#### RNAO-CTNIG

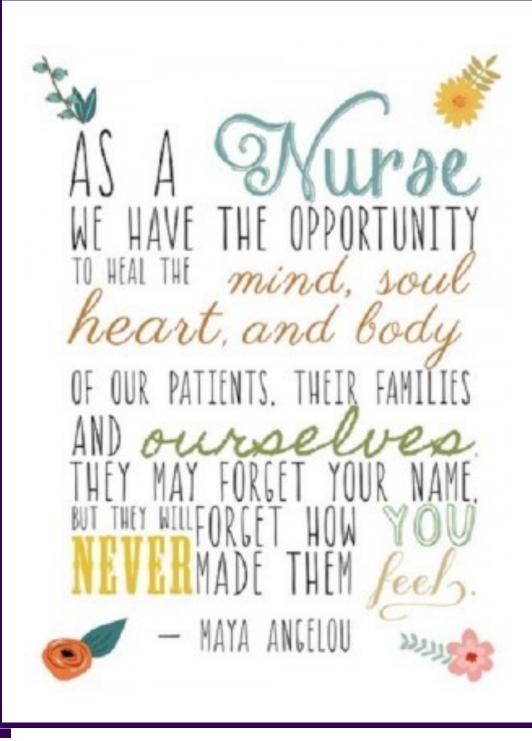


# Mind Body Spirit -The Whole News

**RNAO-CTNIG** Newsletter

Volume 17, Issue 2

Summer 2018



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Kelly Osborn Willowgreen CTNIG President

#### A Few Words from the President

I will never forget in 1992 when a neurosurgeon stood up in anger and pointed at the door for me to leave, yelling that I was wasting taxpayers dollars! He was furious when I told him I had used homeopathy and a chiropractor instead of taking the pills he gave me and had told me they would cause kidney stones. I was too naïve to understand that he wouldn't be happy that I was feeling better. Had I not have listened to my own intuition and sought complementary therapies I would have a shunt in my spine. Instead, I ended up completely symptom free of an incurable disease within a few weeks.

This was not my first disempowering and scary interaction with the medical system but it was life-changing and helped me understand that we needed a way to bridge

allopathic medicine with complementary therapies.

It was this abusive circumstance that inspired me to go back to school for 8 years, while working 5 part time jobs and raising 2 children as a single Mom, to get my nursing degree. This situation and others have inspired me to get involved with the CTNIG from the beginning and I'm very passionate about people having the right to choose. Darka paved the way for this vital need in healthcare and others such as Kim have carried the torch for many years.

At that time, I felt that I needed to become a Nurse so I could protect people from doctors. However, in my almost 17 years a psychiatric nurse RN I thankfully learned that most of the doctors that I worked with, even though we did not always agree with each other, they really and truly believed that they were doing the best for their clients. While the hospital I work at still does not support complementary therapies per se, we've come a long way as I recently had the privilege of leading Mental Health patient groups in mindfulness meditation, addictions and emotional awareness.

The only reason why we ever want anything is because of how we think it will make us feel (Abraham-Hicks)

The whole point of complementary therapies is so that we ourselves, our loved ones and the people that we serve can feel better

and not be limited by outdated constraints as to the different ways to obtain wellness. I feel honoured to be stepping into the role of president of the CTNIG advocating for Nurses and health care consumers to feel better and feel empowered as they navigate the health care system. I'm excited about continuing this sacred tradition of the CTNIG and leading to even more acceptance and integration Into the healthcare system.

I look forward to connecting with you as we grow together and bring more choice, awareness, depth and meaning to healthcare.

Sincerely, Kelly

## AGM Presentation Synopsis By Patricia Kennedy

Fellow CTNIG Members,

It was an honor to present at the RNAO-CTNIG AGM and meet such a powerful group of dedicated complementary therapy nurses.

My experiences, in the world of natural medicine, are unique to breast cancer prevention and the mammogram conundrum! I want all women and men to make informed decisions regarding their health and diligently work to inform those of us not plugged in to the current information regarding the natural medical approach. It is for you individually to find the path of treatment or prevention that

resonates with you with a priority of informed consent.

In my opinion, we must participate in the decisions and be respected for our choices of treatment or prevention! I feel the pain and frustration of many colleagues and clients as we evolve to a respectful integrative wellness model. I feel nurses play a massive role in the future of this evolution.

Here are some bullet points from my presentation highlighting major issues. Hopefully, these points and questions will inspire you to perform your own due diligence, get informed and find your own answers



1. The screening of healthy women utilizing mammography is being abolished in many countries outside of north America...Why?

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#### Who to Contact

#### EXECUTIVE

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- Ionizing radiation or x-ray, is cumulative. Why are we not being told this prior to having 5 mammograms in a day or mammography every 6 months? How about 20 annual mammograms and the 21st mammogram shows a 4 cm cancerous tumor. Then the patient asks "How did I get cancer this year Doctor?"
- 3. The words Prevention and Cancer in the same sentence have not been given earnest consideration and acknowledgment nor are medical professionals trained extensively in this regard. Last I heard, doctors get ½ hour of nutritional training once per year x 4 years! What do nurses get?
- 4. The support groups for cancer survivors and women in the throws of treatment have aggressively defended their treatments and proclaimed the suggestion of cancer being preventable is impossible. That was until approximately 2 years ago when the statement came out that "1/3 of all breast cancer IS preventable!" My question to you is. How you would feel knowing you have missed decades potentially of preventative strategies?
- 5. Many cancer patients are told to eat whatever they want to gain weight, get more energy and overcome the side effects of chemo. Brownies and sugary treats are fed to them in house during this process. My teachings verify that cancer loves sugar and hates oxygen! What do you know?
- 6. The myth that we have no control over our health or illness continues to be perpetuated. We are given no reason or encouragement to question our physician because they know everything about our bodies, our illness and what our options are! Have you heard the concept that body, mind and spirit there are many preventative and complementary approaches? Have they?
- 7. As we get informed and proactive regarding our health, we find we are strong armed and sometimes aggressively forced down one road or path with major regret later. I have many women and men, who have shared their

experiences of judgment and fear during the process of treatment or investigation after a cancer diagnosis. Fear is a negative emotion that implicates the outcome. Have you heard the concept "Psyche over Soma?" Thoughts

become things, make sure they are good ones?

8. To date, since breast screening was implemented, we have approximately 1.3 million healthy women over diagnosed and over treated for something that would not bother them in their lifetime! Have you heard Ductal Carcinoma in Situ (DCIS) is not a stage 4 breast cancer? World-wide it is known as a precancerous change not requiring a stage 4 aggressive approach!

My call to action for CTNIG members, is to clearly **do your due diligence** regarding the shocking truths I have presented. For more information, go to www.utube.com and watch the promise video (THE PROMISE VIDEO/BREAST CANCER) and hear what oncologists, radiologists, thermographers, physician's patients diagnosed with DCIS, and the surgeon who started breast screening for Margaret Thatcher in 1987 have to share regarding the above facts.

I am a proud RN of 44 years and believe in our individual right to informed consent in this country as well respect for our implementation of preventative or natural medical modalities.

The CTNIG is a pivotal support group for nurses involved in natural medicine. It allows us to have a voice as we shift through necessary changes to our medical model.

Thank you, Pat

As the Director of Clinical Services at Thermography Clinic London, Windsor and Hanover, Patricia Kennedy offers women and men, pain -free, non-invasive technology that is an effective assessment showing physiological changes both in Breast or Total Body imaging— with zero radiation.

By taking charge of her health destiny, with respect for both natural and mainstream medicine, Patricia has exemplified healthy living. Her experience, network & assessment skills can assist in triaging you into the world of natural preventative medicine.

She is passionate about her journey to wellness and shares her experiences with others as an inspiring speaker, educator, and practitioner.

Pat is the 2017 CTNIG Award Recipient.

# Fun and Learning at the AGM



# Thanking Kim Watson, Past President CTNIG

Darka Neill ( CTNIG consulting editor) presented Kim Watson with a gift of Micheline Montgomery's painting of a *Nurse with HOPE* at the CTNIG AGM recognizing her years of service to the CTNIG as president and her passion and dedication in advocating for the integration of Complementary Therapies into an integrative, holistic model of nursing and healthcare. Kim will stay on the CTNIG executive as the past president.







## Websites



#### Lucia Thornton

www.luciathornton.com

Lucia is a former president of the American Holistic Nurses Association and has been involved in nursing, holistic healing and healthcare for over 40 years. Lucia has taught undergraduate and graduate nursing students at California State University Fresno and throughout the country for the

Certificate Program in Holistic Nursing.

She was instrumental in creating the process of Board Certification for Holistic Nursing in the United States and served as the first Executive Director of the American Holistic Nursing Certification Corporation.

She developed the Model of Whole-Person Caring which was the recipient of the 2004 Norman Cousin's award and serves as a prototype for creating health and wellness for individuals, organizations and communities. Her work in transforming hospitals and organizations into "healing and healthy environments" has received national, state and local recognition.

She is the author of Whole Person Caring: An Interprofessional Model for Healing and Wellness available for purchase at www.luciathornton.com/ new-book-free-download and published by Sigma Theta Tau, the International Honor Society for Nursing.

Lucia facilitates workshops and seminars to audiences interested in creating health and wellness in their organizations, schools, communities and personal lives.

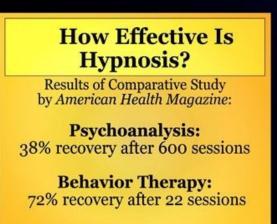
She is dedicated to creating a pluralistic paradigm that welcomes all healers and healing professions to participate in a health system that promotes health, healing, caring, and well-being.

### **An Introduction To...** Hypnosis by Sarah T Demone

According to Wikipedia "Hypnotism is a state of human consciousness involving focused attention and reduced peripheral awareness and enhanced capacity "In patients who can be easily hypnotized, hypnosis sessions have been shown to be effective in lessening chronic pain, pain of childbirth and other medical

respond tο tο suggestion" This state of human consciousness is induced by simple suggestions made by the hypnotist that the subject accepts than the hypnotist gradually gives suggestions that distort perception or memory. The hypnotist uses tests to determine the depth of the trance and than gives instructions and makes suggestions based on discussions and assessment of the subject about smoking, weight loss etc. Finally subject emerges the from the restful slumber

refreshed and alert. Many Hypnotists teach self hypnosis to their clients to encourage them to take charge and improve results.



**Hypnotherapy:** 93% recovery after 6 sessions procedures; treating smoking addiction and post traumatic stress disorder; and easing anxiety and phobias". (Heidi Jiang, Stanford University study lead author)

I am a Certified Consulting Hypnotist and trained at The London Hypnotherapy Centre with Gille Bernard-Master Hypnotist, Hypnotherapy Instructor. I was drawn to Hypnotism because I am able to work with people one to one, use my experiences, gifts and skills gained through nursing to empower people to live a

healthier, more joyful and complete life. I am proud and excited to be opening Hanover Hypnosis: Wellness Enhancement June 1, 2018 in my community. www.hanoverhypnosis.ca



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

# 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:

- $\Rightarrow$  Communications Officer,
- $\Rightarrow$  Research Officer,
- $\Rightarrow$  Education Officer,

- $\Rightarrow$  Policy and Political Action Officer,
- $\Rightarrow$  Finance Officer and
- $\Rightarrow$  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

> While nominiations are now closed, if you are interested in a position you may still express your interest.

#### 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!

"Who looks outside, dreams. Who looks inside, awakens." Carl Jung

# Words of Wisdom

"BE HAPPY AND FIND YOUR INNER LEADER: We each have the potential to lead. To some it comes naturally. To most it's cloaked in self-doubt and fear. For some it means leading on a big stage. For most it means taking the lead in the small things, as a parent, as a friend, in a family, at work. The power is within you." *Patrick Lindsay* 

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## Self Care Tips

Looking for a healthy summer dip recipe that is nutrient rich and has anti-oxidant, cancer prevention, healthy heart and digestive

properties...here it is! Adapted from Eating Well

You can add minced jalapeño or your favorite hot sauce for some heat!

Serve with crunchy vegetables, pita chips or pretzels, or use as a sandwich spread.

#### Ingredients

- ✓ I ripe avocado, peeled and pitted
- ✓ ½ cup nonfat plain yogurt
- $\checkmark$  1/3 cup packed fresh cilantro leaves, finely chopped
- ✓ 2 tablespoons onion, finely chopped
- ✓ I clove garlic, minced
- ✓ I tablespoon lime juice
- ✓ ¼ teaspoon salt
- $\checkmark$  1/4 teaspoon freshly ground pepper
- ✓ Hot sauce to taste, optional

#### Directions

- $\Rightarrow$  Mash the avocado in a bowl with a fork and then mix in the remaining ingredients. Add hot sauce to taste at the end if desired.
- ⇒ If you have a food processor then I Place avocado, yogurt, cilantro, onion, garlic, lime juice, salt and pepper in a

food processor. Process until smooth. Season with hot sauce, if desired.

⇒ Make Ahead Tip: Cover and refrigerate for up to 2 days.



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## Research

#### Personalized Breast Cancer Screening: Realistic and Feasible?

Roxanne Nelson, BSN, RN May 03, 2018

https://www.medscape.com/viewarticle/896139

The time has come for an individualized approach to breast cancer screening, and that should be rooted in a shared decision between a woman and her physician, say the authors of a new essay published <https://jamanetwork.com/journals/jama/ fullarticle/2679928> in JAMA.

Shared decision making in the setting of cancer screening isn't a new idea. Several countries, such as France, Switzerland, and the United Kingdom have moved mammography screening programs in that direction. In the United States, shared decision making ?about prostate-specific antigen (PSA) testing for prostate cancer is now part of standard guidelines and was preseded by similar debate

guidelines and was preceded by similar debate.

In their essay, Nancy Keating, MD, MPH, and Lydia E. Pace, MD, MPH, two physicians from Brigham and Women's Hospital in Boston, Massachusetts, point out that other organizations, notably the American Cancer Society, have joined the US Preventive Services Task Force (USPSTF) in recommending a more individualized approach to breast cancer screening.

Despite these recommendations, US screening practices have not changed much. A survey of primary care practitioners (PCPs) in 2016 found that their recommendations for screening were high across all patient age groups, the authors note. More than 80% of nearly 900 surveyed PCPs stated that they would recommend screening to women aged 40 to 44 years, even though major guidelines recommend against routine screening in that age group.

So while in theory it is a great concept that screening decisions be made by both the patient and physician and be based on the best available evidence and the patient's own unique health history, it

appears to be easier said than done.

The authors suggest that one way of making shared decision making easier is to increase the use of decision tools. Research has demonstrated that

these aids can increase knowledge and decrease decisional conflict and anxiety. "Such tools could be provided to patients in advance of visits," Keating explained, "such as through electronic medical record patient portals."

This would allow patients time to learn about their individual risk of breast cancer as well as the benefits and harms of mammography screening, and also consider how they feel about the relative benefits and harms, she said. "They can then talk more with their doctor about what might make sense for them."

To view original article in JAMA Insights/ Clinical Update: May?1, 2018 <https://jamanetwork.com/ journals/jama/fullarticle/2679928#188147566>

Breast Cancer Screening in 2018: Time for Shared Decision Making

Nancy L.?Keating,?MD, MPH; Lydia E.?Pace,?MD, MPH

JAMA. 2018;319(17):1814-1815. doi:10.1001/ jama.2018.3388

#### Spiritual Perspective, Mindfulness, and Spiritual Care Practice of Hospice and Palliative Nurses

Patricia Ricci-Allegra, PhD, RN, CPNP-AC/PC Journal of Hospice and Palliative Nursing.?2018;20 (2):172-179.?

www.medscape.com/viewarticle/893739? nlid=122037\_783&src=WNL\_mdplsfeat\_180501\_ms cpedit\_nurs&uac=6555DT&spon=24&impID=16212 40&faf=1

#### Abstract

Spiritual care is a key tenet of palliative care. A nurse's spiritual perspective has been recognized as an influencing factor in spiritual care, and results from several studies have shown an increase in spiritual perspective as a result of participation in programs designed to develop mindfulness as well as developing skills necessary for spiritual care. A descriptive correlational design was used with a

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convenience sample of nurses from the Hospice and Palliative Nurses Association. Data were collected online using the Spiritual Perspective Scale, Mindful Attention Awareness Scale, and the Nurse Spiritual Care Therapeutics Scale. Spiritual perspective was positively correlated with age ( $\rho = 0.2$ , P = .046), years of registered nurse experience ( $\rho =$ 0.208,P = .039) and higher in those with a religious affiliation (U = 392.5, P < .001, r = 0.54). A positive correlation was found between mindfulness and spiritual care (r = 0.212, P = .05), with mindfulness explaining 4.5% of the variance in spiritual care. No significant relationships were found between spiritual perspective and mindfulness or spiritual care. Identifying mindfulness as a factor that may influence spiritual care has implications for education, research, and practice.

#### Nursing's Role in Providing Pain and Symptom Management

Palliative Nursing Summit: Nurses Leading Change and Transforming Primary Palliative Care

Judith A. Paice, PhD, RN; Vanessa Battista, MS, RN, CPNP; Carol Ann Drick, PhD, RN, AHN-BC; Ellyn Schreiner, MPH, RN-BC, CHPN

Journal of Hospice and Palliative Nursing.?2018;20 (1):30-35.?

To view full article: https://www.medscape.com/ viewarticle/892072\_3

#### Abstract

Effective pain and symptom management is a crucial part of the care of those with life-threatening illnesses and their family members. Nurses in all settings have a vital role in providing this essential care. A recent summit held on May 12, 2017, "Nurses Leading Change and Transforming Palliative Care," convened by the Hospice and Palliative Nurses Association and attended by leaders of 26 nursing organizations strongly endorsed the importance of nursing's role in pain and symptom management and developed an agenda to advance these efforts. The agreed-upon goals of pain and symptom treatment include care that is effective (as defined by the patient), efficient (delivered in a prevent diversion such as safe storage and disposal). Through an iterative process, desired patient outcomes and nursing actions were outlined to support effective pain and symptom management in primary palliative care. These recommendations were categorized as education, clinical care, research, and regulatory concerns. This article reports on the outcomes of this summit related to pain and symptom management.

# Educational **Opportunities**

#### 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



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# Summer Bonus Edition

### **Healing Light**

When feeling lost, as at sea With no land in sight Look to the source of light That comes from the all that is Whether from within or without It is always there To guide and support No matter how disconnected we feel Healing Giving meaning to life Saving us from despair Knowing there is more to be revealed As the light envelopes our thoughts, feelings and being Through our spirit We see love, compassion, acceptance, truth and hope And that we are not alone.

### **Connecting to the Light Meditation**

Take your time doing each part and come with a curious mind.

Play calming music if helpful.

Do as much as you are comfortable in doing at the time.

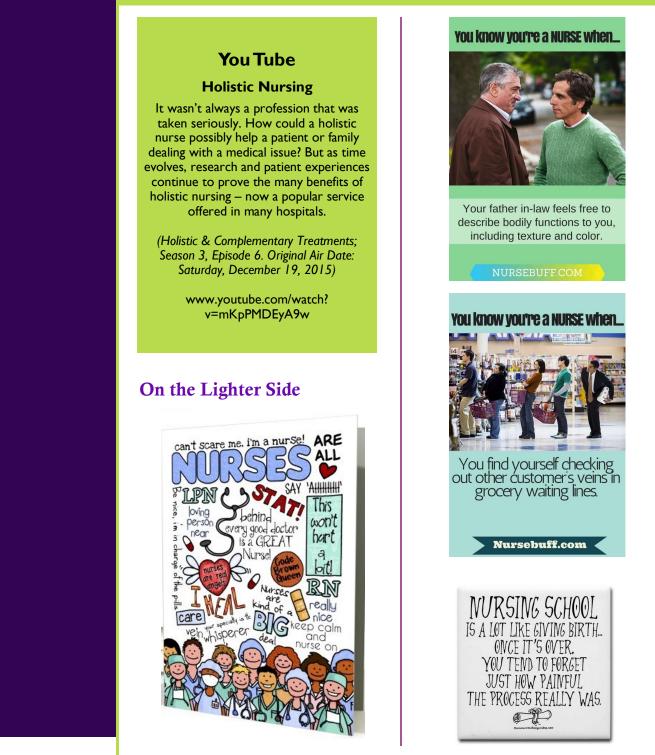
- Sitting or lying comfortably, close your eyes or look downward
- Feel the ground below you...
- Begin to breathe mindfully... Noticing as you inhale and exhale...
- Release tension, worries, pain and fear with the breath out and breathe in peace, calm and healing to fill all those areas in need (mind, body and spirit) as best you can...
- Connect with an image that is a source of light for you. This is your healing light.
- As you breathe, allow the light to fill you, radiate and strengthen with each in breath as any darkness fades with each out breath, more and more...
- From a place of compassion, surrender any negative judgments you hold into the light, as best you can, where they are transformed to a higher energetic vibration better serving your highest and greatest good...
- Come back to noticing your breath as you inhale and exhale, feel the ground below you and open your eyes slowly.
- Reflect on your experience ... perhaps through journaling.

Submitted by Darka Neill RN, BScN, RP, Reiki II

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