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TABLE OF CONTENTS

DATA IN THE DARK DAYS: HOW PARAMEDIC-LED RESEARCH IMPROVED WORKPLACE SAFETY	7
ANNOUNCING THE NEW PAN-CANADIAN ESSENTIAL REGULATORY REQUIREMENTS FOR PARAMEDICS	11
REBOOT RECOVERY. A REVIEW OF A NOVEL TRAUMA RECOVERY AND PREVENTION PROGRAM	15
CANADIAN PARAMEDICINE RESEARCH DAY	19
COPR AWARD OF EXCELLENCE 2022	32
COPR PHOTO CONTEST 2023 WINNERS	35
INTERNATIONAL PARAMEDICS DAY	37
YXE FIRST RESPONDERS FITNESS FESTIVAL (YXEFRFF): SUPPORTING COMMUNITIES ON AND OFF DUTY	40

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REBOOT RECOVERY. A REVIEW OF A NOVEL TRAUMA RECOVERY AND PREVENTION PROGRAM

BY DAVE WOLFF

REBOOT RECOVERY

OVERCOMING TRAUMA TOGETHER

In *Canadian Paramedicine*, volume 46(2), (Trauma, Soul Wounds, and PTSD, p. 20-27), along with a few new concepts, I introduced a new novel trauma recovery and prevention program called REBOOT Recovery. I closed the article with the questions, “Can you train your mind to process thoughts that arise as a result of potentially traumatic events to prevent the onset of PTSD and, if [trauma to the psyche/moral injury] is a soul wound, what role do faith, hope, spirituality, and a belief in God have to play in such resiliency? The former is one of the questions I hope to address in my Doctoral (Ed.D.) dissertation, where I will be looking at worldviews and identity as resiliency factors. The latter is something that REBOOT Recovery addresses.

Many may have read this far and have seen the words faith, hope, spirituality, and God, and are ready to move on. Don't do that. Recent research suggests that there is a connection between moral injury and trauma (Koenig et al, 2020; Rodrigues et al., 2022). When you bring moral injury into the dialogue, core beliefs and values, including spirituality, should also be included. And this is where REBOOT recovery comes in. REBOOT Recovery is novel in that it is not counselling or therapy. REBOOT Recovery is a course. It is peer-led, faith-based, but not preachy, and outcomes-driven. To date, over 18,000 people have attended a REBOOT Recovery course. The pre- and post-course surveys suggest there are many significant improvements in health and well-being (REBOOT Recovery, 2023).

REBOOT Recovery offers three core programs, Combat, First Responders, and Lay People. The programs are offered for free to the participants (there may be a small fee for the workbook, but one will be provided if there is a financial need). But before I describe the REBOOT Recovery program for First Responders, let us look at the history of REBOOT.

REBOOT was founded by Dr. Jenny Owens. Dr. Owens is an Occupational Therapist and has previously worked for the United States Department of Defense treating active-duty soldiers with traumatic brain injury and post-traumatic stress. Jenny specializes in neurocognitive and psychosocial rehabilitation as well as return to duty evaluation. In her work with the military, Dr. Owens recognised there was something that was missing in the treatment of those in her care. Together,

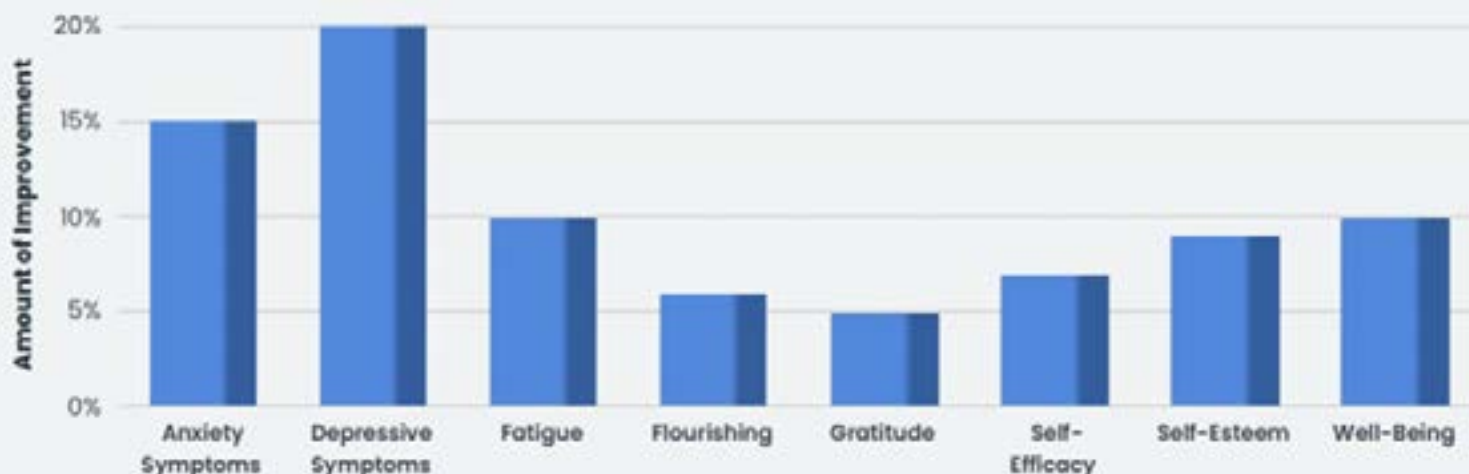
with her husband, and the support of many others, REBOOT Recovery was born. It started small in 2011 with one program and one course, which, over the following decade and more, has expanded to the three current programs, being taught on military bases and other locations in 44 states and 11 countries, including Canada.

REBOOT Recovery, made specifically for First Responders, was released in 2018, and thousands have since participated. REBOOT First Responders does not promise it will magically make your symptoms disappear. But what REBOOT Recovery can do is help you take productive steps toward a life of freedom and purpose in spite of what you've been through. “The REBOOT Recovery course is grounded in five core values: finding purpose in pain, valuing family, cultivating trust, facilitating fellowship, and encouraging service. For example, the curriculum incorporates Christian principles and Scripture to reframe human suffering as an opportunity to build resilience” (Knobloch & Owens, 2021, p. 3). The unique features of REBOOT Recovery that make it different from other sense-making interventions include its community-based format, peer-led structure, and nonclinical design. Other unique features you will notice are; family members are encouraged to attend along with their spouses so they can learn, provide support, and address any secondary stress that they may be experiencing; relationship building or fellowship is encouraged within the program, starting with having a meal together prior to each session as there is much healing that can be found in relationships; and service is encouraged in the form of graduates volunteering to help in future sessions or to become leaders themselves (Knobloch & Owens, 2021), as there is much research that suggests that the release of oxytocin that is triggered by helping others can improve self-healing and mitigate negative health outcomes (McGonigal, 2013).

Another unique feature is that REBOOT Recovery does not dig into the traumas of the participants. Trauma therapies can be past-focused, such as Cognitive Processing Therapy (CPT), which is a combination of Cognitive Behaviour Therapy (CBT) and Exposure Therapy, Eye Movement Desensitisation Therapy (EMDR), or present-focused, such as Dialectical Behaviour Therapy (DBT). REBOOT Recovery is, first, a course, although it does incorporate evidence-informed concepts taken from psychology, and second, is present-focused. The course deals

Quality of Life Improvements

Participants completed a pre- & post-survey at the start and end of the program. Results indicate **statistically significant improvements** in areas including **anxiety symptoms, depressive symptoms, fatigue, flourishing, gratitude, self-efficacy, self-esteem, and well-being.**



with living today, not yesterday. The most common format is a 12-week program where participants meet for two hours per week. Each weekly session usually begins with participants, families (spouses are invited, and many locations will offer free childcare), and facilitators joining together for a family-style meal and informal fellowship. Knobloch and Owens (2021) describe the program best:

Then, children leave to participate in childcare activities, and the course leaders facilitate an opening prayer, an icebreaker activity, and a review of the previous session's topic. Participants watch a 15-min video that overviews the lesson of the day, and then the course leaders teach the curriculum for approximately 45 min using a blend of lecture, guided discussion, and application activities. Participants follow along with the lesson using a field guide workbook that provides course content, discussion questions, reflection activities, inspirational quotations, and space to journal. During the last 15 min of the session, course leaders review the session's takeaway message and challenge participants to complete an experiential homework activity during the week ahead.

The manualized curriculum of the course (Adsit et al., 2019) draws on the transtheoretical model of health behaviour change (Prochaska et al., 2008), social cognitive theory (Bandura, 1986, 2012), and the occupational therapy practice framework (American Occupational Therapy Association, 2020). The curriculum structures the material according to people's readiness for change and the stages of behaviour modification, informed by the trans-theoretical model of health behaviour change (Prochaska et al., 2008). The curriculum accentuates observation, motivation, and self-efficacy as central to learning, informed by social cognitive theory (Bandura, 1986, 2012). Finally, the curriculum seeks to engage attendees in personally meaningful activities to bolster their well-being, informed by the occupational therapy practice framework

The 12 topics making up the curriculum are (a) understanding the ways first responders encounter trauma, (b) identifying the roots and fruits of trauma, (c) discovering purpose in pain, (d) making choices to heal, (e) managing anger, (f) handling loss, (g) coping with depression and thoughts of suicide, (h)

distinguishing between true guilt and false guilt, (i) forgiving yourself and others, (j) building a positive self-identity, (k) sharing your story, and (l) participating in the graduation ceremony (pp. 2-3).

Recent research of 248 First Responder course participants indicated that there were significant improvements in pain interference, pain intensity, fatigue, sleep disturbance, anxiety symptoms, depressive symptoms, and social participation. Additionally, improvement was consistent regardless of the number of years participants had worked as a first responder. Caregivers (family) who attended also showed improvement in pain intensity, anxiety symptoms, depressive symptoms, and social participation on par with the benefits reported by trauma survivors (Knobloch & Owens, 2021).

Although the best course format is the 12-week face-to-face program as building relationships is a large component of healing, due to the nature of first responder work schedules, other formats are available. Some courses are offered in a single weekend format. Weekly session format courses are fully supported by mobile apps, so if a session is missed, participants can catch up on the videos and activities. Some courses are blended, where participants can attend in person or via web-conferencing. And 100% virtual courses are also available. In Canada, to date, there have been REBOOT Recovery courses held in Alberta and Southern Ontario, and new courses are currently being scheduled for Espanola and the North Shore, Ontario. A Canada-specific virtual program will be offered and is scheduled to begin next month.

To become a REBOOT Recovery leader, potential leaders must first apply to REBOOT national headquarters and be selected by the national staff. REBOOT Recovery provides formal online training, which includes everything a leader needs to know to offer a course, including coordination, delivering curriculum, building an inclusive atmosphere, and identifying/acting on signs of distress among course participants. REBOOT headquarters provide ongoing leadership support, including monthly leader huddles and access to a dedicated regional support person.

If you are interested in joining a program, please visit <https://rebootrecovery.com/responders> to search for courses that may be happening virtually across the country or face-to-face near you. If you are interested in becoming a leader, feel free to reach out to me at heal@lacroche-institute.ca for more information, or visit <https://rebootrecovery.com/lead-3/>.

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