



# WELL IN MIND

## Intensive Resilience Program Application

Please fill out the following to be considered for joining the Intensive Resilience Program. **Email your completed application to Laura Hogan at [lhogan@rhc.net](mailto:lhogan@rhc.net)**

We are seeking out employees who are dedicated to improving their mental, physical, emotional well-being. This program will provide you the tools and resources to reduce sleep issues, depression, anxiety, burnout, and compassion fatigue. while enhancing joy, sense of purpose and meaning, and sense of control over your life.

### CONTACT INFORMATION:

Name:

Phone Number:

Can we leave a voicemail at this phone number?    YES    NO

Email:

### TELL US YOUR EXPERIENCE WITH WELL IN MIND:

Have you ever engaged in a Well In Mind offering or activity before? If so, did it have a positive impact for you?

## CURRENT WORK SITUATION

What unit do you work on? What is your position? How long have you worked at RMC?

Who is your manager? Can Well In Mind contact them to let them know you are applying to be in the program for the purpose of coordinating coverage so you can attend as many events live/in person as possible? If not, please describe why.

Can you commit to attending 90% of the program with your current work and personal schedule situation?

## QUESTIONS FOR WELL IN MIND:

## CURRENT SELF-CARE PRACTICES

Below, please describe your current engagement in the following, including type, duration, frequency of engagement, areas for improvement, etc.:

**EATING HABITS**



**PHYSICAL ACTIVITY**



**MENTAL/EMOTIONAL  
SELF-CARE**



**OTHER FORMS OF SELF-  
CARE:**



Please describe any obstacles you anticipate towards participating in this program. Having obstacles does not exclude you as a participant. Awareness of what could get in the way is important.



## PROGRAM COMPONENTS

Please check each component to acknowledge you understand what time commitment this program entails

**1:1 INTAKE SESSION (30-60 MINUTES)**

Required prior to starting the program in order for WIM to better individualize program to participants

**PRE, POST, AND MONTHLY ASSESSMENTS**

Will be completed in person with WIM, kept anonymous. Required in order to track efficacy of program

**OPTIMAL STATE OF LIVING APP- ASSESSMENTS**

Engage in regular assessments in OSOL App for purpose of self-assessment and applying tools to symptoms

**1-2X WEEK EMAILS**

These provide education, encouragement, and accountability

**WEEKLY IN-PERSON MOVEMENT CLASS (20-30 MINUTES)**

Will be recorded for people who can attend live, and should be watched 2-3x at home in the same week

**2-3X MONTH SAFETY HUDDLES**

These are 1-5 minute skill-building videos that are critical to managing symptoms and improving resilience. To be watched independently for in-the-moment symptom management

**1X MONTH 1:1 SESSIONS**

Designed to personalize the program and identify and remove obstacles to fully engaging in and utilizing program

**1X MONTH 15-20 MINUTE EDUCATIONAL SESSION**

Recorded for those who cannot attend live. TBD if it will be in person or virtual. Provides the "why" behind the tools being presented to increase commitment and engagement

## PROGRAM TIMELINE

Below is a tentative timeline to better understand the program details:

1

### JUNE/JULY

Review applications, consult with managers, engage in 1:1 intake sessions, provide program overview session with participants

2

### JULY/AUGUST

Module 1: Tackling Sleep issues

3

### AUGUST/SEPTEMBER

Module 2: Tackling anxiety/stress

4

### SEPTEMBER/OCTOBER

Module 3: Chronic pain and physical symptoms of stress

5

### OCTOBER/NOVEMBER

Module 4: Compassion Fatigue

6

### NOVEMBER/DECEMBER

Data of program shared with participants and then senior leadership

7

### DECEMBER

Follow-up with participants about program experience