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THE TRAUMA RESILIENCY MODEL (TRM)[®]

Introduction

By:

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www.traumaresourceinstitute.com

Disclosures

In compliance with the ACCME Standards for Commercial Support of CME, I do not have any relevant financial relationships to disclose in relation to this presentation.

- ## Learning Objectives:

Participants will be able to:

1. Describe two key concepts of the Trauma Resiliency Model.
2. Describe two or more skills of the Trauma Resiliency Model.
3. Recall a free app called iChill, where clients and practitioners can reinforce the wellness skills of the Trauma Resiliency Model.



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What is the Trauma Resiliency Model (TRM)?

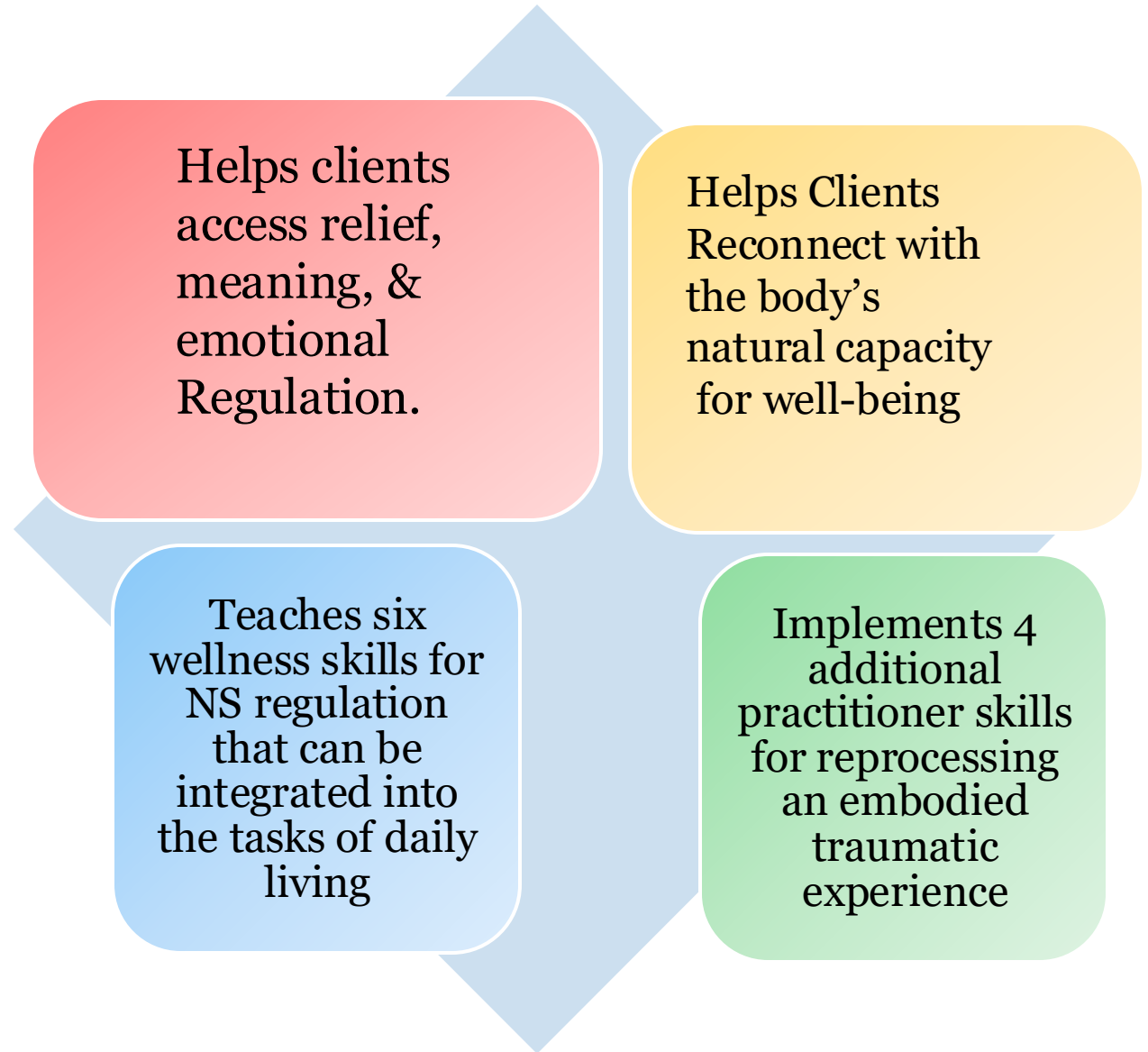
A Somatic, Neuroscience-Informed Approach designed to support the reprocessing and integration of traumatic experiences.

Designed for clinician self-care and implementation with clients.

Rooted in neuroscience, TRM emphasizes **bottom-up regulation** of the autonomic nervous system.

Provides a structured set of 10 skills that help therapists guide clients in restoring balance between the mind and body.

What is the Trauma Resiliency Model (TRM)?



What is the basis of the Trauma Resiliency Model?

“Innovation can be sparked by those who have come before us.”

Elaine Miller-Karas (2019)



TRM is Trauma- and Resiliency-Informed

Adversity is not Destiny

Trauma-Informed: The Adverse Childhood Experiences Study (ACES) informed our understanding of the implications of childhood trauma on human behavior. Traumatic Experiences have implications for physical and mental health outcomes throughout a lifetime.

The original study and subsequent studies about community and environmental traumatic experiences increased our knowledge of how the mind and body are directly impacted by ACES.

BIOLOGY VS PATHOLOGY



Anatomy -- the study of the structures of body parts and their relationships to one another

Physiology -- the study of the functions of the body

TRM utilizes observation and knowledge of the nervous system's patterns to help clients track sensations & learn to distinguish between sensations of distress and well-being.



Common Stress Reactions



There are common human reactions to stressful/traumatic events that effect the mind, body, and spirit :

Common Emotional Reactions

Rage/Fear
Nightmares/Night Terrors
Avoidance
Depression
Grief
Guilt
Shame/Blame
Anxiety
Overwhelm

Common Behavioral Reactions

Disengaging from others
Self-Injury
Excessive working
Angry outbursts
Inability to act-numb
Addictions
Eating Disorders
Increase use of Substances

Common Thinking Reactions

Paranoid
Nightmares
Dissociation
Forgetfulness
Poor Decisions
Distorted Thoughts
Suicidal/Homicidal

Common Spiritual Reactions

Hopelessness
Loss of Faith
Increase in Faith
Deconstruction of Self
Guilt
Doubt
Moral distress

Common Physical Reactions

Numbness/Fatigue
Physical Pain
Rapid Heartrate & Breathing
Tight Muscles
Sleep Problems
Stomach Upset
Hypervigilance
Trembling

Common Relationship Reactions

Anger at family/friends
Isolation
Missing Work
Overly Dependent
Irritability
Clinging
Regressive
Hypervigilance re: safety of family/friends

Tracking the Autonomic Nervous System

Sympathetic Prepares for Action

*The SNS controls organs
during times of stress*

*Breathing rate
Heart rate
Pupils Dilate
Blood Pressure
Sweating
Stress Hormones*

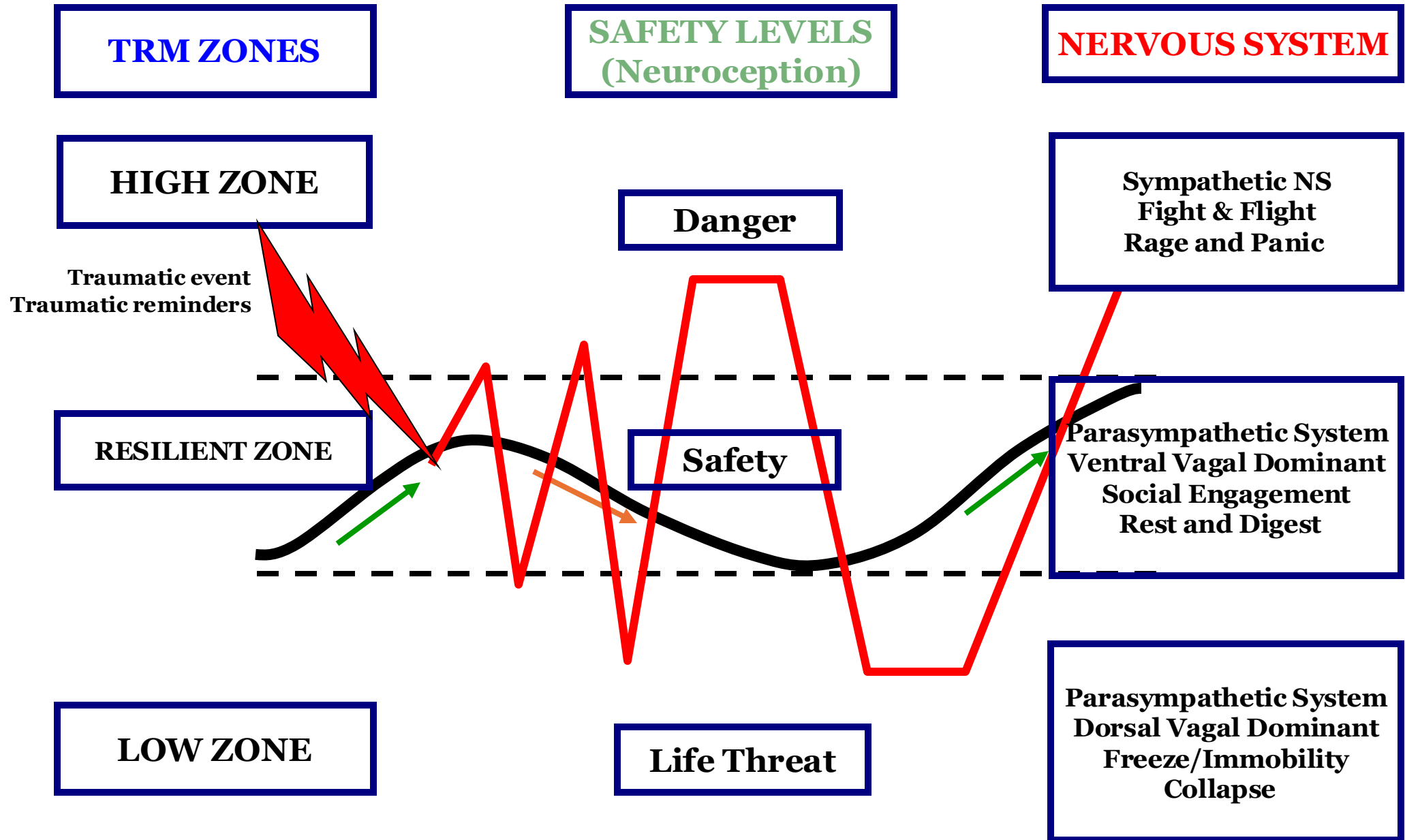
*Digestion
Saliva*

Parasympathetic Prepares for Rest

*The PNS controls the body
during rest*

*Breathing rate
Heart rate
Pupils Constrict
Blood Pressure
Sweating
Stress Hormones*

*Digestion
Saliva*



The Spectrum of Positive, Tolerable and Toxic Stress

POSITIVE

TOLERABLE

TOXIC STRESS

THREE LEVELS OF STRESS

Body responses to a mild/moderate stressor

Brief stress response increases heart rate, blood pressure & hormone levels

Balance returns quickly

Time-limited stress response results in short-acting changes

Balance returns with help from support system and other interventions

Ongoing and relentless body responses to Intense Stressors

Prolonged activation of stress response systems in the absence of protective relationships.

STRESSFUL OR TRAUMATIC EXPERIENCES ARE EXPERIENCED BASED UPON A CHILD'S OR ADULT'S PERCEPTION

TRM is Trauma- and Resiliency-Informed

Adversity is not Destiny

Resiliency-Informed: Human beings have the capacity to expand and strengthen their well-being. Resiliency circuits within our brain are designed to strengthen when engaged in intentional activities to increase well-being.

Cortland J. Dahl , Christine D. Wilson-Mendenhall and Richard J. Davidson **The plasticity of well-being: A training-based framework for the cultivation of human flourishing**, Edited by Michael I. Posner, University of Oregon, Eugene, OR, and approved October 29, 2020, **December 7, 2020**, 117 (51) 32197-32206
<https://doi.org/10.1073/pnas.201485911>

Four Brain Circuits



1. **THE RESILIENCE CIRCUIT:** Resilience is the rapidity with which you recover from adversity.
2. **THE POSITIVE OUTLOOK CIRCUIT:** One has a healthy and robust positive-outlook circuitry when they can see and recognize the positive in others, as well as the ability to savor positive experiences.
3. **THE ATTENTION CIRCUIT:** Emotional well-being is linked to the ability to pay attention.
4. **THE GENEROSITY CIRCUIT:** Engaging in generosity reliably activates brain circuits that support well-being.

Laws of Nature

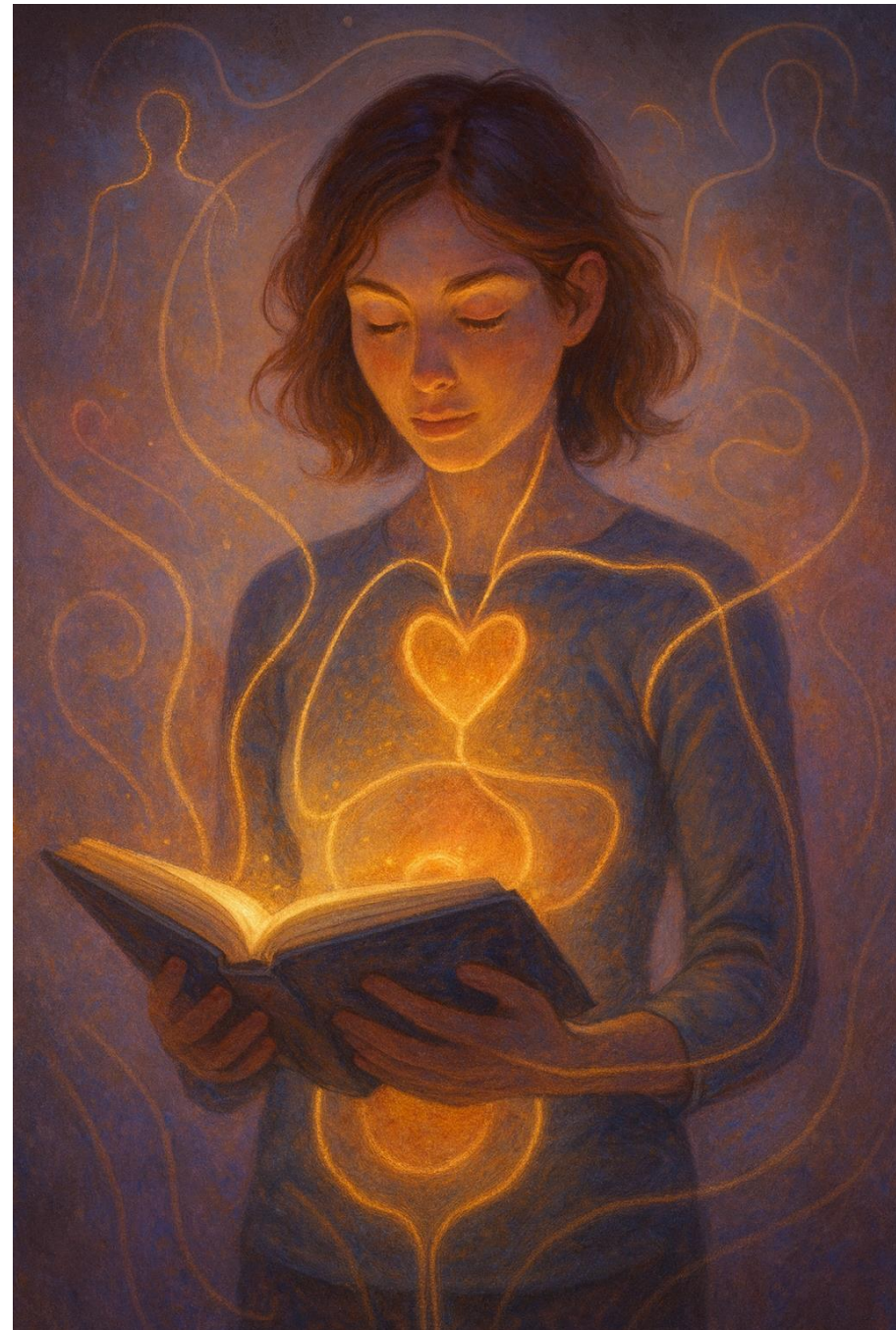
The natural rhythms in nature also exist within the human nervous system.



We do not have to be trapped by the storms of our body: sensations of discomfort and pain. We can draw our attention to sensations of well-being and transform our experience.

BODY LITERACY INTEROCEPTIVE AWARENESS

- Body literacy refers to attuning to sensations originating from within our own bodies, much like how we acquire reading literacy in childhood.
- We can develop the ability to tune in to these bodily sensations and decipher how our "body sense" influences our daily decisions and behaviors





Somatic Therapies is the foundational work of somatic therapeutic interventions espoused by Peter Levine, Pat Ogden, Babette Rothschild, & Judith Herman.

<https://traumahealing.org>

Scientific Research About the Brain

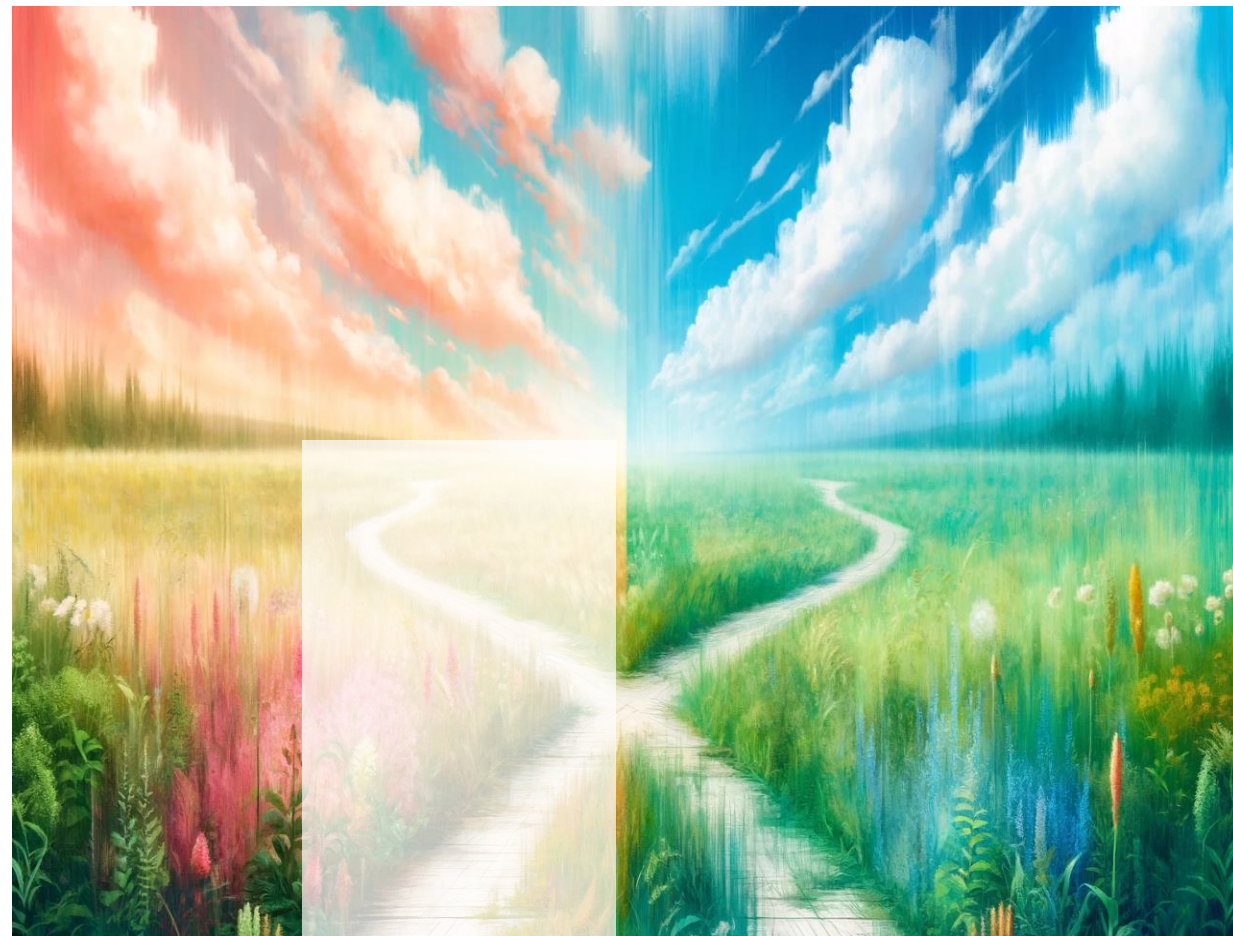
“Neuroplasticity” - the lifelong capacity of the brain to change and rewire itself in response to the stimulation of learning and experience...Hope!



Scientific Research About the Brain Cultivate Well-Being

- **Tuning:** Positive experiences can change the actual structure of the brain by increasing the number of connections between neurons.
- **Pruning:** Neural connections that aren't used weaken and often disappear—the “use it or lose it” principle.

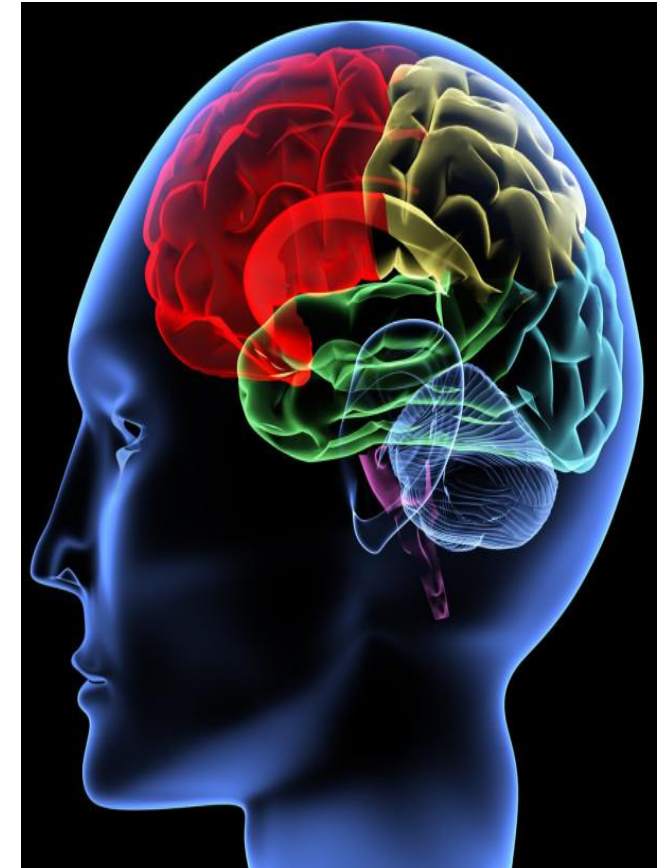
Feldman-Barrett(2020)



Scientific Research

TRM focuses on the biological basis of threat and fear and how to restore well-being because trauma can affect the parts of the brain responsible for verbal processing and cognitive functioning. Therapies that focus on bottom-up rather than top-down processing are needed interventions.

- 178 individuals who met the criteria for full PTSD participated in the Mind Heart Study:
 - Participants with PTSD scored significantly worse on processing speed, category fluency, verbal learning, and verbal recognition than those without PTSD.
 - The authors concluded that patients with PTSD versus without had significantly poorer performance in several domains of cognitive function, particularly in tests involving processing speed and executive function.





TRAUMA RESOURCE
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Sensory Integration Theory

by Dr. Jean Ayres provides foundational knowledge about how the body receives information for NS stabilization. The theory emphasizes the importance of grounding and how a sense of “gravitational security” (safety) is essential for children and adults

<https://www.cl-asi.org/about-ayres-sensory-integration>

***Solution Focused
Psychotherapy (SFP)*** inspired
the belief that individuals have the
wisdom to solve their own
problems. In TRM we do not
interpret. We ask curiosity
questions about solutions,
meanings, and beliefs, as sensations
associated with well-being emerge.

- <https://solutionfocused.net/what-is-solution-focused-therapy/>



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Focusing - Eugene Gendlin contributed “the felt-sense.”

Sensations change is a core tenet of Focusing. TRM skills highlight this tenet; an individual does not have to be trapped by sensations of distress.

<https://focusing.org/sixsteps>

Guiding with Invitation

Perspective through the lens of Lamaze Childbirth Education – As a Lamaze teacher and Doula in the early 1980s. The body has natural rhythms that occur during childbirth.



Attending, guiding, and tracking the body's natural rhythms during childbirth sparked ideas of how to help people with traumatic experiences. As a doula, monitoring sensations and reactions, birthgivers could be supported even when experiencing pain. The natural rhythms of healing coexist with the reactions associated with painful experiences. A person could be guided gently, with kindness, compassion, and invitation.

<https://www.lamaze.org/>



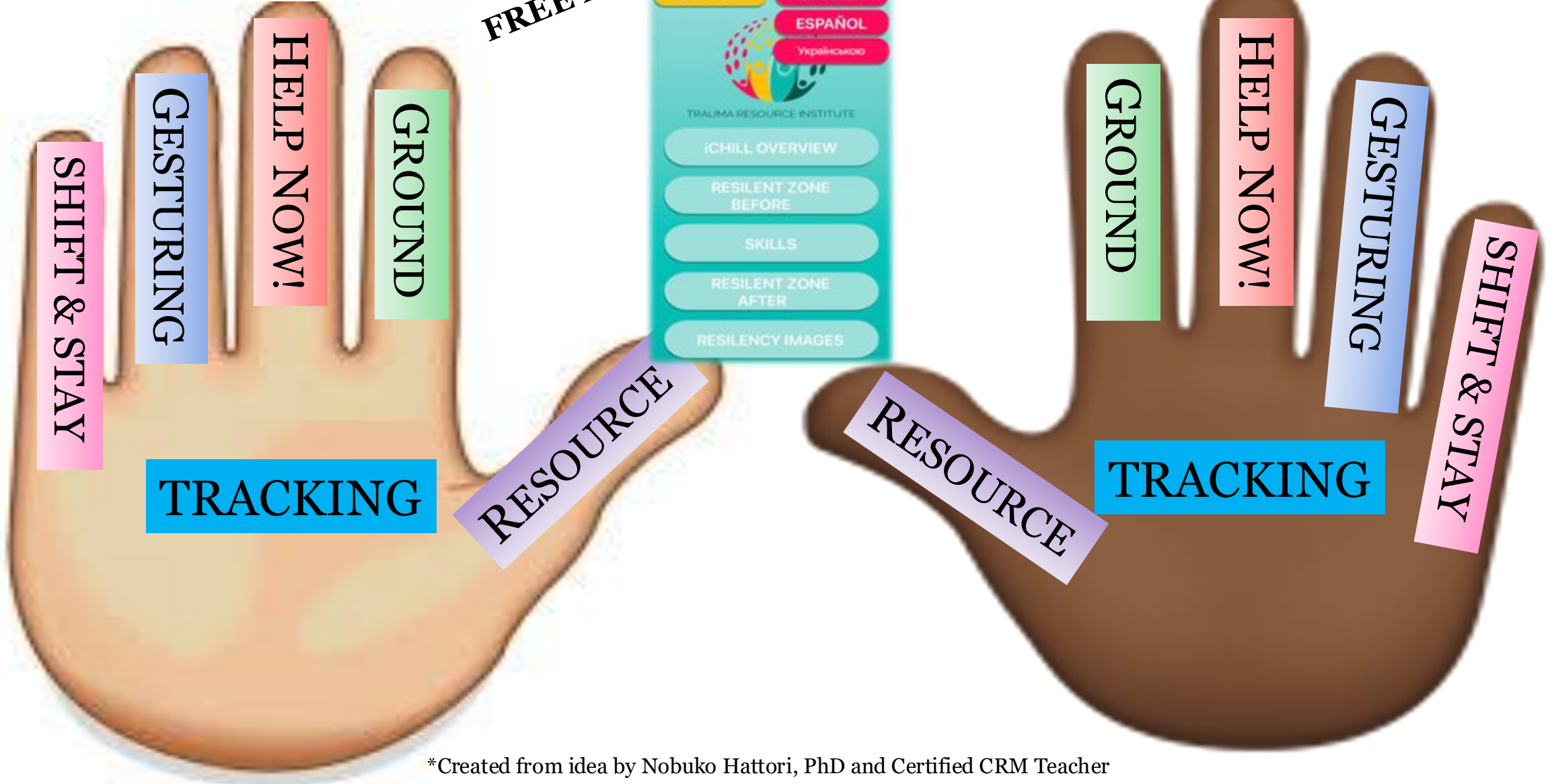
The First Six Skills of TRM

The Community Resiliency Model



SIX Skills are in the Palms of your Hands

FREE iChill App





iChill is our FREE wellness app.

ENGLISH . ARABIC . SPANISH
HEBREW . UKRAINIAN

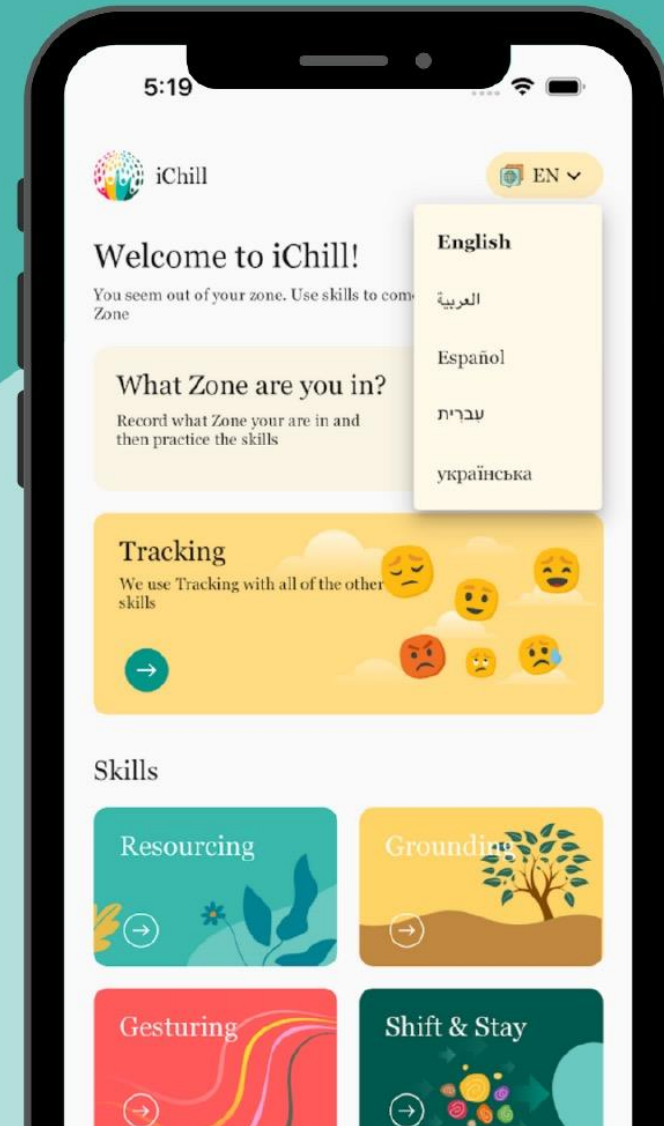


Download on the
App Store



GET IT ON
Google Play

Use the iChill app on your phone or use iChill online at iChillapp.com





What or Who uplifts you?

What or Who brings you joy?

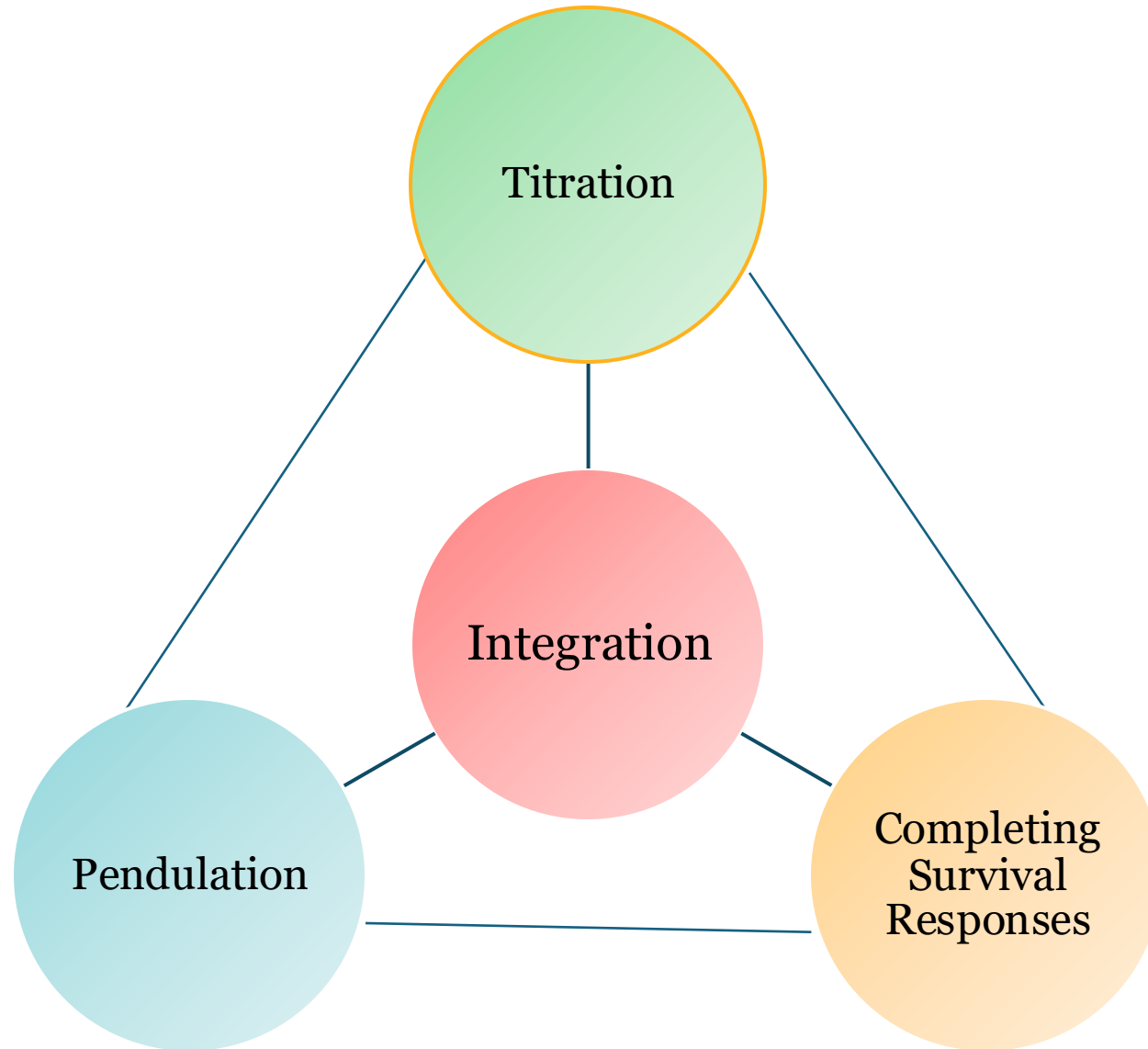
**What or Who helps you through
difficult times?**

*Developing personal Resources plus
Tracking*

*What do you notice on
the inside as you recall
the answer to one or more of the
questions?*



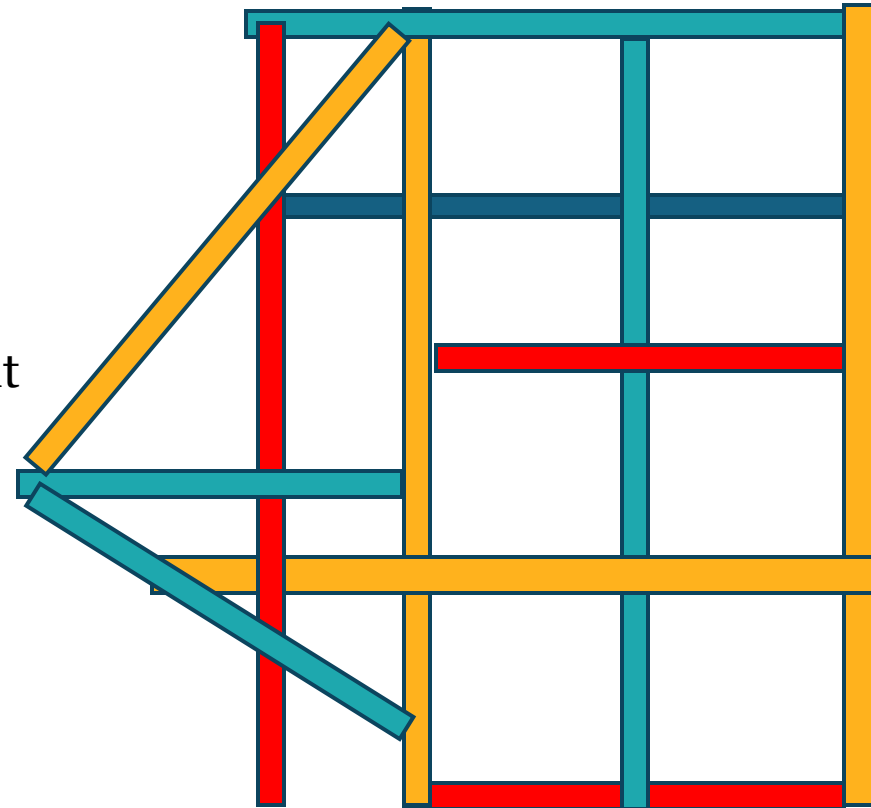
The Four Trauma Reprocessing Skills of TRM

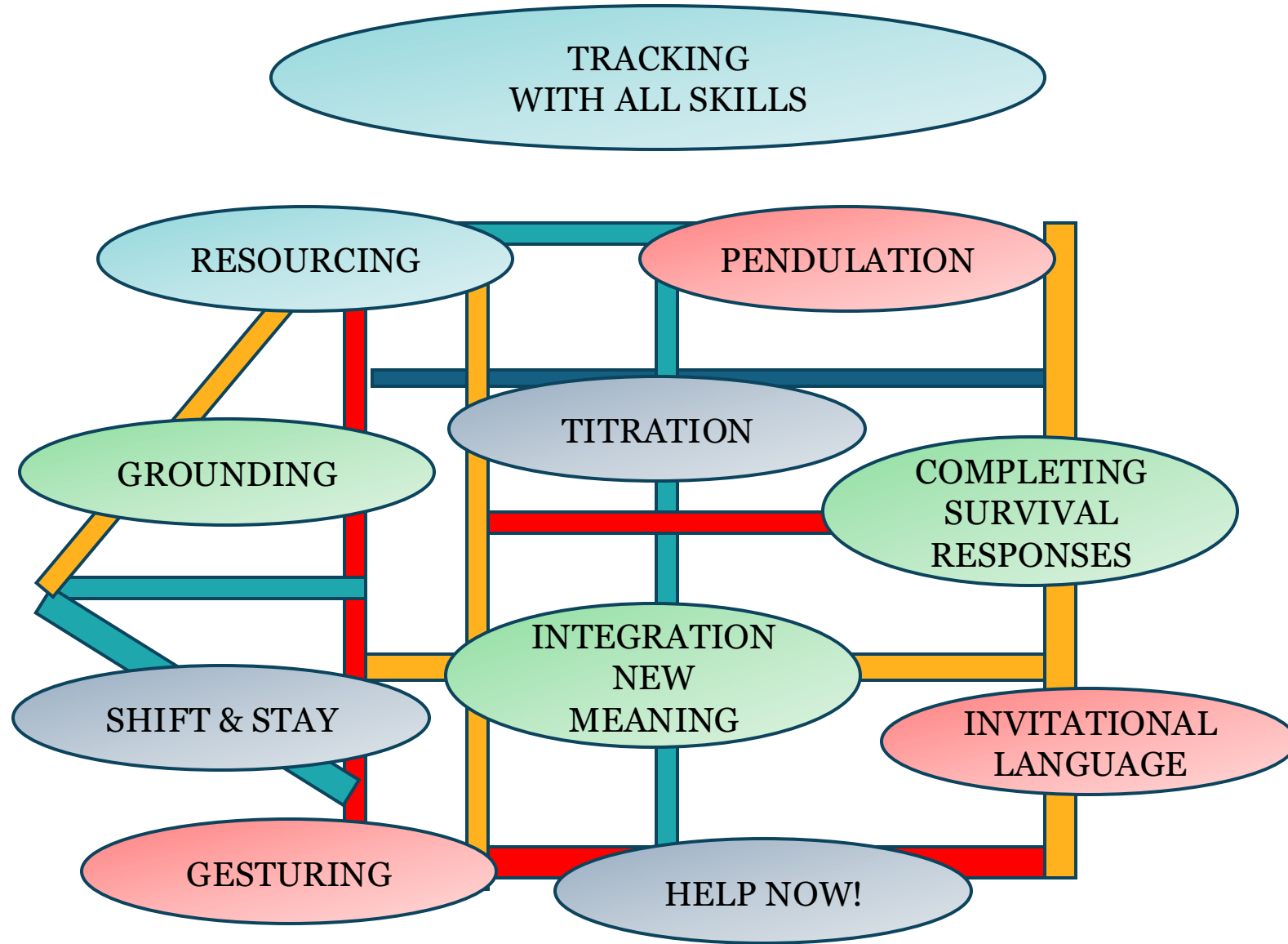


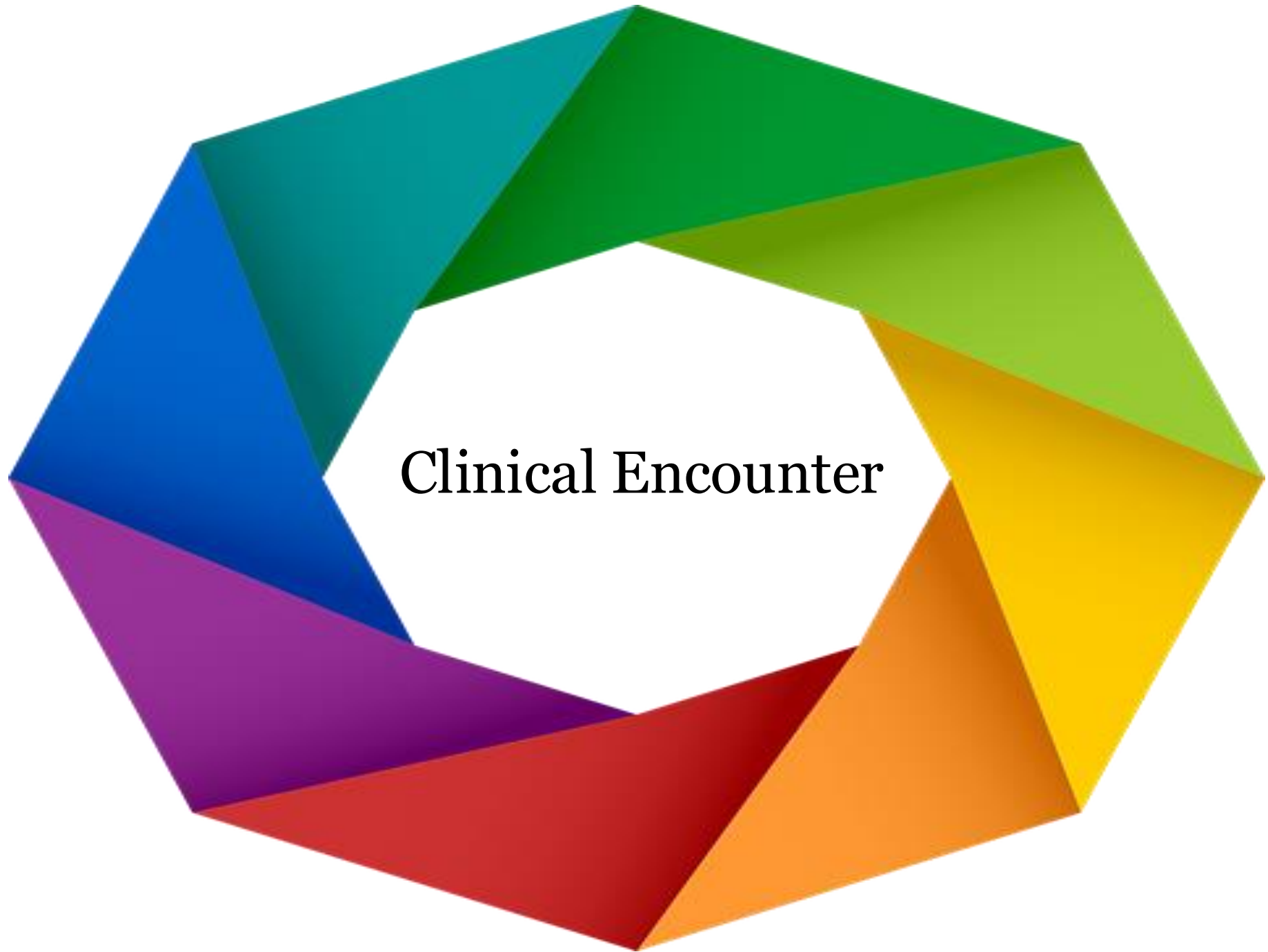
Skills Scaffolding

A scaffolding is used to support people and hold materials that are to be used for construction or repair.

- They aid safety of the workers and allow access to areas that are difficult to reach. You can step up, down, or sideways.
- The same is true for TRM skills. Depending on the reactions expressed in the body, we can move from one skill to another.
- It is not necessarily a sequential process.







The TRM Practitioner Tenets

TRM PRACTITIONERS:

- Stay a half a step behind the client
- Inquire whether the client's sensation is pleasant, unpleasant or neutral
- Do not interpret the client's experience
- Use invitational, open-ended questions



The Trauma Experience

Before reprocessing the traumatic experience, the TRM Practitioner provides:

- Psychoeducation about the key concepts of TRM.
- Explain the Basic Three Skills.
- Invite the client to experience Tracking while introducing a Resource.
- Invite the client to experience a Grounding Exercise.

If the client can experience neutral or pleasant sensations, the practitioner discusses with the client the reprocessing of the traumatic experience using all ten skills of TRM.



RESILIENCY PAUSE

- When a client shares a stressful experience, they may think they must tell every detail, no matter how upsetting the retelling is.
- While the experience may be important to share and witness, offering a choice can be empowering. Not everyone is ready or willing to share.
- Resiliency Pauses are initiated by the practitioner, inquiring about the use of one of the embodied skills that can be employed if the person experiences distressing sensations and wants to ease their nervous system during the conversation.



The Trauma Experience

- If the client can experience neutral and/or pleasant sensations, the TRM Practitioner guides the client to recount their trauma experience while inserting resiliency pauses.
- The practitioner's guidance is instrumental in increasing the client's ability to manage the sensations associated with the traumatic experience. This is a significant step towards their healing journey.
- Expand the resiliency elements of the story by asking strength-based questions.
- When we press someone to remember a traumatic event, it may not resolve the experience but may reinforce the embodied fear and stress that are part of the recollection.

RESILIENCY PAUSE

Simple explanations can be helpful like:

- “If you want to tell me about the experience, I will ask you occasionally to pause so the experience does not become too much for your nervous system. Is this ok with you?”
- “You can tell me as much or as little about what happened to you.”
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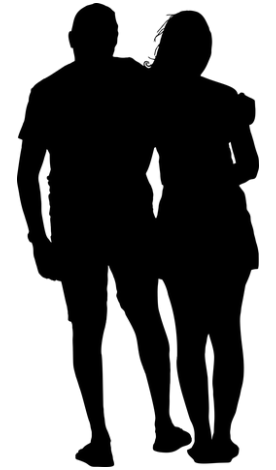
- The TRM therapist educates the client about the importance of present moment awareness.
- The therapist informs the client that it is helpful to pay attention to sensations connected to being in the “here and now.”

Resiliency Pause

Bringing back to Present Moment Awareness

- *Resourcing*: “As you tell me this much, I wonder if it would help to go back to the resource we talked about earlier?” “What helps you during difficult times, what are you aware of now?”
- *Grounding*: “As we are sitting here, can you notice how your body is making contact with the chair/sofa?”





The TRM Practitioner educates the client about the Survival brain and the Survival Responses:



SURVIVAL RESPONSES



Survival Responses are automatic responses that occur during times when we perceive a threat.



We respond instinctually to survive.



If the environment is threatening or perceived to be threatening, the person may live in a constant state of distress.



This can reset the NS so even small reminders can release an automatic survival response.

Survival Response Continuum

- The survival response continuum can help the practitioner conceptualize interventions to reprocess the traumatic experience.
- As the client describes the traumatic event or becomes aware of sensations connected to the traumatic experience, the practitioner can assess where the client is stuck on the continuum and design interventions accordingly.
- The clinician guides interventions dependent on where the client is on the continuum.

Survival Response Continuum

Phase 1: Orienting response.

Phase 2: Mobilization to tend and befriend, fight, or flight.

Phase 3: Completion of survival responses. If not completed, a freeze response may result.

Phase 4: Nervous System Release, Integration, new meanings emerge, Return to equilibrium (Resilient Zone). Track the sensations connected to Integration.

STOP IF NOT READY

- If the client is reluctant, fearful, and/or unable to sense pleasant or neutral sensations, the practitioner must honor the client's needs. The practitioner may have to stop introducing TRM skills to work further on building relationship with the client to create greater containment and safety.



ETHICS

- The primary guiding principle is **TO DO NO HARM.**
- The practitioner must be able to sense their own body and be able to experience pleasant and/or neutral sensations.
- The practitioner must use consultants if experiencing challenges incorporating TRM skills into their scope of work.





References, Research and Video

Research on wellness skills of TRM is also called the Community Resiliency Model.

www.traumaresourceinstitute.com/research

The Body Can Balance the Score: Using a Somatic Self-Care Intervention to Support Well-Being and Promote Healing

Nicholson, W. C., Sapp, M., Karas, E. M., Duva, I. M., & Grabbe, L. (2025).

The Body Can Balance the Score: Using a Somatic Self-Care Intervention to Support Well-Being and Promote Healing. *Healthcare*, 13(11), 1258.

<https://doi.org/10.3390/healthcare13111258>

Miller-Karas, E. (2025). The Body Balances the Score, *Psychology Today*

Miller-Karas, E. (2023), Building Resiliency to Trauma, the Community and Trauma Resiliency Models, 2nd Edition, *Routledge*

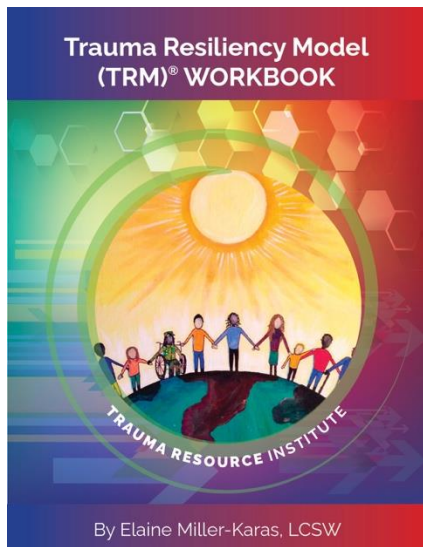
Watch Elaine Miller-Karas using TRM skills with Linda. Video on YouTube:

YouTube: <https://youtu.be/hZYrLjzEA2k>





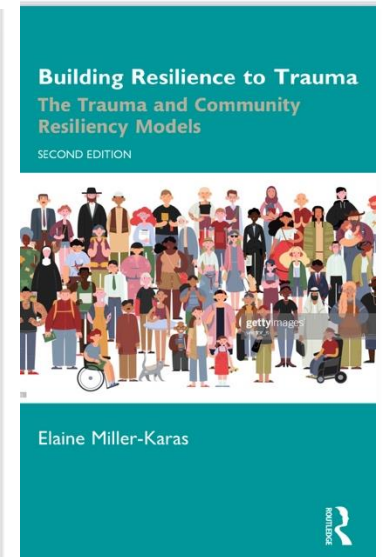
Other Resources



UNITED NATIONS-TAYLOR AND FRANCIS (ROUTLEDGE)
selects
*Building Resilience To Trauma,
The Trauma and Community Resiliency Models*
By: Elaine Miller-Karas

*Online curated library
Sustainable Goals Online-: <https://www.taylorfrancis.com/sdgo/>*

*To support the UN's call to action to end poverty, fight inequality
and injustice, and protect the planet.*



Trauma Resiliency Model (TRM)[®]

- **Website** of the Trauma Resource Institute, California, USA
- www.traumaresourceinstitute.com
- Selection of **scientific studies** on the impact of the Community Resiliency Model (CRM)[®] and the Trauma Resiliency Model (TRM)[®]
- www.traumaresourceinstitute.com/research
- **Books and workbooks** of the Trauma Resource Institute
- www.traumaresourceinstitute.com/materials

Building Resilience to Trauma

The Trauma and Community Resiliency Models

SECOND EDITION



Elaine Miller-Karas

Trauma Resiliency Model (TRM)[®] WORKBOOK



By Elaine Miller-Karas, LCSW

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An Elegant Design: The Capacity to Heal

The wisdom of the body can be a portal for healing the traumas of the past to live more fully in the present moment.

RESOURCES

Resiliency Within Podcasts, VoiceAmerica, hosted by the developer of CRM and TRM, Elaine Miller-Karas. This is a live weekly radio show that becomes an archived podcast. Elaine interviews people working to create a better world. Her interviews include international leaders using CRM and TRM in projects.

<https://podcasts.apple.com/us/podcast/resiliency-within/id1549279508>

Psychology Today Blog, by Elaine Miller-Karas, the developer of CRM and TRM. She writes about themes connected to well-being and CRM and TRM.

<https://www.psychologytoday.com/us/contributors/elaine-miller-karas-msw-lcsw>