



Mind Body Spirit - The Whole News

RNAO-CTNIG Newsletter

Volume 17, Issue 1 Spring 2018

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There are two ways of spreading light. To be the candle or the mirror that reflects it.

Everyone is trying to accomplish something big, not realizing that life is made up of little things.

Frank A. Clark

A Few Words from the President



Kim Watson
CTNIG
President

Powering Nursing to Advance Health ~ Watson Still Hears A WHO!

Spring is right around the corner and that always reminds me so is the RNAO & RNAO-CTNIG AGM (annual general meeting). If you have not yet attended one, you should. You truly understand the real power and awe of a professional association when you gather with others who have the same vision and dream, and who truly are passionate about advancing health and wellness! It is nurses in our province, and worldwide that truly have had a key affect on health outcomes. When I came on as President in 2010 I did so as I had a vision that did aligned with the CTNIG's vision and mission.

Today it remains strong. It is likely along the same reasons why you joined the CTNIG; you know the value and power that complementary therapies can bring to your own practice of nursing, self-care, and that of health and wellness as a whole. What I shared in my inaugural address in 2010 still applies, so I wanted to share it with you in my final address. Like Horton, I heard a WHO then, and I still do now; do you?



President's Address 2010: This is an exciting time for me coming on board as the President of the CTNIG. I am also joined by others on the board who equally are feeling the enthusiasm of the possibilities as complementary therapy (CT) moves forward in Ontario, and Canada. Like Horton, in Dr. Seuss's book "Horton Hears a WHO" I have been aware of the use, viability and possibilities of CT, and the scepticism of many of those in healthcare and within our communities who do not yet understand what we do and why. For many years I have represented us as an individual who loves what she does as an energy worker, and a nurse.

Last year I had the luck to complete an RNAO Advanced Clinical Fellowship looking at the "Introduction and Integration of Complementary Therapies in Acute Care." The fellowship provided a unique opportunity to explore and develop the use and knowledge about CT; to better understand the CT literature and research, especially around biofield/energy therapies; to determine the present programs, organizations, associations, and practitioners doing CT with acute care clients; to provide energy treatments to staff and patients in an acute care hospital, as well to determine how will I share all that I know. Well, my last objective has led me here, to the President role of the CTNIG. I thankfully am walking in the path where some strong leaders, like Darka Neill, our founding President, blazed the trail. I was blessed to have Darka as a mentor with the fellowship to share with me what she knew to date.

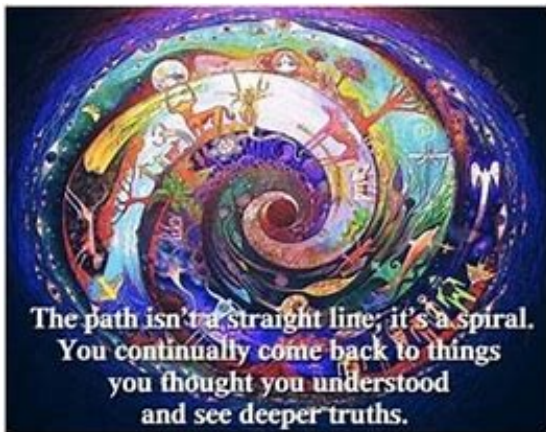
I have a vision, and it includes CTNIG being one of the leaders in Ontario and ultimately Canada, to bring forward the art and science of CT to healthcare, be it for wellness, or dis-ease; to ultimately improve outcomes for all. Like Horton, we will be tested to hold on to what we know is true, and what we hear from our hearts and souls, and those we serve.

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Our healthcare system has been preaching a shift from disease intervention to dis-ease prevention and health promotion. CTNIG will be part of that solution. Through the use of CT Canadians can embrace new, or should I say old strategies, that will promote health and wellness. Many of the methods of CT have been around for hundreds of years, if not centuries, and many countries have been using them around the world. We only need to see the direction our neighbours to the south are taking to see where we are headed. So as CT is researched, observed, and integrated into healthcare programs in the USA, should we sit by and be reactionary, or do we take the lead and start pointing the way?

Your executive is already hard at work in preparing a resolution for the April RNAO AGM; we are asking them to advocate to include CT education at the baccalaureate level for nurses (as a start). So be it through my work with CTNIG, the education or workshops I promote and provide, the treatments I give, or the opportunities I have had to share my knowledge with others; the biggest thing I have learned is I do not do this work alone. So I am looking forward to hearing from you! Be involved, even to just share your ideas with me. You too are not alone, we are here. It is nice to know I am backed by such a wonderful group of nurses, who also hear a WHO! So keep listening, it is just the beginning!



Like the seasons; persons, groups, organizations, or systems, have a life and flow; times of growth and times of rest. Their essence of 'being' and 'doing' may seem to be more tasks and issues of daily life, yet they are always moving forward. We often see a representation of this in nature, where this forward movement is more like a spiral, not quite a straight predictable line. The spiral helps to represent our revisit of things past, or remind us of a similar event or unfolding we have been through before. There have been times over the last eight years I felt we were moving at a good speed, and others that we were going backwards, or standing still in seeing our vision realized. Yet I know we were always going forward. Sometimes we have been like the plant in winter, just waiting for the right moment, or person, to move us to the next step, or open door. I am so happy to welcome on

board Kelly Osborn Willowgreen (London) as President-Elect, who will

take the lead later this year, and Piroska Bata (Toronto) our new Education Officer. Every other position on the board, except the Social Media Officer, is also available for a RNAO member; you may be what we have been waiting for. You can also become a liaison or committee member and work with us. As we always say, you can learn as you go, no experience is necessary. We are a team and we will help you along the way.

You may have received our most recent revisions of the CTNIG "Constitution and By-laws" and we are asking members to review the changes we have indicated. If you have any concerns with any of them, please share them with me at chair@rnao-ctnig.org. We will adopt the new changes at the April AGM. And speaking about the AGM you shouldn't miss this one. Patricia Kennedy is our keynote speaker; she is a known expert on a holistic approach to breast health and the prevention of breast cancer. She was our 2017 Award of Excellence recipient. You will not only be inspired by her knowledge, you will use it in your own life to ensure your health and wellness. She will share over four decades of nursing and current integrative shifts in our preventative plan of action for breast health and more! With her advice, you will get the results you deserve with your wellness plan. In addition, if you are interested in learning about thermography, she will share current research and practice of its use in your breast health. So please join us – breakfast is on us, as is the presentation. If you want to bring along a nursing friend, do! Just make sure you notify us you are coming.

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Many of you may not realize it but we are an Associate Interest Group of the RNAO. As of 2018 >70% of our members must be RNAO members who are RNs, NPs, and undergraduate nursing students (UNS). The balance, <30% of the group, can be non-RNAO members who are RNs, NPs, UNS, RPNs, a healthcare professional, or members of the public. Though we strongly encourage everyone to join the RNAO, I believe it is important we have a well-rounded group of nurses whose options are open. This road to having complementary therapies part of healthcare will involve the work of many, and like needing a village to raise a child – this is our child and we need a village! If you know of anyone interested in joining, encourage him or her, as now is the time. If you know a nurse who is retired, or has left the profession, or a non-nurse who would like to support our vision and mission, they can now join. Check out our web page: www.rnao-ctnig.org on how to do this.

Therefore, in my final address I want to thank everyone for believing in the work we do, including the RNAO. I have had the pleasure of meeting some fantastic people on this journey, be they

Executive members, through phone calls, or at events I have held. I have represented the RNAO when issues around complementary therapies or traditional medicine as the World Health Organization calls it, when Doris Grinspun felt our expertise would help. The work we are doing is important and it is the next best thing in healthcare and wellness, mark my words! As Warren Buffet said, “Someone is sitting in the shade today because someone planted a tree a long time ago.” So keep sowing your own seeds, be you the practitioner or receiver of modalities, or both. I look forward to my year as the Past-President, though it will not be my final years with the CTNIG. This is just the beginning of more, and not the last time you will hear from me – as Watson Hears A WHO!

Blessings, in love and in light, Namasté, Kim



Who to Contact

EXECUTIVE

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STUDENT REPRESENTATIVES

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Educational Opportunities

Science & Spirituality Conference

June 14-19, 2018

Nanaimo, Vancouver Island, BC, Canada

Join five of the top world pioneers, brightest minds, leaders, authors and teachers in the field of science and spirituality – Gregg Braden, Dr. Bruce Lipton, Dr. Joe Dispenza, Lynne McTaggart and Lee Carroll for an extraordinary life-changing event. Almost all will present a full day workshop of their own, in addition to a special two-day keynotes, presentations, panels and Q&A's! You will hear the latest groundbreaking information, experience, practice and receive tools to implement in your day to day life and spiritual path evolution, increasing awareness and expanding consciousness.

For more information go to:
www.shalohaproductions.com/science-spirituality-conference/

Keep Learning!

20th Annual Energy Psychology Conference - 2018

The Conference for Integrative and Energy Therapies: Emerging Strategies for Mind-Body-Spirit Integration

Sponsored by the Canadian Association for Integrative and Energy Therapies

Main Conference: October 19-21

Pre conference workshops: October 18

Post conference workshop: October 22

Holiday Inn Toronto International Airport Conference Center and Spa.

The conference is open to anyone interested in their own healing and personal growth.

For information: www.epccanada.ca ;

416-221-5639



RNAO-CTNIG AGM

Saturday, April 21, 0830 -1100

Please join us for breakfast this year at our AGM at the RNAO AGM

Toronto Hilton Hotel

145 Richmond Street West, Toronto

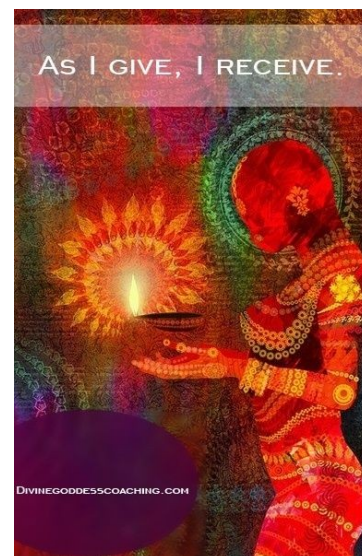


Guest speaker: 2017 CTNIG Award Recipient Patricia Kennedy

– "Holistic Approaches to Breast Health & More"

Registration necessary with the RNAO <http://rnao.ca/events/93rd-annual-general-meeting-agm>. You must be an RNAO member to use this link. If you are not a member please contact Kim Watson.

For further information contact Kim Watson at kwats56@hotmail.com



CT across Canada....Did you know?

From Shifts in Energy. Feb 2018.

An Experience with a Skeptic By Cheryl Larden, RN, BSN, TTRT

Results of hearings at the College of Registered Nurses of British Columbia and Health Professions Review Board of British Columbia about the practice of Therapeutic Touch® as a nursing intervention.

In BC, Therapeutic Touch is within a nurse's scope of practice. If a nurse has had training in

Therapeutic Touch she/he can provide Therapeutic Touch to patients/clients. There is no need for the nurse to get permission from a doctor or other health care professionals.

Recently a known skeptic working as a professor in a School of Nursing at a university challenged the use of Therapeutic Touch by nurses, specifically me. He lodged a complaint against me to the College of Registered Nurses of British Columbia (CRNBC). As summarized by CRNBC, he claimed that I was using my RN title to improperly market a Therapeutic Touch business through Langara College, that I was making false and misleading claims regarding the efficacy of Therapeutic Touch, and ignoring scientific evidence that Therapeutic Touch does not work. He further alleged that my Therapeutic Touch activities breach the professional standards: Appropriate Use of Title and Knowledge.

A shortened version of CRNBC's decision: "Without endorsing Therapeutic Touch or any of the claims made by its proponents about its efficacy, CRNBC does not consider that

Therapeutic Touch exposes clients to a greater risk to health or safety than prevailing health practices, so long as it is not used to the exclusion of conventional therapies when they are warranted. The Registrar concluded that your actions were satisfactory; the Registrar does not consider it to be unprofessional conduct for you to provide Therapeutic Touch, or to educate others in the provision of that therapy; nor is it unprofessional for you to use the "RN" title in connection with those activities."



Photo courtesy of www.therapeutictouchontario.org

CRNBC dismissed the charges against me. CRNBC informed me that he had 30 days to appeal their decision to the Health Professions Review Board (HPRB).

HPRB is an administrative tribunal created under the Health Professions

Act to provide an independent review of certain decisions made by the self-governing colleges of designated health professions. The professor did appeal to the HPRB. The HPRB upheld the CRNBC decision.

Health Professions Review Board BC summary

2017-HPA-064(a) re: The College of Registered Nurses of British Columbia
www.hprb.gov.bc.ca/decisions/2017-HPA-064%28a%29.pdf

Stage 2 hearing of an application for review of a complaint Inquiry Committee (IC) disposition under

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s. 50.6 HPA – Disposition confirmed. Complainant, professor at a school of nursing, complained to college about Registrant's use of RN title in conjunction with a private service marketed by the Registrant known as Therapeutic Touch (TT). A Regulatory Practice Consultant with the College wrote the Complainant and advised him that the College considered therapeutic touch to be an accepted nursing intervention. Complainant was not satisfied with this response, as a result of which the Registrar investigated the complaint, and the Inquiry Committee (IC) accepted the Registrar's recommendation, which then became a deemed disposition by the IC pursuant to HPA s. 32(5). Review Board found investigation to be adequate and proportional to the seriousness of the complaint; key information was obtained to enable the IC to understand the nature of the complaint and the actions of the Registrant. Disposition found to be reasonable; College interpretation of the applicable practice standards was that therapeutic touch is an accepted and recognized nursing intervention, notwithstanding Complainant's views about complementary and alternative health care services and a nurse's ability to provide those services. It is not the role of the Inquiry Committee (or the Registrar) to enter in an academic debate as to the strengths or weaknesses of a particular nursing intervention. In confirming the IC's disposition, Review Board adjudicator noted the Complainant's submissions had been filed by him using his academic title on university letterhead, although the complaint was apparently based on his own personal view and there was no evidence that he was authorized to complain on behalf of the university.

November 8, 2017 (Posted November 24, 2017)



Websites



National Institutes of Health Office of Dietary Supplements

<https://ods.od.nih.gov/>

Helpful information about pros and cons of different supplements.



Eating Well

Meal plans for easy 400 calorie dinners

www.eatingwell.com/article/290708/7-day-meal-plan-a-week-of-easy-400-calorie-dinners/?

[did=222420&utm_campaign=ew_nourish_022618&utm_source=etg-newsletter&utm_medium=email&cid=222420&mid=11796571095](http://www.eatingwell.com/article/290708/7-day-meal-plan-a-week-of-easy-400-calorie-dinners/?did=222420&utm_campaign=ew_nourish_022618&utm_source=etg-newsletter&utm_medium=email&cid=222420&mid=11796571095)



Day 1: Sautéed Shrimp with Mango Salsa & Coconut Cauliflower Rice

Leadership Opportunity

The RNAO-CTNIG Wants You! To be a part of the Executive Team

“Be the Change You Want to See in the World”

Now more than ever we need leadership to keep our vision alive and enhance the health and well being of ourselves, our clients, our communities through a holistic approach to healthcare utilizing Complementary Therapies

You can help do this!

There are openings for many of the executive positions. This is your opportunity to grow professionally and personally and help the CTNIG continue to thrive and represent nurses who are interested in or practice Complementary Therapies within a holistic approach. Without your help, the CTNIG may not be able to carry on as a viable group with a vision to have Complementary Therapies recognized, incorporated and integrated into nursing and health care in Ontario.

Openings available for a **2 year** term are:

- ⇒ Communications Officer,
- ⇒ Research Officer,
- ⇒ Education Officer,

- ⇒ Policy and Political Action Officer,
- ⇒ Finance Officer and
- ⇒ Membership Officer.

Positions may be shared by 2 individual

No Experience is necessary as this can be a learning goal to further develop leadership skills. Bring your current talents and willingness to lead and learn. You will be mentored and supported by the current executive

Nominations are accepted until

Monday, April 16 and will be announced at the **CTNIG AGM on Saturday, April 21.**

Positions officially begin Nov 1, 2018 but an earlier start can be arranged.

Please contact Kim Watson kwats56@hotmail.com or Darka Neill darka_neill@sympatico.ca if you are interested in more information about any of the positions or to submit your name or the name of a CTNIG member who you think may be suitable for any of the openings.

Look forward to hearing from you!



Come join our new group on FaceBook at www.facebook.com/CTNIG/

Self Care Tips

How to Avoid Being Negatively Affected by Toxic People

by Traci Stein in Update from Belleruth

<http://blog.healthjourneys.com/update-from-belleruth/index.php>

If you find yourself a magnet for the hopelessly self-centered, the most important question to ask is not, "Why are some people so toxic?" but, "How can I stop attracting toxic people and still love myself?"

There are reasons why many super-nice people are drawn to those who take advantage of them, even if they are not fully conscious of these reasons.

Of course, toxic behavior occurs on a continuum, from the person at work who always looks for someone else to do things for them, to the friend who constantly asks for favors but never reciprocates, to the person who is callous, lies, steals others' intellectual or actual property, the partner who cheats, or the family member who is verbally abusive or worse.

Whatever form your toxic people tend to take, you'll recognize your tendency to get involved with the liars, false friends, or takers of the world, because you'll find yourself in the same types of frustrating, draining, or hurtful situations again and again.

Even as the people in your life change, the basic dramas won't, and you'll ultimately experience feelings of hurt, betrayal, or insecurity when toxic people reveal their true colors.

There is no denying that toxic people have the ultimate blame for how they treat others. But at the end of the day, it takes two to tango; only you can learn to change your steps (effectively changing the dance), or leave the dance floor altogether, and choose better dance partners going forward

What Keeps People Going Back to a "Poisoned Well?"

Continually forming relationships with people who can't reciprocate or who take advantage of you is

like a being thirsty person who drinks only from poisoned wells. Even if the water doesn't kill you, you'll probably feel really ill from drinking it and you will never fully quench your thirst.

Many nice people unconsciously seek out those who need healing of some sort. They may believe that their self-worth depends on being loved by difficult people. They may get a "high" from being a hero, rescuer, or perennial "go-to" person. They may feel a need to be self-sacrificial in order to be a "good person." Toxic people can "smell" these needs from a mile away.

Breaking the Cycle and Creating Positive Change

So, what can you do to break this cycle? I suggest keeping a journal and reflecting on the points below. You'll be surprised at how much you learn about yourself. You'll also become better able to change self-destructive habits.

1. Take a fearless inventory of your relationship patterns. If you've attracted a number of friends or partners who tend to take advantage of you, ask yourself what initially attracted you to these people. Same goes for

coworkers and bosses. Write this down for each relationship that fits the bill.

2. Notice how many times you say, "Yes," when you would rather say "No" to someone. Pay attention to the thoughts and feelings you have when you consider setting a limit. Write these down as well. This will shed light on how you value yourself and the self-judgments you have around limit-setting.
3. Ask yourself, "Do I treat myself with less kindness, consideration, or respect than I give others?" Understand that if the answer is "Yes,"



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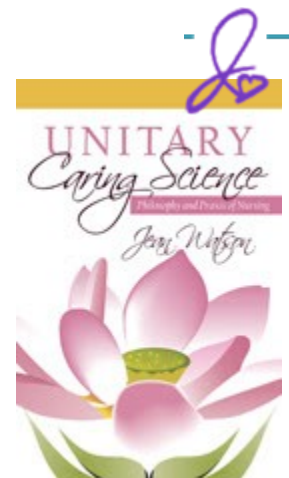
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this makes you a magnet for difficult people. And it's unfair to you. Most important, you are the only person who can change this pattern.

Other suggestions

1. Realize that you can take good care of yourself and still be a good person! "Goodness" does not require self-sacrifice to the point of victimhood. There are no extra points for personal martyrdom.
2. Understand that how you treat yourself sets the ultimate example for your children. It will influence how they treat themselves and their partners, their own children, and other loved ones some day.
3. Remember that it's impossible to make everyone else happy (and that's not even a good goal anyway). Some people will never be happy. And no one who looks to others to make them happy will ever really get there.
4. Similarly, understand that no one can heal or change another person. Personal growth requires a willingness to do the hard work, and although other people can be supportive, no one can do the work for anyone else. Truly toxic people are uninterested in becoming more self-reliant, compassionate, kinder, or more giving. Stop trying to change them.
5. Practice mindfulness or another form of meditation. This will help you to ride out the anxiety you'll likely feel as you get used to taking care of you, and weeding out the people who treat you poorly. You'll also gain greater insight into your own vulnerabilities and strengths, and better sense when someone is really unable to be in a healthy relationship with you.
6. Listen to positive affirmations. Recent research has shed light on how your brain responds to them, and has found that affirmations really help people feel and do better. Ones that focus on fostering self-compassion, developing a healthy self-esteem, and having greater self-confidence can give you the boost you need to treat yourself better.
7. Understand that you will definitely get pushback from people who want you to continue being their go-to person for everything. Toxic people hate losing their supply. You can help shore up your self-esteem and build self-confidence by spending time with those who are truly supportive of you, and by practicing self-kindness.
8. Be creative in your efforts to release old patterns. Imagery that helps you sever unhealthy emotional cords can help you through the process of ending dysfunctional relationships. It can also help heal the heartbreak that losing relationships – even toxic ones – can generate.
9. If you need additional help learning to set limits or move on from a relationship, consider consulting with a counselor who can support you during this process.

Caritas Presence as Praxis involves a discipline of "standing still," holding that heart-centered loving-kindness inside, while open and available. One is open to give and receive all that is spontaneously arising in the moment — free of ego attachment—allowing for creative emergence in the Now.



What's Happening!

Therapeutic Touch Network of Ontario CARE150 events continue May 7 – 13 in 2018

In May 2017 the Therapeutic Touch Network of Ontario launched its inaugural *CARE150 Therapeutic Touch Awareness Week*. Events took place across the province to engage members and Branches to raise awareness about the benefits of Therapeutic Touch® in their communities. Results were tangible.

Therapeutic Touch was introduced to over 1000 people at the 52 events that were hosted across Ontario during the Awareness week. Communities from Thunder Bay to Toronto and Ottawa to Windsor planned events in their Communities. What is becoming evident through anecdotal accounts and continued feedback, is the wider effect of CARE150 Therapeutic Touch Awareness Week 2017. Last year's events have created more opportunities to spread the word that Therapeutic Touch Works.

Check out the TTNO Facebook page for up-to-date information on CARE150 Therapeutic Touch Awareness Week 2018

<https://www.facebook.com/groups/ttnosm/>

Check out the TTNO website for up-to-date Event listings, at www.therapeutictouchontario.org

Newly-formed alliance of naturopathic regulators March 14, 2018 - CANRA

The regulatory bodies for naturopathy in Canada are proud to announce the formation of the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). The voluntary alliance was established in Vancouver, BC on February 26, 2018.

CANRA's goals are to

- ✓ Promote communication and cooperation among its members.

- ✓ Promote information sharing among members relating to regulation, administration, education and health care generally.
- ✓ Work to create opportunities to work collaboratively on matters relating to the regulation of the naturopathic profession in Canada.

Current members include all of the regulatory authorities for the profession in Canada:

- College of Naturopathic Physicians of British Columbia (CNPBC);
- College of Naturopathic Doctors of Alberta (CNDA);
- Saskatchewan Association of Naturopathic Practitioners (SANP);
- Manitoba Naturopathic Association (MNA); and
- College of Naturopaths of Ontario (CONO).

“As regulatory authorities governing naturopathic doctors in five Canadian jurisdictions, we have a great deal in common and share interests and challenges in regulation in the modern age. This alliance creates a formal structure to support cooperation and collaboration, to learn from one another so that we can regulate effectively and efficiently,” said Dr. Beverly Huang, ND, President of the College of Naturopathic Doctors of Alberta.

As an alliance, CANRA has no authority over the individual regulatory authorities that form its membership and its primary focus will be on supporting best practices in regulation, through effective examinations, entry-to-practice processes, good governance and many other fundamentals of regulation.



Research

The Effectiveness of Emotional Freedom Techniques in the Treatment of Posttraumatic Stress Disorder: A Meta-Analysis

Brenda Sebastian, MPsych., Jerrod Nelms, PhD
EXPLORE January–February, 2017 Volume 13,
Issue 1, Pages 16–25
[www.explorejournal.com/issue/S1550-8307\(16\)X0007-9](http://www.explorejournal.com/issue/S1550-8307(16)X0007-9)

DOI: <https://doi.org/10.1016/j.explore.2016.10.001>

Background

Over the past two decades, growing numbers of clinicians have been utilizing emotional freedom techniques (EFT) in the treatment of posttraumatic stress disorder (PTSD), anxiety, and depression. Randomized controlled trials (RCTs) have shown encouraging outcomes for all three conditions.

Objective

To assess the efficacy of EFT in treating PTSD by conducting a meta-analysis of existing RCTs.

Methods

A systematic review of databases was undertaken to identify RCTs investigating EFT in the treatment of PTSD. The RCTs were evaluated for quality using evidence-based standards published by the American Psychological Association Division 12 Task Force on Empirically Validated Therapies. Those meeting the criteria were assessed using a meta-analysis that synthesized the data to determine effect sizes. While uncontrolled outcome studies were excluded, they were examined for clinical implications of treatment that can extend knowledge of this condition.

Results

Seven randomized controlled trials were found to meet the criteria and were included in the meta-analysis. A large treatment effect was found, with a weighted Cohen's $d = 2.96$ (95% CI: 1.96–3.97, $P < .001$) for the studies that compared EFT to usual care or a waitlist. No treatment effect differences were found in studies comparing EFT to other evidence-based therapies such as eye movement desensitization and reprocessing (EMDR; 1 study) and cognitive behavior therapy (CBT; 1 study).

Conclusions

The analysis of existing studies showed that a series of 4–10 EFT sessions is an efficacious treatment for PTSD with a variety of populations. The studies examined reported no adverse effects from EFT interventions and showed that it can be used both on a self-help basis and as a primary evidence-based treatment for PTSD.

Vitamin and Mineral Supplements: Which Patients Will Benefit?

JoAnn E. Manson, MD, DrPH; Shari S. Bassuk, ScD.
Medscape - Feb 05, 2018.

JAMA. Published online February 5, 2018.

doi:10.1001/jama.2017.21012

<https://jamanetwork.com/journals/jama/fullarticle/2672264>

Dietary supplementation is approximately a \$30 billion industry in the United States, with more than 90 000 products on the market. In recent national surveys, 52% of US adults reported use of at least 1 supplement product, and 10% reported use of at least 4 such products. Vitamins and minerals are among the most popular supplements and are taken by 48% and 39% of adults, respectively, typically to maintain health and prevent disease.

In this Viewpoint, we provide information to help clinicians address frequently asked questions about micronutrient supplements from patients, as well as promote appropriate use and curb inappropriate use of such supplements among generally healthy individuals. Importantly, clinicians should counsel their patients that such supplementation is not a substitute for a healthful and balanced diet and, in most cases, provides little if any benefit beyond that conferred by such a diet.

Key Points on Vitamin and Mineral Supplements

General Guidance for Supplementation in a Healthy Population by Life Stage

- **Pregnancy:** folic acid, prenatal vitamins
- **Infants and children:** for breastfed infants,

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vitamin D until weaning and iron from age 4-6 mo

- **Midlife and older adults:** some may benefit from supplemental vitamin B12, vitamin D, and/or calcium
- **Guidance for Supplementation in High-Risk Subgroups**
- **Medical conditions that interfere with nutrient absorption or metabolism:**
 - Bariatric surgery: fat-soluble vitamins, B vitamins, iron, calcium, zinc, copper, multivitamins/multiminerals
 - Pernicious anemia: vitamin B12 (1-2 mg/d orally or 0.1-1 mg/mo intramuscularly)
 - Crohn disease, other inflammatory bowel disease, celiac disease: iron, B vitamins, vitamin D, zinc, magnesium
- **Osteoporosis or other bone health issues:** vitamin D, calcium, magnesium
- **Age-related macular degeneration:** specific formulation of antioxidant vitamins, zinc, copper
- **Medications (long-term use):**
 - Proton pump inhibitors: vitamin B12, calcium, magnesium
 - Metformin: vitamin B12
- **Restricted or suboptimal eating patterns:** multivitamins/multiminerals, vitamin B12, calcium, vitamin D, magnesium

Studies on specific brands of Curcumin (found in turmeric)

Memory and Brain Amyloid and Tau Effects of a Bioavailable Form of Curcumin in Non-Demented Adults: A Double-Blind, Placebo-Controlled 18-Month Trial

[www.ajgponline.org/article/S1064-7481%](http://www.ajgponline.org/article/S1064-7481%2817%2930511-0/abstract#article-footnote)

[2817%2930511-0/abstract#article-footnote-](http://www.ajgponline.org/article/S1064-7481%2817%2930511-0/abstract#article-footnote)

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Highlights

First long-term (18 months) double-blind, placebo controlled trial of a bioavailable form of curcumin (**Theracurmin®** containing 90 mg of curcumin twice daily) in non-demented adults.

Daily oral Theracurmin led to significant memory and attention benefits.

FDDNP-PET scans performed pre- and post-treatment suggested that behavioral and cognitive benefits are associated with decreases in plaque and tangle accumulation in brain regions modulating mood and memory.

Curcumin's cognitive benefits may stem from its anti-inflammatory and/or anti-amyloid brain effects.

Objective

Because curcumin's anti-inflammatory properties may protect the brain from neurodegeneration, we studied its effect on memory in non-demented adults and explored its impact on brain amyloid and tau accumulation using 2-(1-{6-[(2-[F-18]fluoroethyl)(methyl)amino]-2-naphthyl}ethylidene)malononitrile positron emission tomography (FDDNP-PET).

Methods

Forty subjects (age 51–84 years) were randomized to a bioavailable form of curcumin (Theracurmin® containing 90 mg of curcumin twice daily [N = 21]) or placebo (N = 19) for 18 months. Primary outcomes were verbal (Buschke Selective Reminding Test [SRT]) and visual (Brief Visual Memory Test-Revised [BVMT-R]) memory, and attention (Trail Making A) was a secondary outcome. FDDNP-PET signals (15 curcumin, 15 placebo) were determined in amygdala, hypothalamus, medial and lateral temporal, posterior cingulate, parietal, frontal, and motor (reference) regions. Mixed effects general linear models controlling for age and education, and effect sizes (ES; Cohen's d) were estimated.

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Results

SRT Consistent Long-Term Retrieval improved with curcumin (ES = 0.63, $p = 0.002$) but not with placebo (ES = 0.06, $p = 0.8$; between-group: ES = 0.68, $p = 0.05$). Curcumin also improved SRT Total (ES = 0.53, $p = 0.002$), visual memory (BVM-T-R Recall: ES = 0.50, $p = 0.01$; BVM-T-R Delay: ES = 0.51, $p = 0.006$), and attention (ES = 0.96, $p < 0.0001$) compared with placebo (ES = 0.28, $p = 0.1$; between-group: ES = 0.67, $p = 0.04$). FDDNP binding decreased significantly in the amygdala with curcumin (ES = -0.41, $p = 0.04$) compared with placebo (ES = 0.08, $p = 0.6$; between-group: ES = 0.48, $p = 0.07$). In the hypothalamus, FDDNP binding did not change with curcumin (ES = -0.30, $p = 0.2$), but increased with placebo (ES = 0.26, $p = 0.05$; between-group: ES = 0.55, $p = 0.02$).

Conclusions

Daily oral **Theracurmin** may lead to improved memory and attention in non-demented adults. The FDDNP-PET findings suggest that symptom benefits are associated with decreases in amyloid and tau accumulation in brain regions modulating mood and memory.

Investigation of the effects of solid lipid curcumin on cognition and mood in a healthy older population

Cox KH, Pipingas A, Scholey AB.
J Psychopharmacol. 2015 May;29(5):642-51.
www.ncbi.nlm.nih.gov/pubmed/25277322
 doi: 10.1177/0269881114552744. Epub 2014 Oct 2.

Objective

Curcumin possesses many properties which may prevent or ameliorate pathological processes underlying age-related cognitive decline, dementia or mood disorders. These benefits in preclinical studies have not been established in humans.

Methods

This randomized, double-blind, placebo-controlled trial examined the acute (1 and 3 h after a single dose), chronic (4 weeks) and acute-on-chronic (1 and 3 h after single dose following chronic treatment) effects of solid lipid curcumin

formulation (**400 mg as Longvida®**) on cognitive function, mood and blood biomarkers in 60 healthy adults aged 60-85.

Results

One hour after administration curcumin significantly improved performance on sustained attention and working memory tasks, compared with placebo. Working memory and mood (general fatigue and change in state calmness, contentedness and fatigue induced by psychological stress) were significantly better following chronic treatment.

A significant acute-on-chronic treatment effect on alertness and contentedness was also observed. Curcumin was associated with significantly reduced total and LDL cholesterol and had no effect on hematological safety measures.

To our knowledge this is the first study to examine the effects of curcumin on cognition and mood in a healthy older population or to examine any acute behavioral effects in humans. Results highlight the need for further investigation of the potential psychological and cognitive benefits of curcumin in an older population.



2015 CTNIG Award Winner Kym Gouldstone receiving her Award plaque at the RNAO booth during the 2017 Toronto Pride Parade.

Student Corner

How I Survived Nursing School!

By Cassandra Neill and Krystyna Makris - 4th year nursing students at Ryerson University

Holistic Nursing requires nurses to integrate self care into their lives ultimately acting as a role model for their patients. The nursing profession advocates for and strives for the creation of healthy work environments for nurses. How do nursing programs fit into this equation? We are fortunate to have personal reflections of two Ryerson nursing students' experiences with incorporating self care into their lives and the challenges and barriers they have experienced during their four years of nursing school.

Cassandra's story

I was 26 when I started nursing school. I had been out of full time studies for approximately 10 years. Prior to first year, I had enrolled in part time studies to upgrade my credentials, simultaneously holding down a part time job. I was able to balance work, my social life and excel at my part time studies. Doing as well as I did, I thought I was prepared to start nursing school with some ease and I thought at my age and with my life experience I would be able to manage my stress. Boy, I was wrong.

The stress of nursing school was a complete shock to my system, my first year being the hardest. I spent countless nights crying, doubting my abilities and decision. I had no idea how or if I was even going to finish my degree. My prior coping strategies were unhealthy and in my new life they weren't working, therefore I needed to develop new ones. As cliché as it sounds, I started with deep breathing exercises, listening to guided imagery and meditation CDs. I also reached out to services offered by my school, such as student counseling and attended different workshops. Family was also a big support, offering their ears, words of wisdom and comfort.

My biggest barriers to stress reduction was high expectations placed upon myself, this overwhelming feeling of guilt that I should be doing school stuff 24/7, terror that I never had enough time to complete my school obligations and panic that I was going to fail. The resources mentioned above that I was using, helped but did not address the root of my

problem. I had to learn to let go, forgive myself, and be realistic about how I wanted to live my life for the next four years. Positive self-talk became my new go to. I constantly told myself it was ok if I didn't finish all my readings, its ok if I don't understand everything the first time, I don't need to be an expert at this time, I don't need to have all the right answers all the time. I took it day by day, allowing myself to let go of these negative feelings and thoughts and started to incorporate things I actually enjoyed, such as spending time with friends, Zumba and work.

**NURSING SCHOOL EXAMS BE LIKE:
WHICH ONE IS THE
MOST ORANGE?**



My best piece of advice for all students is to TAKE TIME FOR YOURSELF. Take time to do things you enjoy, allow yourself to put the books down. They preach self-care in nursing school, listen to them! Don't skip it, it really does make a difference in your overall health, there is always time for yourself.

Krystyna's story

The first few months of nursing were challenging, tiring but exciting. I thought this degree would be the longest four years of my life. Looking back now, I wish I could go back to year 1. From the get-go, I formed a study group with a couple fellow classmates, which turned out to be the best decision of my schooling. My study group was one of the resources I used throughout my education to help manage my stress and anxiety. In school, we learned early-on about coping mechanisms and how they can affect an individual's ability to deal with stressors. I learned that coping mechanisms are unique to each person and can be related to spiritual beliefs, past experiences and peer influences. I knew I was not alone because my program offered a variety of resources. Resources that were offered include social supports, town halls, the tri-mentoring program and workshops organized by the nursing course union. Although these resources were

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available, accessibility was a challenge. In first semester, I took 6 courses, in second semester I took 7. The course load made prioritization, organization and self-care difficult. When I wasn't focused on school work, I felt guilty for enjoying time away from my textbook. The school work felt as if it was never ending, I wrote essay after essay, exam after exam on top of my daily commute and 6am wake up calls.

The stress of nursing school made self-care activities essential. Self-care activities I engaged in were long walks, music therapy, progressive muscle relaxation and deep breathing. All five of these strategies worked well for me throughout my undergraduate degree. They were not time consuming and offered a break from all the textbooks I was reading on a daily basis.

I met my study buddy, Cassie in first year, and she became my primary support system over the years. Before meeting Cassie and her mom, Darka, I was not aware of the role complementary therapies play in individuals lives. Darka is a pioneer of complementary therapies with an array of techniques, CDs and expertise in the field that she is willing to share. Darka invited me to attend the Complementary Therapies Nursing Interest Group (CTNIG) held at the Registered Nurses Association of Ontario (RNAO) Annual General Meeting. I can definitely say I was a skeptic before coming to the meeting... I mean... do these therapies even work? After observing and experiencing complementary therapies such as therapeutic touch and meditation I can testify that this therapy is real, relaxing and therapeutic.

Complementary therapies were mentioned briefly throughout my undergraduate degree. As the years progressed, we moved from pharmacological therapies and medical interventions to community care, relaxation techniques and complementary therapy. There were many barriers to accessing and using coping strategies during school. Barriers including perceived lack of time, stress, and increasing volume of school work exist and affect

an individual's ability to apply coping strategies. I always felt that I didn't have enough time to engage in self care. My self-care strategies remained the same throughout the 4 years. They helped me distance myself from reality and focus on the present.

There have been significant improvement to the program's stress management techniques since I began in 2014. A group called SMASH which I only recently learned about focuses on student's mental health by conducting support groups meeting, social activities and stress reducing activities. The nursing course union also facilitates workshops, "chill out" sessions and opportunities to speak with fellow classmates. At one point, another student organization arranged for therapy dogs to come on Campus. Unfortunately I could not participate in this experience due to class and clinical commitments, but would love to see this initiative again in the future.

Over the next couple years, I would like to see the advancement of complementary therapies in the program. I believe it would be ideal to have individuals certified in Therapeutic

Touch to come and demonstrate these techniques to students.

My words of wisdom would be to take care of yourself. Make sure you get enough sleep, eat properly, exercise (yes, long walks are okay) and take some time for yourself away from the textbooks. ALWAYS start assignments or studying in advance because procrastination can have profound effects on your mental health and stress management. Since first year, I strived to start my assignments 1-2 weeks in advance. While everyone was panicking and scrambling to finish their assignments at the last minute, I was completing my final edits and taking the extra time to engage in relaxation activities. In order to care for others, you need to care for yourself. Put yourself first, your health is the most important. From one nursing student to another, you will make it. Believe in yourself, believe in your intelligence, work hard, enjoy your time away from the books and engage in self-care.

**Self-Care is a
priority and necessity
- not a luxury -
in the work that we do.**

You Tube

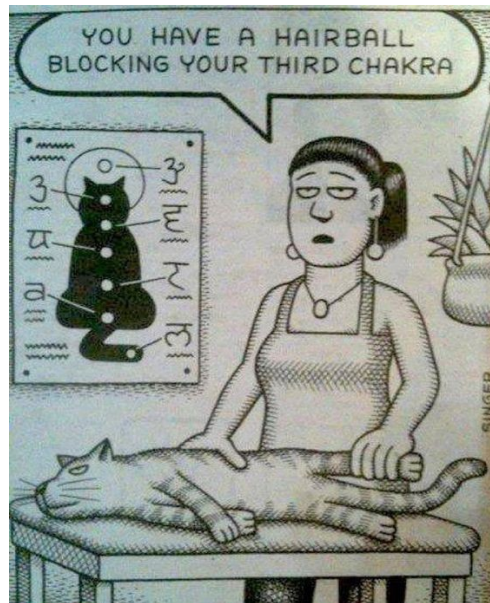
9 life lessons from Tim Minchin

This unorthodox comedian gives a commencement address at the University of Western Australia. It will blow you away. (note - for extra amusement watch the academic in the background)



www.youtube.com/watch?v=GIfen26SatE

On the Lighter Side



"I prefer the term 'aromatherapy.'"

You know you're a nurse when you've eaten apple sauce and graham crackers for lunch from your med cart, cause you're too busy!

Chartception...

Yes, I charted that I charted what I previously charted... What, Hold On! I have to chart that I told you about my charting.

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