be some challenges to doing outreach around resiliency and trauma in your communities? How could you overcome some of these challenges?
  - c. Why could it be hard for people in your community to seek support for resiliency/mental health?
  - d. If they don't come up naturally, you can discuss some of these topics:
    - i. Lack of mental health resources in rural communities/in Spanish
    - ii. Stigma
    - iii. Different cultural conceptions of resiliency and trauma.
2. Then, hang a sheet of poster paper at the front of the room.
3. As a group, work together to brainstorm the following:
  - a. We've learned some exercises and strategies to promote resiliency. What else in your community or your life can support you when you or your loved ones are going through a hard time?
  - b. *Examples*: going to church, listening to music, traditional medicinal cures, playing with their children.
  - c. As a group, generate a list. Write the list on the poster paper for participants to refer back to throughout the session.

## Glossary Activity

Time: 20 minutes  
Materials: Poster paper and markers

### Method

1. Before the session, write each key term from the cheat sheet (mental health, trauma, toxic stress, tolerable stress, ACEs, resiliency, resiliency zone) on a sheet of poster paper and hang the paper around the room.
2. Hang one extra sheet but leave it blank, so that participants can write in other terms they view as important.
3. During the session, explain that they are going to be reviewing and defining key terms that may come up as they discuss resiliency in their communities. The terms are written on papers around the room.
4. Give participants ten minutes to circulate. At each poster, they should write their ideas about what the term means. They can add other terms they feel are important to the blank paper.

**Training Tip:** If participants aren't confident about their reading/writing, have them circulate in pairs.

5. After ten minutes, bring participants back together as a large group. Read and discuss what's written on each poster and try to arrive at a consensus about what each word means.
6. Then, discuss the following questions as a large group:
  - a. Which of these terms do you think are helpful for understanding resilience in your community? Have people in your community experienced any of these concepts?
  - b. Which of these terms do you not find helpful? What bothers you about the term?
  - c. What terms would you use instead, or do you think are more appropriate to your community?
  - d. If participants have other key terms to add, write them on the blank poster paper.
7. Finally, have participants record the definitions on the handout in the appendix so they can refer to them later.

## Popular Education

Time: 20 minutes  
Materials: Poster paper and markers

### Method

1. Begin with a discussion:
  - a. When you hear the phrase “popular education,” what do you think of?
  - b. What are some characteristics of a teacher or presenter you’ve really liked?
2. Define popular education and summarize the information from the presenter notes.
3. Then, ask participants to form a circle around the room.
4. Explain that they are going to throw a ball to a participant across the circle.
5. Each time a person receives the ball, they should identify an element of popular education that they participated in during the training.
6. Once everyone has had a chance to share, encourage participants to share their reactions to the training:
  - a. How they feel about the training
  - b. What surprised them
  - c. What they still have questions about
7. Finally, discuss the following:
  - a. How can you use popular education in your work?

## PRESENTER NOTES

- Popular education has its roots in work by Paulo Freire, a Brazilian educator, activist, and author of *Pedagogy of the Oppressed*.
- It is a theory that says that education is a form of empowerment.
- In popular education, teachers and students learn from one another.
- It emphasizes mutual learning, respect, and dialogue between classroom participants.
- Tips for popular education:
  - Affirm the importance of all experiences
  - Begin learning with participants' experiences and perspectives
  - Create solidarity among the group
  - Focus on dialogue
  - Provide open-ended questions that participants can build on
- Examples of popular education activities include:
  - Sharing circles and sharing experiences with partners
  - Students teach concepts back to the class
  - Interactive discussions
  - Teambuilding exercises
- Popular education supports resiliency, recovery and mental health because it allows participants to comfortably share and discuss their experiences and learn from the experiences of fellow participants. It also fosters a support network by building community among participants.

## Sources

- [http://www.ncfh.org/uploads/3/8/6/8/38685499/opp\\_vive\\_hoy\\_outreach\\_profile\\_ncfh.pdf](http://www.ncfh.org/uploads/3/8/6/8/38685499/opp_vive_hoy_outreach_profile_ncfh.pdf)
- <http://www.preventconnect.org/wp-content/uploads/2015/02/What-exactly-is-Popular-Education-Learnng-Heads.pdf>
- <https://justliving808.files.wordpress.com/2017/08/just-associates-revisioning-and-using-popular-education.pdf>

## Post-Test

Time: 10 minutes  
Materials: Pens or pencils, printed post-tests

### Method

1. Before the session, print the questions from the handout in the appendix. One side of the paper will say **pre-test** and the other side will say **post-test**.
2. Invite participants to complete the post-test immediately following the session.

PRESENTER NOTES: If participants have difficulty reading and writing, read the questions aloud and write down their answers for them.

## **Appendix: Handouts**

### **Pre-Test**

1. What is resiliency?
2. In your understanding, what are common stigmas and cultural barriers around mental health?
3. How can you help people become or remain resilient?
4. How can you assist people in overcoming mental health barriers and make resources accessible?
5. How can you introduce resiliency and recovery topics to the communities you serve?
6. What is popular education, and how can you incorporate this learning style in your training?

## Post-Test

1. What is resiliency?
2. In your understanding, what are common stigmas and cultural barriers around mental health?
3. How can you help people become or remain resilient?
4. How can you assist people in overcoming mental health barriers and make resources accessible?
5. How can you introduce resiliency and recovery topics to the communities you serve?
6. What is popular education, and how can you incorporate this learning style in your training?

## Case Studies Handout

*Case Study #1:* Juan used to be a farmworker, but he lost his job at the beginning of the COVID-19 pandemic. Since then, he has only been able to find work for a few weeks at a time. When he is working, Juan appears happy and energized. When he isn't, it's hard for him to get out of bed. He also has trouble sleeping and has terrible migraines. Juan's wife, Feliciano, is worried about her husband and wants him to return to his old self.

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## Key Terms Sheet

We defined these terms throughout the training today.

You can write the definitions in your own words below so you can refer back to them later!

**Resiliency:** \_\_\_\_\_

**Positive Stress:** \_\_\_\_\_

**Tolerable Stress:** \_\_\_\_\_

**Toxic Stress:** \_\_\_\_\_

**Adverse Childhood Experiences (ACEs):** \_\_\_\_\_

**Community Resilience Model:** \_\_\_\_\_

**Trauma:** \_\_\_\_\_

**Physical Responses to Trauma:** \_\_\_\_\_

**Neuroplasticity:** \_\_\_\_\_

**Mental Health:** \_\_\_\_\_

**Resiliency Zone:** \_\_\_\_\_

**High Zone:** \_\_\_\_\_

**Low Zone:** \_\_\_\_\_

**Popular Education:** \_\_\_\_\_

## Pilot Evaluation Questions

1. Thinking back on the topics presented (Glossary Activity, Popular Education, etc.), how clearly were these concepts presented?

1. Not at all clearly                       3. Clearly  
 2. Somewhat clearly                       4. Very clearly

Please explain your answer:

2. Please rate how applicable the following activities are for your work/organization:

	1. Not at all applicable	2.Somewhat applicable	3. Applicable	4. Very Applicable
Glossary Activity				
Popular Education Activity				

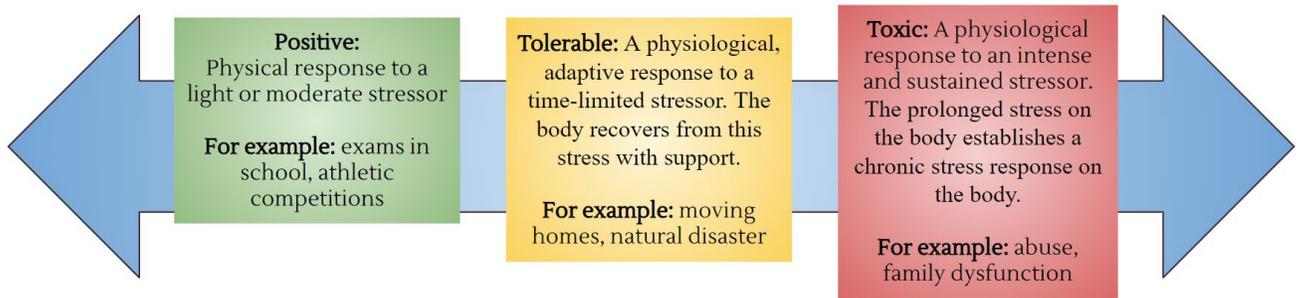
Please explain your answers:

3. What parts of today's training session worked well? What parts did you like or find most valuable? What expectations of yours did we meet or exceed?

4. What should we change? How can we make this training more effective? Any parts that you felt were not helpful or worthwhile?

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# Resiliency: Types of Stress



SLIDE 2 – to be created

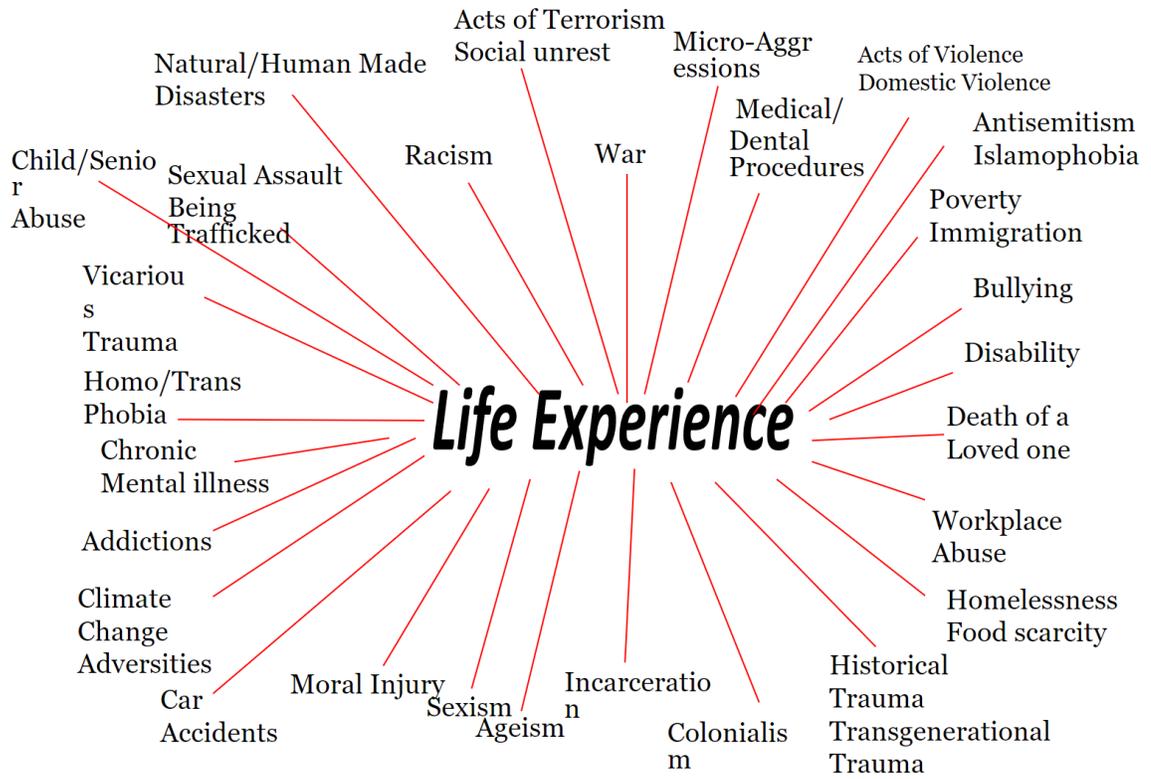
SLIDE 3

## Adverse Childhood Experiences (ACEs)

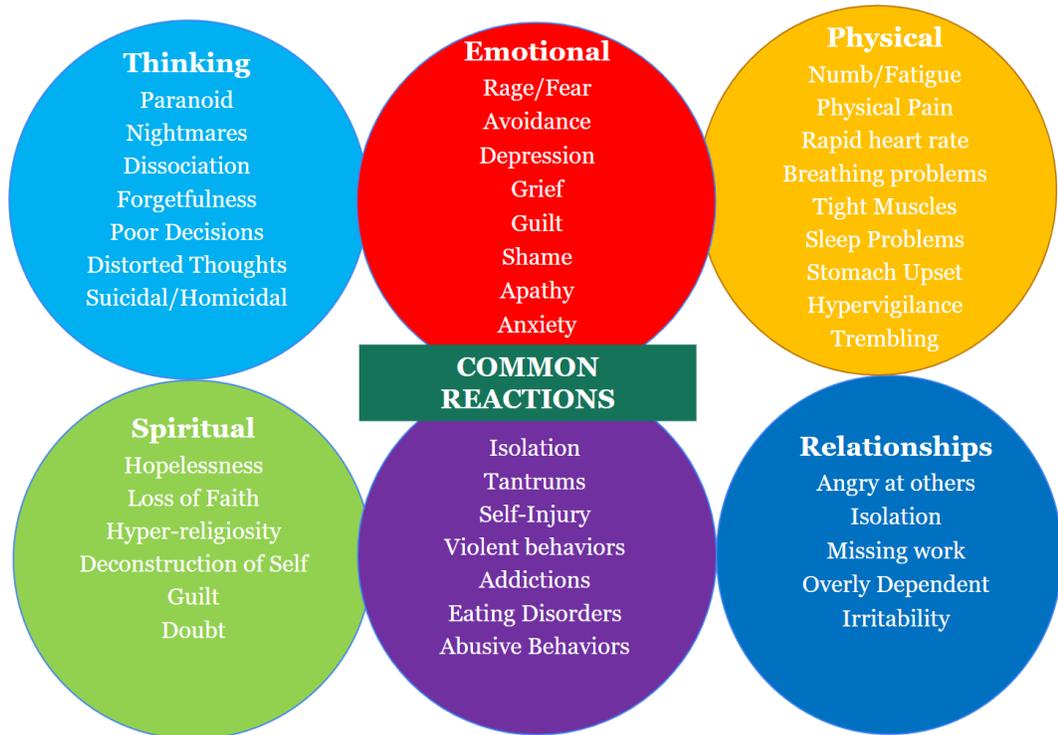


SLIDES 4-6 (to be created)

SLIDE 7



Slide 8



Source: <https://www.traumaresourceinstitute.com/crm>

Slide 9



Source: <https://www.traumaresourceinstitute.com/crm>

## PERSPECTIVE SHIFT

**CONVENTIONAL Assumption**

People are bad.  
People need to be punished.  
*What is wrong with you?*

**TRAUMA-INFORMED Awareness**

People are suffering.  
People need to learn how trauma impacts a child's and adult's development.  
*What happened to you?*

**RESILIENCY INFORMED Action**

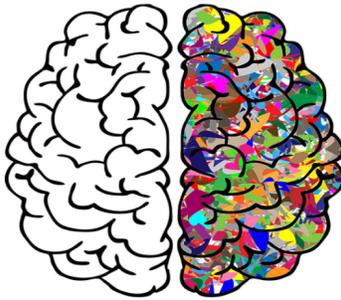
People are resilient.  
People need to learn how skills of well-being can be cultivated and how they can reduce suffering.  
*What is right about you?  
What are your strengths?*

**Resiliency and Trauma Informed**

Source: <https://www.traumaresourceinstitute.com/crm>

## Scientific Research About the Brain

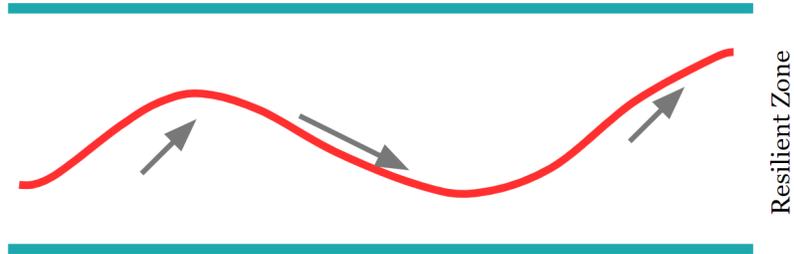
**“Neuroplasticity”** - the lifelong capacity of the brain to change and rewire itself in response to the stimulation of learning and experience...Hope!



**Neurogenesis** is the ability to create new neurons and connections between neurons throughout a lifetime.” (Goldberg, 2013)

Slide 12

## The Resilient Zone - "OK" Zone

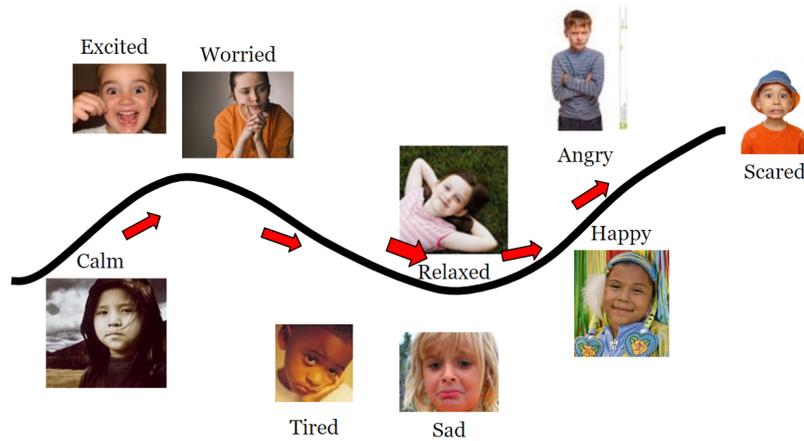


GOAL: TO WIDEN YOUR RESILIENT ZONE

(c) Trauma Resource Institute

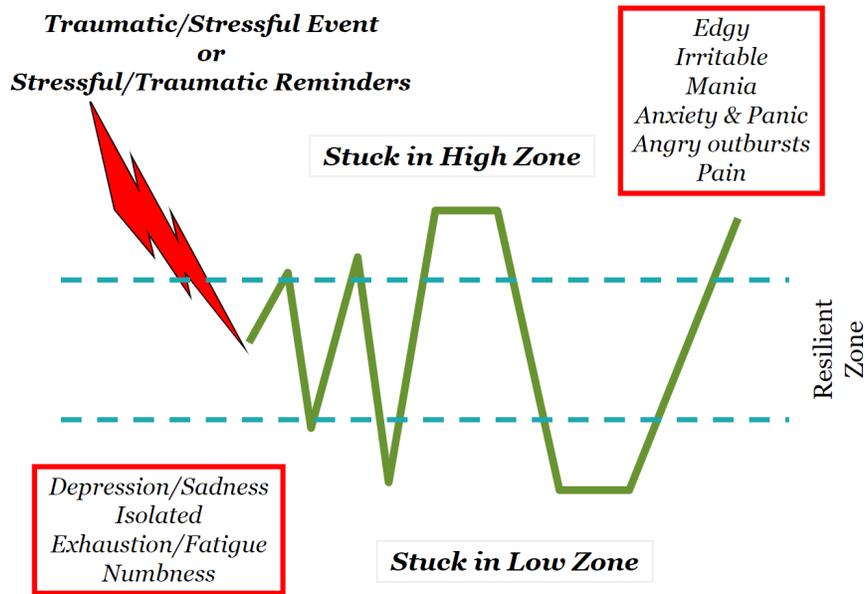
Slide 13

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



CREATED BY DANA EISENBERG, LCSW

Slide 14



Graphic adapted from an original graphic of Peter Levine/Heller, original slide design by Genie Everett/Adapted by Elaine Miller-Karas

Slide 15 (to be created)

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## HELP NOW!



- Drink a glass of water.
  - Notice the temperature of the space you are in.
  - Notice the sounds within the space.
  - Count backward from 20 as you walk around the room.
  - Touch the surface of something in nature.
  - Push your hands or back against a wall.
  - Name six colors you see.
  - If you're inside, notice the furniture and touch the surface.
  - Walk around and pay attention to the movement in your arms and legs and your feet making contact with the ground.
  - Pay attention to anything that catches your eye.
-

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## Learning Sensation Words

SHAKING TWITCHING TREMBLING FAST/SLOW	SMALL MEDIUM LARGE UP/DOWN CENTER	COLD HOT WARM NEUTRAL	INTENSE MEDIUM MILD THROBBING STABBING	TIGHT LOOSE CALM RIGID
<b>VIBRATION</b>	<b>SIZE/POSITION</b>	<b>TEMPERATURE</b>	<b>PAIN</b>	<b>MUSCLES</b>
RAPID DEEP SHALLOW LIGHT	FAST SLOW RHYTHMIC FLUTTERS JITTERY	SPICY SWEET SOUR JUICY BLAND	ROUGH SMOOTH THICK THIN	HEAVY LIGHT FIRM GENTLE
<b>BREATHING</b>	<b>HEART</b>	<b>TASTE</b>	<b>DENSITY</b>	<b>WEIGHT</b>

## What is a Resource?

- Any person, place, thing, memory or part of yourself that makes you feel calm, pleasant, peaceful, strong or resilient.
- Can be real or imagined, internal or external



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