Welcome to the Spring 2015 SOIM newsletter! I’d like to start by thanking Teri Salus our Section manager for her expert support throughout the year, and Pat Wajda for her help in developing the newsletter. I’d also like to thank our Executive Committee for their hard work and commitment to the field of pediatric integrative medicine. The Section has been busy with a great variety of activities. I hope you will enjoy reading about our progress. Remember, we need you! If you see a project that interests you or if you have a great idea or interesting case study to share please connect with us.

In this edition we will be introducing Joy Weydert and Melanie Brown, two of our EC members who have taken on Membership activities. They bring rich backgrounds in medical education to the EC and head up residency education in pediatric integrative medicine at their training programs. Also look for an update on our NCE Educational Programs ably led by Michelle Bailey, our Program Section Chair for 2015. She has put together a terrific program on Physician Health and Wellness for Section Program in Washington DC, October 24, 2015. I hope to see many of you there.

This session will build on the publication of the Clinical Report on Physician Health and Wellness in 2014 and help us expand education on this important topic to a wider audience in the Academy. A new column called ‘The Well Physician’ designed to help readers stay up to date on progress in this area begins in this newsletter edition.

Erica Sibinga continues to lead our CAM series in Pediatrics in Review, assisted by Shelly Zimmer who will be rotating off the EC this fall. Tim Culbert brings his expertise in mind-body medicine to development of a proposal for a mind-body toolkit to complement an upcoming publication of the first Mind-Body Medicine Statement. This project was led by Sunita Vohra our Immediate Past-Chair, and is in the final phases of editing.

I’m delighted to announce Larry Rosen as the recipient of the second annual AAP SOIM Pioneer in Integrative Medicine Section Award - well deserved Larry! Thank you for your ongoing leadership and energy in moving the field forward. Larry and Kathi Kemper are co-leading plans for a Pediatric Integrative Medicine Leadership Summit this summer that will help chart future progress in the field. I appreciate the efforts of the part of each
Chair’s Report (continued)

of the Past Section Chairs, Kathi, Larry, and Sunita to keep the momentum building in the field.

Work has just started on revision of the SOIM Clinical Report on Pediatric Integrative Medicine, originally published in 2008. This report will offer an overview of research and policy in the field and provides the Section another important opportunity to update our colleagues about our progress. Thank you to all who have volunteered time to write and edit the project.

We just put out a call for proposals for our 2015 grant awards. We are happy to offer two $1500 awards, one in education and one in research. The submission window is open now until June 17, 2015. The application process is easy- I encourage you to apply. Contact Teri Salus at tsalus@app.org for more information.

It was a pleasure to see many of you at the Pediatric Integrative Medicine Pre-Conference to the Nutrition and Health conference in Phoenix, Arizona. We enjoyed wonderful lectures from Sandy Newmark, Kathi Kemper, and Karen Olness, along with a case panel presented by the National Pediatric Integrative Medicine in Residency faculty leaders John Mark, Joy Weydert, Melanie Brown, Michele Brenner, along with Sandy Newmark.

Enjoy the issue!

Warm regards,

Hilary McClafferty
Integrative Pediatrics in a Hospital Setting: You Can Get There From Here

By Ana Verissimo MD, MA, AHIHM

I am grateful for the opportunity to share my experience in helping to develop a Pediatric Integrative Medicine Program at Connecticut Children’s Medical Center (CCMC). It is my hope that this article may serve as a template for comparable programs at children’s hospitals of similar size. CCMC is a 187 bed not-for-profit children’s hospital in Hartford, Connecticut, that serves as the primary pediatric teaching hospital for the University of Connecticut School of Medicine. It is the only free standing Children’s Hospital in Connecticut and also is the only provider of a multidisciplinary pediatric pain management service in Connecticut. I am a physician in the Pain and Palliative Medicine Division, and Director of Integrative Medicine.

Developing a plan for the creation of an integrative medicine program at CCMC was the subject of my master’s thesis, completed at the Graduate Institute in 2010. The key component of this plan proved to be promoting its importance from a medical, ethical, and financial perspective within the context of evidence-based models of medical treatment. In bringing this vision to fruition, I have benefited from multiple discussions with colleagues, both locally and nationally.

When I arrived at CCMC, the pain management department already had a philosophy of stressing non-pharmacologic interventions, but the hospital offered few formal services of this sort. Biofeedback was being provided by certified physical and occupational therapists, and child-life specialists were trained in assisting diaphragmatic breathing and guided imagery, but few were certified in hypnosis. Nor did CCMC offer massage therapy or yoga (currently offered through research studies) at that time. In the early stages of developing our program, discussions with providers from local hospitals already providing some integrative services was therefore invaluable. For one thing, these institutions already had data regarding implementation of specific services and patient satisfaction surveys. I also learned that each institution offered a unique menu of integrative services, though massage, acupuncture, aromatherapy, yoga and relaxation with breathing and imagery were commonly offered.

In addition, the institutions varied regarding whether their services were fee-based or complementary. Most importantly, I learned from the experience of these existing programs that the offering of integrative therapies yielded numerous benefits, including increased patient satisfaction, increased staff satisfaction and retention, improved patient outcomes, decreased use of medication, decreased length of stay, positive public relations, new philanthropic opportunities, and market differentiation.

It is nevertheless true that there continues to be skepticism among patients, hospital administrators, insurers, and some physicians regarding the merits of integrative medicine. The description and implementation of an integrative medicine program therefore needs to be clear, and must include mission and vision statements in alignment with the assessment of patient needs and wants, which can be obtained through survey data of the local patient population or from national surveys. In the case of CCMC, we developed our own survey questionnaire to ascertain patient knowledge of, and interest in, various integrative medicine modalities. We used this questionnaire to gather information from staff at CCMC, hematology oncology patients and their families, patients within the cystic fibrosis clinic, as well as in-patients with various diagnoses. (A copy of the questionnaire is available on request.)

Among patients who responded, fewer than fifty percent were familiar with biofeedback and similar results were noted regarding guided imagery and hypnosis. Reiki and Therapeutic Touch were also unfamiliar to many patients. Not surprisingly, massage therapy was more familiar, and almost fifty percent of patients indicated that they would like that service to be available. When I recently used this same questionnaire to query patients with sickle cell anemia and thalassemia, 74% of respondents said they would consider massage therapy as adjuvant treatment while inpatient. Based on these responses, and funded by a $25,000 in-house grant, we have been able to make massage therapy available twice a week to in-patients at CCMC regardless of diagnosis. The response has been overwhelming, and we are currently seeking further funding to expand the offerings. When reviewing staff responses to the questionnaire, we were interested to find that less familiar modalities like Reiki and Therapeutic Touch sparked interesting email discussions.

Continued on page 4
It is also crucial to have a ‘project champion’ who can work toward introducing and promoting the initiative. Ideally this should be a well-respected physician with credibility among his or her colleagues. This helps to get over the novelty of some modalities, and eases skepticism. The project champion(s) can stimulate discussion through Lunch and Learn programs, discussion at Family Board meetings in various subspecialties, and outreach to community pediatricians. It is especially useful if these project champions come from a variety of disciplines so they can promote the philosophy of integrative medicine throughout the hospital.

This serves to foster an interconnected web of relationships, including the nursing staff, family liaisons, Child Life specialists, Family Service support and administrators. Finally, it is helpful to have an advocate for the program participate on important hospital committees, such as the quality committee, which can then serve as a venue for promoting the philosophy of integrative medicine.

Providers of integrative medicine should have strong allopathic medical knowledge and skill. If possible, recruiting staff from within the hospital is preferred as these providers have an existing commitment to the hospital and already have privileges. Of course, all providers need to be credentialed, though in some cases, the hospital may need to create its own credentialing model as many integrative medicine modalities do not yet have set licensure and standards of practice. There also needs to be a standard of safety, accountability, and communication with the physician supervisor and the hospital. Above all, emphasis on evidence-based practice is the foundation of a strong integrative program.

The guiding principles of integrative medicine involve empowerment of patients and their families, and an emphasis on healing regardless of diagnosis. As a strong believer in these ideas, I am hopeful that integrative medicine will be embraced within the wider medical community. To that end, support for quality research needs to be a priority. Thanks to my colleagues and mentors for their guidance, especially Drs. Kemper, Culbert, Vohra, and Guerrera.

Every step of the journey is the journey.

A Zen saying

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Pediatric Integrative Medicine Leadership Summit

The Section is grateful to the Marino Health Foundation for their generous support of the 2nd (in 10 years!) Pediatric Integrative Medicine Leadership Summit. The purpose of the summit is to build on our success over the last 10 years to create a strategic plan to take integrative pediatrics into the future. Kathi Kemper and Larry Rosen are leading the preparation for the event through surveys of pediatricians, family physicians, nurse practitioners, acupuncturists, chiropractors, massage therapists, naturopaths, yoga teachers and parents to identify goals, strengths, weaknesses, opportunities and threats (SWOT analysis). Based on these responses, 15 pediatricians will gather in Boston in June to clarify a strategic plan, benchmarks for success, and a plan to disseminate where we are and where we’re going. If you’d like to contribute, please contact Teri Salus (tsalus@aap.org).
BIO - Melanie Brown MD, FAAP

Melanie Brown is a pediatric critical care, palliative and integrative medicine physician at the University of Chicago, Comer Children’s Hospital. She is the medical director of the Comer Pediatric Comfort Team, the integrative medicine and palliative care service. The Comfort Team has a primary focus on improving the quality of life of children with complex medical conditions and includes practitioners who provide massage, aromatherapy, guided imagery and Reiki.

In addition to her clinical activities, Melanie is active in medical education and has taken on a number of leadership roles in the Pediatric Residency Program, the medical school and the community. She serves as Associate Program Director for the Pediatric Residency Training Program and is the site director for the Pediatric Integrative Medicine in Residency Program in collaboration with the University of Arizona Center for Integrative Medicine.

At the Pritzker School of Medicine, she is course Co Director for Healer’s Art and serves as the Chair of the parallel medical school admissions committee. She is the former Chair of the Health Initiatives Committee for the non-profit Imani Pearls Community Development Foundation and under her leadership the committee won awards for its innovative programming which included organizing community education events on health related topics such as stress management, environmental stewardship and cardiovascular awareness. Melanie attended medical school at Mayo Medical School in Rochester, MN and residency in Pediatrics at Children’s Memorial Hospital/ Northwestern University in Chicago, IL. She is a graduate of the following fellowships: Pediatric Critical Care Medicine at the University of Chicago; Clinical Medical Ethics at the MacLean Center for Clinical Medical Ethics; Medical Education Research, Innovation, Teaching and Scholarship (MERITS) at the University of Chicago; and Integrative Medicine at the Arizona Center for Integrative Medicine. She is passionate about her work and believes that Integrative Medicine is the type of whole health care that should be available to all children.

BIO - Joy Weydert MD, FAAP

Dr. Joy Weydert is an Associate Professor of Pediatrics and Integrative Medicine in the Department of Pediatrics at the University of Kansas Medical Center in Kansas City, Kansas. Here she has a special interest in health promotion and disease prevention in children using Complementary and Alternative Medicine (CAM) to facilitate healing. She received her undergraduate degree in nursing from the Graceland University and later attended the University of Kansas School of Medicine for her medical degree. She completed a residency in Pediatrics at Indiana University—Riley Hospital for Children. After many years in private practice and with a desire to pursue greater knowledge and skill in integrative medicine, she received a 2 year research fellowship at the University of Arizona Program in Integrative Medicine funded by NIH/NCCAM center grant—5 P50-AT00008. There, she was involved in the study protocol: Treatment of Functional Abdominal Pain in Children: Evaluation of Relaxation/Guided Imagery and Chamomile Tea as Therapeutic Modalities. Prior to her appointment at KUMC, she was the Director of Integrative Pain Management at Children’s Mercy Hospital where she used various CAM modalities to successfully treat children with chronic pain disorders such as headaches, recurrent abdominal pain, complex regional pain syndrome, juvenile idiopathic arthritis, and wide-spread myofascial pain.

She is board certified in pediatrics and a Fellow in the American Academy of Pediatrics where she was a founding member of the Provisional Section on Complementary, Holistic and Integrative Medicine, now known as the AAP Section on Integrative Medicine. As of February 2015, she is officially board certified in Integrative Medicine. She has authored various manuscripts and book chapters on integrative medicine in children and speaks widely on the same subject both locally and nationally. Her current clinical practice includes caring for children with chronic pain disorders, ADHD, Autism, as well as healthy children and families who desire a holistic approach to their health care.
SOIM continues to have an ongoing series in the journal Pediatrics in Review (PiR).

Recent publications include:

- Acne Vulgaris (February 2013 [online only])
- Breastfeeding (August 2013)
- Colitis (September 2013)
- Medical Considerations when parent inquire about a gluten and casein free diet for children with Autism (October 2013)
- Music Therapy (November 2013)
- Depression, Sleep Disorders, Substance Abuse (December 2013)
- CAM Utilization (March 2014)
- Febromyalgia (December 2014)

Articles submitted to the Editor:

- Yoga (submitted and approved by editor—publication expected Summer 2015)
- Effects of Hypnosis and Guided Imagery for Pediatric Pain (comments by Editor being reviewed)
- Irritable bowel syndrome (submitted and approved by editor—publication expected Summer 2015)

Articles in development include the following topics:

- Probiotics
- Pediatric fibromyalgia
- Anxiety and acupuncture
- Biofeedback
- Oncology
- Juvenile rheumatoid arthritis
- Child nutrition

Thanks to all of our members for your continued support!

For more information on the AAP Section on Integrative Medicine, please visit:
http://www2.aap.org/sections/chim/
The Well Physician

By Hilary McClafferty MD, FAAP

Physician health and wellness is a critical issue with wide reaching impact throughout the health care system. Publication of the 2014 AAP Clinical Report on Physician Health and Wellness provided an opening for discussion of the topic with the goal of shifting outdated perceptions that it is taboo. In fact, physician health is central to the success and longevity of physicians in practice and in training - and directly impacts the wellbeing of the patients in their care. We in the field of pediatrics have a unique opportunity to lead change in the culture of medicine as one of the first specialties to adopt revised ACGME core competencies developed in conjunction with the American Board of Pediatrics through the Pediatric Milestone Project. Language used in the new competencies clearly emphasizes the wellbeing of pediatric trainees, and specifically mentions healthy nutrition, sleep, physical activity, self-regulation skills, and mindfulness as essential elements of pediatric training. This is a far cry from my early training, where the expectation of unflagging endurance was the unrealistic norm. The reasons for raising awareness of the topic are important. Like too many of us, I have had the experience of losing colleagues and friends in the medical field to suicide – and this is, in a word, unacceptable. The wellbeing and mental health of pediatricians matters tremendously. We must take immediate steps to care for ourselves and for one another. This will take leadership, shifting from complacency to action, modeling new behaviors, learning new skills, and encouraging each other to do better. Pediatricians have a history of great passion for our work. Let’s turn the lens on ourselves and be the specialty that changes the medical culture for those coming after us and serve as role models and resources to colleagues in other specialties. My intention is that this column will help pediatricians stay abreast of emerging research in physician health and wellness, learn about concrete skills that can be applied to address burnout, and initiate a paradigm shift to preventive physician wellness that honors both our patients and ourselves. Raising awareness is the first step.

Take good care.
Education

October 24-27, 2015
Washington, DC

SOIM Executive Committee Meeting
Saturday, Oct 24
8:00 am—11:00 am
Marriott Marquis—Catholic University Room

SOIM Section Program
Integrative Medicine Approaches to Physician Health & Wellness
H1087: Saturday, October 24: 1:00 pm—4:00 pm
Marriott Marquis, Marquis Ballroom Salon 4
This Section Program will provide the attendee an update on the activities and progress of the SOIM over the past year, and address evidence-based integrative medicine approaches and strategies that can be used to support physician health and wellness. There will be a discussion on ways to minimize and prevent burnout while integrating self-care strategies into daily professional life. Examples of common integrative medicine strategies aimed at optimizing health and wellness include mindfulness, biofeedback, qi-gong, yoga, and nutritional strategies.

Integrative Approach to the Pediatrics Patient: Mind, Body, and Spirit (x2)
S2043: Sunday, October 25: 8:30 am—10:00 am
S3041: Monday, October 26: 8:30 am—10:00 am
Hypnosis for recurrent abdominal pain, headaches? Mindfulness for PTSD? Empathy for violence preventions? Yoga for eating disorders? Do any of these treatments work? How do they work? Health providers who care for children and adolescents need to have reliable and up to date information on the use of mind body therapies in their practice. Many of our patients may be using these treatments and are not disclosing use to their providers. Others may benefit from using these techniques as an adjunct to traditional Western care. In this workshop, the presenters will discuss the usage pattern of different types of mind body therapies. Basic techniques and theories on mechanism of action for each modality will be discussed along with evidence on efficacy. Participants are encouraged to bring questions and their own cases to the workshop.

Herbal Supplements and Ergogenic Aids: Can they help or hurt? (x2)
F1011: Saturday, October 24: 7:30 am—8:15 am
F2137: Sunday, October 25: 4:00 pm—4:45 pm
The proportion of individuals consulting practitioners of herbal medicine continues to rise with over 8 billion dollars spent annually on herbal medicines and ergogenic aids. Nearly one in five individuals taking prescription medicines was also taking herbs or high-dose vitamin supplements. In this workshop participants will get a brief update on the usage patterns of herbs in the adolescent population. The most commonly used herbal medicines will also be discussed including Arnica, St Johns Wort, Fenugreek and Butterbur. Ergogenic aids to be discussed including creatine, caffeine, propranolol and DHEA. Emphasis will be placed on the efficacy and safety of herbal medicines and ergogenic aids. Participants are encouraged to bring questions and their own cases to the workshop. A bibliography, resource list will be available as well as information on how to receive up to the minute updates on herbal medicines and supplements and ergogenic aids.
Section Program

⇒ Pediatric Integrative Mental Health: A Whole Person Approach to Addressing Serious Mental Health Problems Across the Continuum of Care (Michelle Bailey, Elizabeth Meade)

⇒ Biofeedback and Hypnosis: Fact or Fantasy

⇒ Heavy Petal A to Z: Herbs from Arnica to Zingiber in the Pediatric and Adolescent Patient

⇒ Knowledge gap on use of mindfulness and other meditative practices in the care of the pediatric and adolescent patient

⇒ Nutritional Supplements in Pediatric and Adolescent Patients: Do they really know what they are taking?

⇒ Oil and water don’t mix - Updated information on Drug / Herbal / Supplement interactions

⇒ The Scientific Integration of the Mind Body Connection into Clinical Practice

⇒ Beyond PPI’s for Reflux and Dyspepsia in Children: An Integrative Approach

⇒ Embracing the Moment: Mindfulness to Promote Resilience for Children, Adolescents, Families, and Health Providers

⇒ Meditation and yoga promote health and healing in children- Learn, practice, teach your patients!

⇒ Homeopathy: An effective, practical and safe therapeutic approach for Pediatrics

⇒ Integrating Acupuncture in the Pediatric Practice

⇒ A Biomedical Framework for Evaluation and Treatment of Children with Autism

⇒ A Pain in the Neck (and everywhere else): Integrative management of fibromyalgia in children

Cosponsoring

⇒ Health Coaches—Section on Obesity

⇒ Mindful Eating—Section on Obesity

⇒ Cultivating Resilience for Pediatric Health Care Providers—Section on Hospice and Palliative Medicine
## New SOIM Members

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<tr>
<th>Adnan Bajraktarevic</th>
<th>Jane Harris</th>
<th>Elenor MacGregor</th>
<th>Michelle Shuman</th>
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<td>Diane Barsky</td>
<td>Joyce Hooley-Gingrich</td>
<td>Elizabeth Mack</td>
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<td>Nancy Beery</td>
<td>Thanh Huynh</td>
<td>Katherine McGraw</td>
<td>Cheryl Standing</td>
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<td>Elizabeth Bird</td>
<td>Mitsuko Ito</td>
<td>Elisa O’Hern</td>
<td>Carissa Stanton</td>
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<td>Hye-Yong Kang</td>
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<td>Daria Karos</td>
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<td>Karen Prentice</td>
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<td>Angelika Rampal</td>
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<td>Robert Dumont</td>
<td>Cheryl Lawrence</td>
<td>Patricia Rogers</td>
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<td>Christophe Le Renard</td>
<td>Kathleen Rooney-Otero</td>
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<td>Adrian Goldman</td>
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<td>Jeanne Wilson</td>
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<td>Noel Harbist</td>
<td>Yufang Lin</td>
<td>Mary Sheetz</td>
<td>Christine Zawistowski</td>
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Our recruitment campaign really paid off!

Thanks, Melanie Brown and Joy Weydert, Membership Co-chairs