



RESTORING RESILIENCE ON LOCATION®

You take care of others.
We take care of you.



COVID-19 Recovery Package - Mitigating the
Impact of COVID-19



What is Resilience & Hope?

Resilience & Hope is an integrative practice supporting emotional & physical health & wellness using Acupuncture, Traditional Chinese Medicine and Behavioral Health Medicine.

Our Mission is to promote wellness through the lifespan, while building resilience for stress and times of adversity.

Our specialty is provider wellness. We focus on resilience & wellness for people with high stress, high demand, high profile, high responsibility lives, and feel a high vulnerability to seeking care e.g., medical & behavioral health care providers, educators, legal professionals, caregivers. We use a non-pathologizing perspective and provide “support for when life happens.”

What is the Present Impact of COVID-19?

COVID-19 is exacerbating pre-existing provider stress, anxiety & occupational burnout. Burnout is an "occupational phenomenon,"⁶ a severe problem affecting professionals in many occupational groups⁷. Symptoms of burnout⁸ include emotional exhaustion (emotionally overextended and exhausted by work); depersonalization (unfeeling and impersonal responses towards clients/patients or other service recipients; personal accomplishment (lack of feelings of competence and successful achievement about work). According to the developers of the Maslach burnout inventory (MBI©), “hospitals, clinics, and other organizations within the medical field are experiencing dangerous rates of burnout⁹.

Pre-COVID-19, the prevalence of burnout in physicians¹⁰ was estimated at 55% and between 30-70% for nurses¹¹. Behavioral health providers are likewise impacted e.g., 62 studies across 33 countries found that 40% exhibited signs of occupational burnout, including high levels of emotional exhaustion and moderate levels of depersonalization. Of special note is that these same professionals still reported fair levels of personal accomplishment¹².

Burnout is now included in the newest International Classification of Diseases (ICD-11)¹³. Acupuncture treatments are also listed¹⁴ in the ICD-11 and can effectively treat the symptoms and effects of burnout, stress, anxiety, depression & traumatic stress. It can also possibly offer a protective effect against further stress and/or burnout.



Why Should You Consider this Specialized Program?

From the perspective of trauma professionals, the COVID-19 pandemic is a continuing traumatic event affecting all people worldwide. Those working in essential occupations/businesses continue to be especially impacted. Whether your staff are working in the office or are quarantining at home, acute stress symptoms are highly likely¹.

Addressing occupationally related traumatic stress requires specialized training, experience, and expertise -all focused on getting the workplace and providers/staff restored to pre-crises level of functioning. To do this quickly and effectively while enhancing resiliency, both organizationally and individually, the use of trauma-related techniques not found in traditional mental health approaches is required².

Unique to our program is the blend of auricular acupuncture

and traditional Chinese medicine along with workplace critical incident response (crisis intervention) and behavioral health medicine. As a component of traditional Chinese medicine, auricular acupuncture is a time efficient, minimally invasive, cost-effective intervention option. By using this integrative approach to trauma informed care, we assist with the dysregulation of mind, body and emotions, that occurs when traumatic threats are experienced or perceived as a result of the ongoing COVID-19 pandemic. Techniques used within the Restoring Resilience on Location© Program, focus on restoring regulation needed for emotional processing, augmenting existing coping skills and enhancing professional/occupational resiliency (see page 4 for program outline).

We know from the SARS (Severe Acute Respiratory Syndrome) outbreak in 2003, when both

China and Canada employed the use of citywide quarantines, that researchers found negative effects both psychologically and physiologically, lasting as long as 3 years after the end of the epidemic³. This lends an urgency to initiating early intervention to mitigate the impacts of COVID-19. Studies indicate that organizational measures to address provider burnout may be more beneficial than individual interventions alone⁴. When workplace resiliency accompanies burnout prevention there is a more sustained positive impact on stress, anxiety, and resilience. Promoting targeted preventative and treatment interventions at both the individual and organizational levels may strengthen healthcare providers' physical and emotional well-being, while also improving patient safety and quality of care. "The well-being of the health-care workforce is the cornerstone of every well-functioning health system."⁵

What is Restoring Resilience on Location®?

We come to your location! This 12-month/6-phased integrative program incorporates Auricular Acupuncture, Critical Incident Response, Traditional Chinese Medicine & 6 Dimensions of Wellness– all delivered onsite, so providers and staff do not have to travel:

1

Assessment - meet with leadership to determine goals & assess current wellness status of providers and staff. After the assessment is complete, feedback is given to leadership with recommendations to address symptoms and effects of issues discovered through assessment e.g., compassion fatigue, traumatic response, burnout, morale, etc. The final step of this phase is to hold meetings with all providers and staff to do a formal program introduction and hold a program kick off. This phase is approximately 1 month, 1-3x per week.

2

Restore - symptom relief of issues revealed during the assessment). During this phase, interventions include auricular acupuncture, crisis intervention, traditional Chinese medicine, psychoeducation and practical coping skills focused on each of the six dimensions of wellness. Towards the end of this phase, root cause treatment is started. This phase is approximately 6 weeks, 1x per week.

3

Re-Assessment to update status & monitor progress to develop specific focus for next phase.

4

Revitalize - addressing root cause. During this phase, interventions continue addressing the root cause of issues. Resiliency building begins while addressing critical events happening within practice i.e., flu season, transitions, etc. A weekly newsletter, table tents and email tips begin. This phase is approximately 2-3 months, biweekly meetings/2x per month.

5

Replenish - Maintain progress, solidify prevention strategies. During this phase prevention strategies to support ongoing wellness are reinforced. Biweekly newsletter, table tents and email tips continue. This phase is approximately 2-3 months, 1x monthly meetings.

6

Refresh - Wellness/Immunity Booster. During the final phase, organizations have the ability to schedule 3 (as needed) interventions during the final 3 months of the program. They can be used one-at-a-time e.g., once a month for continued wellness. The purpose of this phase is to demonstrate growth and resilience. If, a critical event occurs during the final phase (or an earlier phase) and a 'booster' is needed, an intensive 3-session plan can be developed to address the organizational/provider needs. This part of the program remains customizable to further focus on the organization's overall goals. A final wellness assessment happens at the end of this phase.



Our evidenced based treatment is informed and conceptualized through the framework of restoring resilience using research on:

- Interprofessional Education & Communication
- Burnout & Compassion Fatigue Resiliency
- Transtheoretical Model of Change
- Wellness Theory
- Eastern & Western Medicine
- Crisis Invention Theory
- Psychological First Aid
- Psychotraumatology

Ask about our other specialized programs:

- Restoring Resilience on Location© wellness program for ongoing support for providers and staff
- Restoring Resilience on Location© supporting and caring for the caregiver
- Restoring Resilience on Location© for educators, staff, and administrators
- Restoring Resilience on Location© for legal professionals and staff
- Restoring Resilience on Location© for workplace violence
- Restoring Resilience on Location© for mass casualty events
- Restoring Resilience on Location© for a natural disaster
- Restoring Resilience on Location© for COVID-19
- Restoring Resilience on Location© for corporate downsizing, mergers, acquisitions, or major transitions
- Restoring Resilience on Location© for students
- Restoring Resilience on Location© customized packages

References

- ¹ibid
- ²Horesh, D., & Brown, A. D. (2020). Traumatic stress in the age of COVID-19: A call to close critical gaps and adapt to new realities. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(4), 331–335. <http://doi-org.proxy.myunion.edu/10.1037/tra0000592> Retrieved from <https://psycnet.apa.org/fulltext/2020-25108-001.html>
- ³Brooks, S. K., Webster, R. K., Smith, L. E., et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*, 395, pp. 912-920. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)
- ⁴Panagioti, M., Panagopoulou, E., & Bower, P., Lewith, G., Kontopantelis, E., Chew-Graham, C., Dawson, S., van Marwijk, H., Geraghty, K., & Esmail, A. (2017). Controlled interventions to reduce burnout in physicians: a systematic review and meta-analysis. *AMA Internal Medicine*. 177(2):195-205. <https://doi.org/10.1001/jamainternmed.2016.7674>
- ⁵Brooks, S. K., Webster, R. K., Smith, L. E., et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*, (395) 912-920. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)
- ⁶World Health Organization (Version 04/2019). ICD-11 for Mortality and Morbidity Statistics Retrieved from <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/129180281>
- ⁷Maslach burnout inventory (MBI). Christina Maslach, Susan E. Jackson, Michael P. Leiter, Wilmar B. Schaufeli, & Richard L. Schwab Retrieved from: <https://www.mindgarden.com/276-burnout>
- ⁸Mindgarden, (2018). Maslach burnout toolkit for medical personnel. Retrieved from: <https://www.mindgarden.com/documents/Maslach-Burnout-Toolkit-for-Medical-Personnel-Intro-Sheet.pdf>
- ⁹Maslach burnout inventory (MBI). Christina Maslach, Susan E. Jackson, Michael P. Leiter, Wilmar B. Schaufeli, & Richard L. Schwab Retrieved from: <https://www.mindgarden.com/276-burnout>
- ¹⁰Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clinic Proceedings*, 90(12), 1600–1613. <https://doi.org/10.1016/j.mayocp.2015.08.023>
- ¹¹Pradas-Hernandez, L., Ariza, T., Gomez-Urquiza, J. L., Albendin-Garcia, L., De la Fuente, E. I., & Canadas-De la Fuente, G. A. (2018). Prevalence of burnout in paediatric nurses: A systematic review and meta-analysis. *PLoS ONE*, (4). <https://doi.org/10.1371/journal.pone.0195039>
- ¹²O'Connor K, Neff DM, Pitman S. (2018). Burnout in mental health professionals: a systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*. (53)74–99. <https://doi.org/10.1016/j.eurpsy.2018.06.003> Retrieve from https://www.researchgate.net/profile/Karen_Oconnor6/publication/326010444_Burnout_in_mental_health_professionals_A_systematic_review_and_meta-analysis_of_prevalence_and_determinants/links/5b335d9ca6fdcc8506d1760e/Burnout-in-mental-health-professionals-A-systematic-review-and-meta-analysis-of-prevalence-and-determinants.pdf
- ¹³World Health Organization (Version 04/2019). ICD-11 for Mortality and Morbidity Statistics Retrieved from <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/129180281>
- ¹⁴ibid