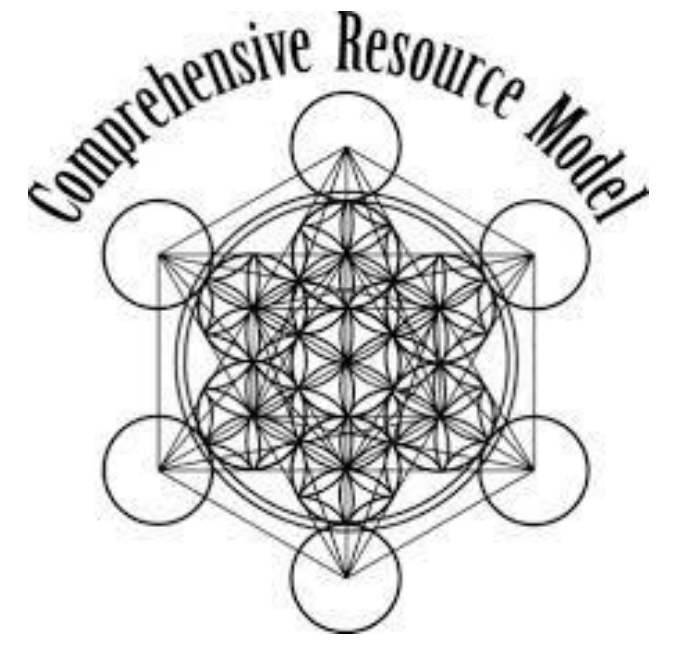


Investigating the effectiveness of a brief Comprehensive Resource Model group intervention on trauma symptomatology and alexithymia among individuals in custody.



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1. Background

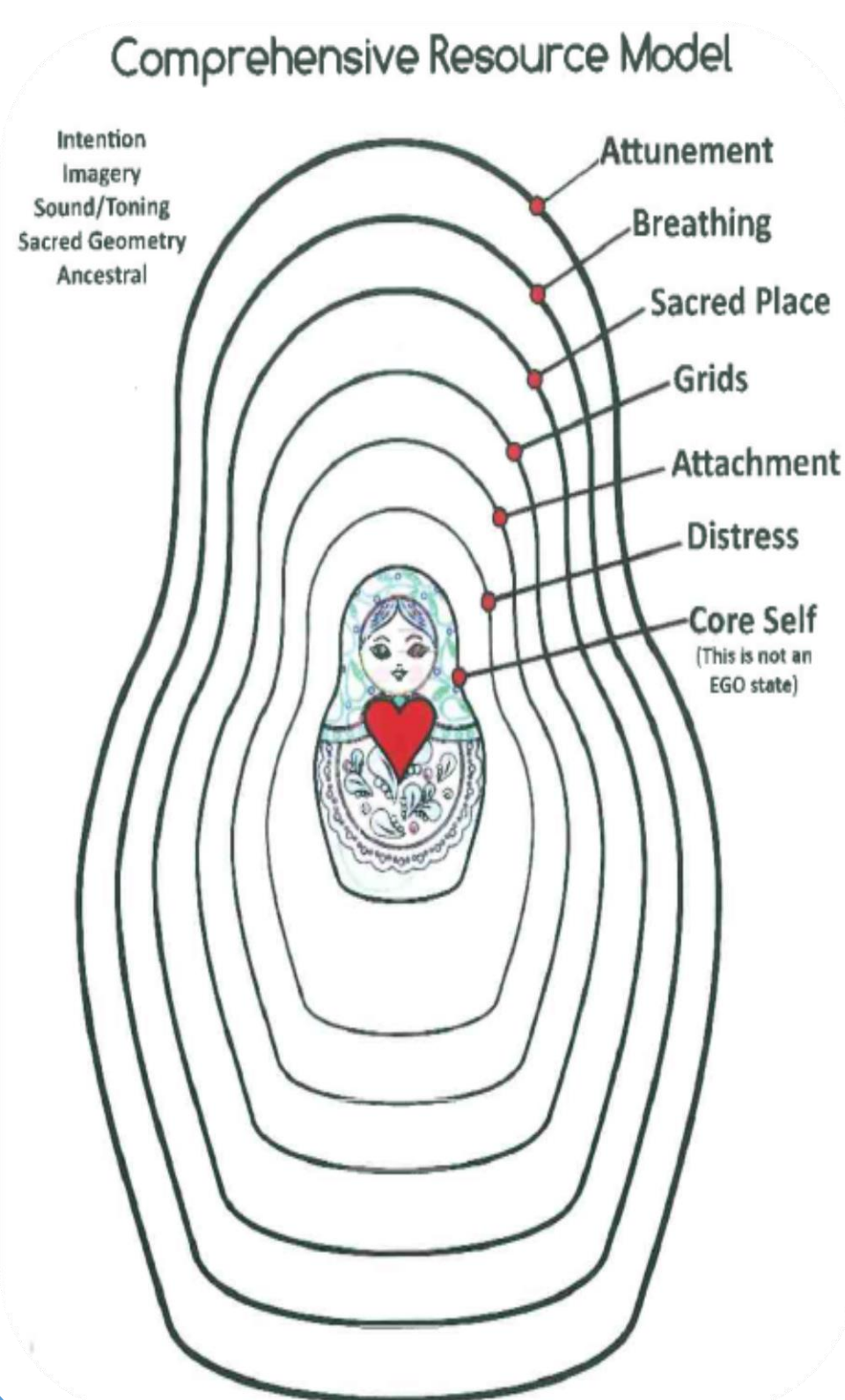
Research has shown that there is an association between experiencing trauma and subsequent offending behaviour (Ardino, 2011). Flight, fight and freeze states can be triggered many years after a traumatic experience (Corrigan, 2014). Those who have experienced trauma have also been shown to present with increased distress, depression, impulsivity and anxiety coupled with the suppression of aggression. People who experience post-traumatic stress also present with withdrawal, dissociation and somatisation (Steiner, Garcia, & Matthews, 1997). Miller and Najavits (2012) suggest the implementation of trauma-specific therapies with a view to improving the safety and wellbeing of people in custody, prison staff and the public.

CRM Group Average Scores



The Comprehensive Resource Model

The Comprehensive Resource Model (CRM) is a relatively new, neurobiologically-based trauma therapy. It is a nested modality which is conceptually represented by the nested Russian Dolls (Schwarz, Corrigan, Hull and Raju, 2017).



In CRM, the client is provided with positive and internally sourced attachment resources which facilitate the client in remaining fully present while processing traumatic material. Stabilization, processing and integration occur simultaneously while the resources utilised are anchored through eye positions in the brainstem. Five of the seven CRM Resources were utilised in this group i.e. Attunement, Breathing, Special Place, Grids and Attachment.

4. Results

A paired samples t-test was conducted to evaluate the impact of the intervention on all four measures. There was a statistically significant decrease in DASS scores from pre ($M = 29.14$, $SD = 20.84$) to post ($M = 13.29$, $SD = 12.50$), $t(6) = 2.48$, $p = .048$ (two-tailed). The mean decrease in DASS scores was 15.85 (54.4%) with a 95% confidence interval ranging from .213 to 31.502. The eta squared statistic (.51) indicated a large effect size. Comparison of means for the remaining measures is below:

Measure	Pre	Post	Difference	% Decrease
MDI	48.86	44.86	4.00	8.2%
PCL	32.43	18.57	13.88	42.8%
TAS	48.14	44.43	3.71	7.7%

Results from evaluation forms and attendance rates (100%) indicate high acceptability. Participants enjoyed “listening about ways to cope” and reported “all the different ways you can breath to calm down” as useful.

2. Aim

The aim of this research is to investigate the effectiveness of a brief Comprehensive Resource Model (CRM) group intervention in reducing trauma symptomatology and alexithymia symptomatology among individuals in custody.

5. Conclusions

Results from this research indicate that a brief CRM group intervention can be effective in reducing trauma symptomatology and alexithymia symptomatology among individuals in custody. Limitations include the absence of a control group, a small sample size and short intervention duration. Studies which address these limitations are recommended in the future, in an effort to increase the evidence base for trauma-specific, recovery based therapy in mental health services.

3. Method

A quasi-experimental research design was employed and the study utilised both quantitative and qualitative methods. The following quantitative measures were completed before and after the group intervention:

1. PTSD Checklist for DSM-5 (PCL; Weathers et al., 2013)
2. Multiscale Dissociation Inventory (MDI; Briere, 2002)
3. Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995)
4. Toronto Alexithymia Scale (TAS; Bagby, Parker & Taylor, 1994)

Each week for six weeks, seven participants learned a series of attachment and neurobiologically based CRM Resourcing exercises and received psychoeducation on trauma. An evaluation form was completed post-intervention.

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