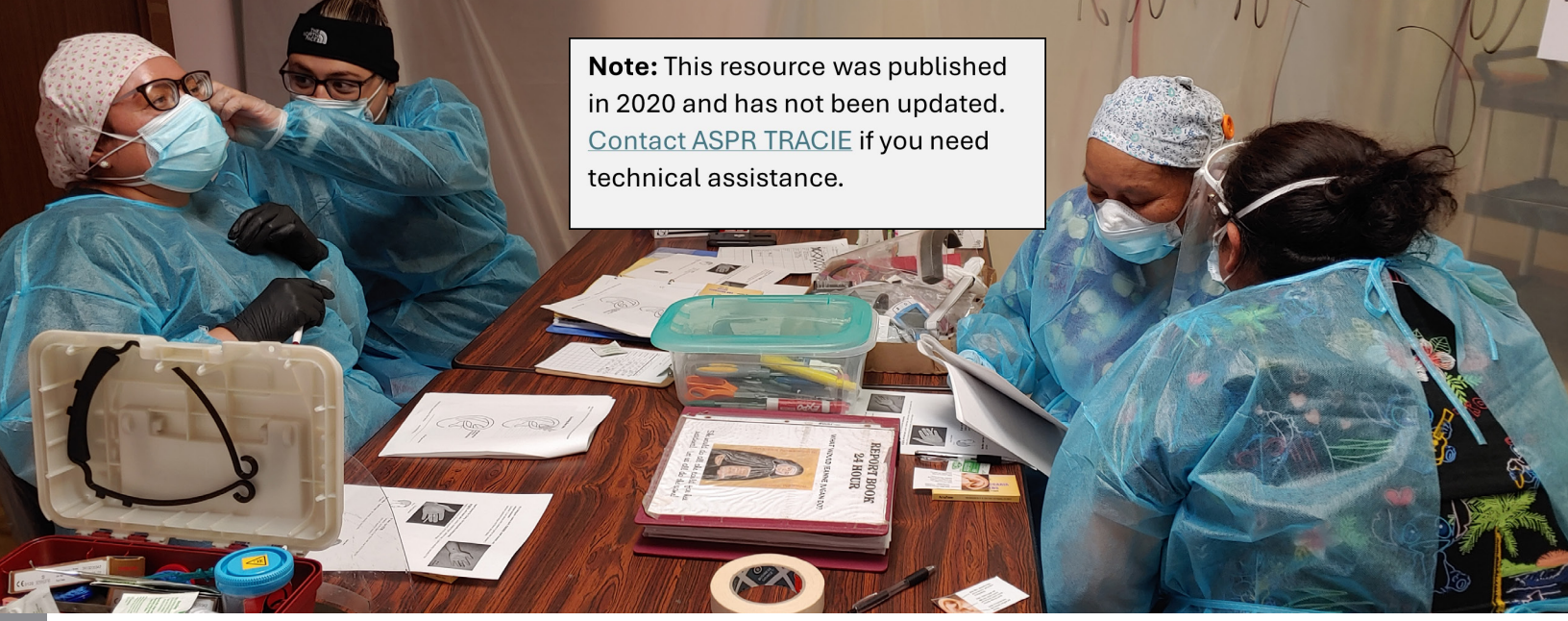

Note: This resource was published in 2020 and has not been updated. Contact ASPR TRACIE if you need technical assistance.

Adding Alternatives – Complementary Practices and Considerations

HIGHLIGHT

Caring for others in a pandemic can wreak havoc on our minds and bodies. ASPR TRACIE met with Eleni Fredlund, MS, LMHC, ADS, the director of the New Mexico Integrative Wellness Medical Reserve Corps, to learn more about their deployment to support patients and healthcare workers affected by COVID-19 using Chinese medicine coupled with Psychological First Aid and other types of emotional support.

John Hick (JH)

Please tell us more about yourself and the New Mexico MRC program.

Eleni Fredlund (EF)

When I moved to New Mexico 17 years ago, I had a master's degree in pastoral counseling and began working in a high school in Jemez Pueblo, a very rural area. At the time, the local fire department was one of the few social opportunities in the areas, so I became an emergency medicine technician. Because of my behavioral health background, I also became a chaplain and joined other groups including NM's Disaster Medical Assistance Team. During this time, I became very interested in the concept of acupressure as a tool for stress mitigation and I am currently finishing acupuncture school.

The concepts of behavioral health and acudetox (auricular acupuncture for the treatment and prevention of addiction, and for stress mitigation) work so well together that I decided to start an Integrative Wellness Medical Reserve Corps team (MRC) with behavioral therapists, doctors of Oriental medicine (DOMs) and acupuncture detoxification specialists (ADS, the licensing for which differs by state). We are the only behavioral health/acupuncture team in NM. All volunteers are cross trained in behavioral health—including Psychological First Aid, and acutherapy or acupuncture—and use the concept of wholeness in self-care and stress mitigation for healthcare providers and the community at large.

JH

Where has your team been deployed during COVID-19?

EF

Our team, which is comprised of 13 people who respond regularly, has been deployed to hotels housing persons under investigation or COVID-positive patients, where healthcare providers are dealing with testing, intakes, taking patient vitals, and providing patient care (for both medical and psychological emergencies). These are all very stressful activities. Some providers also work in local homeless shelters, providing medical care. This work also creates many stressors. Our

team not only responds to these scenarios, helping residents, but also supports the healthcare providers on scene with auricular acupuncture. We have also responded to our state emergency operations center (EOC), providing community style acupuncture with our DOM's, acudetox with our ADS, and emotional support with our behavioral therapists, or those trained in Psychological First Aid (PFA).

Our first deployment was to the scene of a high school shooting in Aztec. That's when our team really came together—we were able to stay at the school scene and support students and staff with ear seeds, acudetox and PFA. Our behavioral therapists also helped with a debriefing for local first responders and PD. We've been to other critical incidents (e.g., fires), but lately it has been all COVID-related. This week, two of us are traveling to northern NM to help with a convent and assisted living facility that lost 40% of residents to the disease. We also taught CNAs working at the site how to use acupressure points with the residents.

JH

How do you think COVID-19 has affected healthcare providers?

EF

I'm seeing people who look tired, who give off a "don't bother me, I have enough on my plate" look. I'm also seeing people exhibiting the effects of not performing the necessary self-care steps to stay healthy due to the overwork, including insomnia, gain or loss of weight, muscular tension in shoulders and lower back, tension headaches, gastrointestinal issues, quick to anger, and reports of general malaise and feeling run down.

JH

Tell us more about the warm telephone line you've established. Who is staffing it?

EF

The warm line is currently offered Monday to Sunday, from 9:00 am to 5:00 pm. The line is staffed by three licensed peer counselors and is designed to help MRC members feeling negatively impacted during response to COVID activities, who are experiencing an increase of stress, anxiety or anger, and would like someone to talk to about what they are feeling, seeing, and working with during deployment.

JH

How can therapists ensure their own self-care in this environment? How do you convince people to seek care?

EF

The peer-to-peer counselor concept is one way, but even our team must be careful and care for themselves. As behavioral healthcare providers, when we counsel and offer acutherapy, there is a treatment that occurs spontaneously within us, as well. I am a big believer in the benefits of group therapy, or community-style acupuncture (where treatment is provided in a group setting, in a larger space), and what that promotes. I feel that we are getting some form of stress mitigation in that space, too. Responders also defuse/debrief after deployments. We listen to each other, normalize symptoms, and offer coping skills. A friendly ear is a powerful tool for mitigating the stress response.

Those who work in the field know what questions to ask colleagues about their day and self- care practices, and that is so important. The nature of our team allows us to visit the EOC and say "Hey, this was a tough week—we have some team members here who can provide one-on-one time or acutherapy as needed." Sometimes all it takes is observing people, getting to know them a bit and simply offering them the opportunity to take a break. Once healthcare workers (and especially the site managers) know our team and the services we provide, we are approached more frequently when in the field. Most recently we were asked to provide a short class on de-escalation by the medical site manager at a COVID hotel. The class included the role that tone, posture, and intent provide for de-escalation. At the end of class, we discussed the negative effect of stress on communication skills. These short just-in-time-trainings allow people on site to get to know what we offer.

JH

Describe the group therapy setting and dog therapy for our readers.

EF

We typically hold group therapy sessions in a large space. For now, we maintain 6 feet between participants and follow state mandates. We could have 10 people in a room distanced, but this has recently been decreased to 5 people. Both therapist and participant have been screened for COVID and are wearing masks. We disinfect chairs after every participant. When we administer community acupuncture and auricular acutherapy, people sit 6 feet apart. The space is quiet and supportive. People are screened, sign a consent form, and sit down to receive treatment. Sometimes people are quietly talking about stressors, and some are simply taking a break and listening to the soft music. Most people will sit for 30 to 45 minutes.

Our dog therapist will enter the space, hang out by the entrance, or walk outside of the room we are in, providing the opportunity for petting, while social distancing with her leash. In all the interactions, she is wearing a mask, and so are the people petting her dog. She has special disinfecting wipes for her dog. It is an understatement to say the dogs are helpful. I have seen folks sitting with the "thousand yard stare," totally emotionally detached, and when they see or touch the dog, it brings them out of that state and more present, so we can at least have a conversation.

JH

Is it hard to set up a team like yours? What acupressure and acupuncture services do you offer?

EF

Any team can learn how to do this; they just need to get trained, which can happen in a three-hour acutherapy workshop (using seeds on an adhesive square placed on specific points). A four-day didactic acudetox training with an additional 40 client clinical requirement is also offered. We have team members who are trained in both. We have presented our training services to MRC teams in various states (e.g., OK, TX, LA, AR), to local fire departments, and local schools. The ear seed protocol is simple. Participants are taught auricular points for stress mitigation, such as Shen Men, Liver and Lung points. We teach fire personnel additional prehospital points for nausea, pain, tachycardia, and hypertension, to name a few. The only takes a few minutes; once they get verbal and/or written consent, they clean the ear with an alcohol swab (to remove skin oil) and apply seed on adhesive tape to specific points. The process only takes a few minutes.

At the COVID hotel, we have residents step into the hallway, get verbal consent, clean the site with an alcohol swab, and apply the seed. Our providers are in full protective gear (goggles, gowns, double masked, and gloves) when they administer these services, and residents are wearing a mask. Some residents in the homeless shelters do not have the medication they need for health issues such as hypertension; we are able to treat a point (Er Jian on the ear apex) to help decrease their blood pressure temporarily, and until they get their medication. We have seen tachycardic patients suffering from anxiety; with a few auricular points and a few minutes of PFA, we are able to decrease their heart rates.

During COVID, most of our treatments are acupressure, with the use of seeds. Because of our acudetox licensure in NM, we can also provide auricular acupuncture (i.e., place five needles in the ear) to help mitigate stress and PTSD symptoms and prevent and treat addiction. The five points decrease sympathetic tone, and help balance fear, grief, and anger points; three emotions that are very prevalent in critical incidents, homeless shelters, disaster settings, and long-term incidents like COVID-19. We use acudetox in settings for responders that have already been screened and are wearing masks.

JH

What do you worry about most in the coming months?

EF

The ongoing stress of COVID-19 coupled with flu season and the difficulty of differentiating between the two, for both providers and patients. Also, the lag time between getting tested and receiving results can contribute to stress for both groups. As providers, we worry about our own exposure and not having enough tests and timely results.

JH

What issues are more pronounced in rural environments?

EF

The main challenge is the lack of resources followed by the fact that in these rural, disenfranchised communities, you have people at all ages with higher levels of chronic disease that puts them at higher risk for serious COVID complications. We know how poverty and lack of resources impacts the prevalence of adverse childhood experiences, and how that reflects on the health status of people and at-risk behavior. And never mind the lack of internet available in these rural communities, that can't accommodate distance learning for students at home; some of these communities have multiple families living together, with no indoor plumbing! Our team can't fix these larger systemic problems, but we can certainly attend to the communities we are deployed to, and provide stress mitigation through acudetox, community acupuncture, and PFA. My belief is that when we apply trauma informed care compassionately to homeless shelters, community centers, and schools in rural communities we offer a moment of healing that can have a profound effect on a person's wellbeing.