The American Holistic Nurses Association (AHNA) is a non-profit organization whose membership is open to nurses and others interested in holistically oriented healthcare practices.

Membership fees:
- $125/US
- $55/Full Time Student
- $80/Part Time Student
- $75/Elder
- $135/International

Although the AHNA supports the concepts of holism, it refrains from endorsing specific practitioners, organizations, products, services, or modalities. Advertising in Beginnings does not imply endorsement by the AHNA. Look for the “AHNA-Endorsed CNE Programs” page in Beginnings.

Beginnings is a forum for AHNA members. Viewpoints expressed in this publication may not represent the position of the AHNA.

© The American Holistic Nurses Association
All Rights Reserved

The American Holistic Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

AHNA MISSION
The mission of the American Holistic Nurses Association is to illuminate holism in nursing practice, community, advocacy, research, and education.

AHNA VISION
Every Nurse is a Holistic Nurse.

Board of Directors

President
Lourdes Lorenz-Miller
RN, MSN-IH, AHN-BC, NEA-BC
(828) 782-8478
lourdeslorenz@gmail.com

President-Elect
Barry S. Gallison
DNP, MS, APRN-BC, NEA-BC, CPHQ, AHN-BC
(917) 494-3441
bgallison@hotmail.com

Treasurer
Colleen Delaney
PhD, RN, AHN-BC
(203) 263-0501
collen.delaney@uconn.edu

Board Member-At-Large
Jalma Mesnick Marcus
RN, BS, MS, HNB-BC, CBP, AT, CLSE
(215) 840-3263
jalma512@windstream.net

Board Member-At-Large
Elizabeth Scala
MSN, MBA, RN, HNB-BC
(410) 929-0081
support@elizabethscala.com

Board Member-At-Large
Margaret “Maggie” O’Brien King
PhD, RNBC, AHN-BC, CNL
(513) 745-1019
kingm@xavier.edu

Board Member-At-Large
Roxane Chan
PhD, RN, AHN-BC
(734) 478-0170
rchan@msu.edu

Looking to connect with other holistic-minded peers in your local area?
We have 144 Local Chapters across the United States and Canada.
Go to: www.ahna.org to find a Local Chapter in your area!

AHNA National Office Staff

Executive Director
Terri Roberts, JD, RN
Ext. 116, director@ahna.org

Director of Operations
Nicole Malcom, BSB-HRM, CMP
Ext. 110, office@ahna.org

Holistic Nurse Practice Specialist
Sharon Burch, MSN, APRN, PHCNS-BC, APHN-BC, HWNC-BC
Ext. 119, practice@ahna.org

Member Account Specialist
Becky Arb
Ext. 120, memberassist@ahna.org

Membership Services
Takisha Walker
Ext. 115, membership@ahna.org

Education Assistant
Sierra Moore
Ext. 121, eduassist@ahna.org

Education Specialist
Stephanie Mathis
Ext. 117, education@ahna.org

Events Planner and Promotions Coordinator
Casey Bohannon
Ext. 123, conference@ahna.org

Communications Coordinator
Casey Bohannon
Ext. 122, communications@ahna.org

Support Services
Ext. 112, supportservices@ahna.org

Support Staff
Emma Turner • Levi Gallegos
Sonya Giardina • Liberty Malcom
Brayden Collins
Beginnings...the awareness that all moments are in some way the start of another moment. AHNA is committed to learning and demonstrating the sacredness of all beginning.

Holistic Advanced Care
February 2019 • Volume 39 Number 1

In this Issue

6 Forgotten Family Caregivers  CNE
Gale Lyman, RN, BSN, HNB-BC

10 The Final Gift: A Nursing-Led Bereavement Initiative
Jaime Vinson, BSN, RN, HN-BC, RYT; Pamela Bland, MSN, RN, CENP, HN-BC, and Brooke Kinzer, BSN, RN, CMSRN

14 Integrating Healing Touch for Advanced Illness & End-of-Life Nursing Care
Donna M. Adams, RN, OCN, CHPN, HTCP/I, and Melinda H. Chichester, HTCP/I, EOL Doula

16 Holistic Nurses Champion Aging-in-Place
Rita K. Chow, EdD, RN, AHN-BC (ret)

20 Poetry
20 The Journey Home by Chris Roe
20 Grounded and Free by Kathleen (Kit) Eischen, BSN, RN, COE, HN-BC
21 Dolor by Barbara Jackson, M.Ed, LPN, CCAP
21 Memories of Loving You by Cheryl A. Barrett, BS, RN, MSN, NC-BC, TNC

22 Advanced Nurse Coaching for Patients with Complex Needs
Karen Radtke, MSN, APN, HWNC-BC, AHN-BC

Features

4 Keeping Our Organizational Values Front and Center
Jalma Marcus, RN, BS, MS, HNB-BC, CBP, AT, CLSE, and Elizabeth Loeper, MSN, RNC-OB, CNE, AHN-BC

27 AHNA-Endorsed CNE Programs

29 Book Review
Good Grief: Strategies for Building Resilience and Supporting Transformation by Cheryl A. Barrett, BS, RN, MSN, NC-BC, TNC Reviewed by Genevieve M. Bartol, RN, ABCS, EdD, AHN-BC

30 AHNA Announcements
2018 Election Results, April 15th Award deadlines, and more

32 AHNA Regional Conference Report

33 AHNCC-Endorsed Schools of Nursing
St. Catherine University

35 Happenings & Classifieds

36 AHNA 2019 National Conference

Integrative Healing Arts Program in Holistic Nursing

About the Cover Art
The painting on the cover, “The Still Point” was created by Joanna Kaufman, a Pacific Northwest artist and illustrator. Joanna’s visual work seeks to bring a sense of wonder and joy. As a Spanish language teacher in her early career and now working in book illustration, Joanna is deeply interested in exploring the capacity of the literary and visual arts to open new pathways of communication and being. To see more of her work, visit www.joannakaufman.com.
Keeping Our Organizational Values Front and Center

by JALMA MARCUS, RN, BS, MS, HNB-BC, CBP, AT, CLSE and ELIZABETH LOEPER, MSN, RNC-OB, CNE, AHN-BC

In the words of the great philosophical cartoon character Calvin, created by Bill Waterson, “Just because everyone is speaking English, doesn’t mean they are speaking the same language.”

Every organization is different – different people, processes, structures, and relationships (Marcus, 2018). Therefore, the way each organization defines its values will vary depending upon its personality/culture. This is also true for the behaviors that translate these values into actions. “One of the most important elements of the high performance, values-aligned culture is a set of values that are measurable, tangible, and observable” (Edmonds, 2010). In other words, each organizational value needs well-defined behavioral parameters that clearly and specifically describe how the value is (and isn’t) demonstrated.

In the October 2018 issue of Beginnings, we discussed the important work of the AHNA Values Task Force1. Using AHNA member survey data, the task force identified and defined five AHNA Organizational Values (see page 5).

Part of the process for identifying these values was to clarify how the AHNA Organizational Values are embodied through our behavior – our AHNA “way of being.” We reflected on questions such as:

- Does this describe who we say we are as individuals within the larger organization?
- Does this describe our way of being in the world and in relationship?
- Does this align with the definition of the value?
- Does this look, sound, and feel like what a holistic nurse does?

Developing clarity around our values helps us to “speak the same language.” The key to establishing clarity is mutual understanding. While achieving mutual understanding may seem superfluous to those who think we are always clear, the reality is that more often than not, “clarity is only in the mind of the sender.” It is through focused dialogue, co-creating, and establishing mutual understanding that we offer others a guide to experience and live those values in real time.

Next Steps

The AHNA Board of Directors and staff are committed to making these values real. In 2019, we will highlight one of AHNA’s organizational values in each issue of Beginnings. Starting in the April 2019 magazine, we will include a special section with the value’s definition and observable behaviors. When your next issue of Beginnings arrives in your mailbox, turn to the front of the magazine and spend a few moments reflecting on that month’s organizational value. How do each value’s observable behaviors translate in your daily work life as a holistic nurse? How do the values support your own self-care? Take some time to think how you might translate these organizational values whenever you participate in AHNA. Make it fun and meaningful to you.

Our organizational values are not simply words, but meaningful to every action and decision we make as representatives of AHNA. Values provide the guideposts and the direction for all organizational long-term and short-term decisions. As we grow and mature, our values and especially the observable behaviors will be affected, requiring ongoing revisiting, editing, and recommitting (Dilan, 2018). Values are not something people “buy in” to. People must be predisposed to holding them (Collins, 2000, para. 14). Like any new skill or activity, it takes practice and time to build a body, mind, and spirit memory.

In January at the AHNA Board meeting, we put this to practice and listed each value as an agenda item as a reminder and opportunity to reflect. We want our values to matter, therefore we must keep them front and center (Dilan, 2018). We encourage you to keep an eye out for your next issue of Beginnings, and join in this effort to make our values truly matter. Each value and its associated behaviors provides an opportunity to strengthen our organization and our relationships. Our ability to live and work together, recognizing our interconnectedness, is at the center of all we do as holistic nurses. From the standpoint of our organization, these behaviors will continue to shape, strengthen, and guide our endeavors – and aid like-minded others to join us.

If you would like to share your thoughts and examples of how you are using these values in your daily life, please email them to editor@ahna.org.

---

1 For more information about the AHNA Values Task Force project, please read “AHNA Organizational Values: Guiding our Way of Being” in the October 2018 issue of Beginnings, pages 4-5, 32-33.
AHNA Organizational Values

1. COMPASSION

**Definition:** Conscious, intentional action that recognizes, acknowledges, and responds towards the alleviation of suffering.

**Observable Behaviors**
- Demonstrates active listening in all communication.
- Acknowledges views and feelings expressed by others through words, tone, and body language.
- Waits for others to fully express their thoughts and verifies impressions before responding.
- Forgives self and others for past or current errors or hurts.
- Engages in self-reflection.
- Engages in reflective practice and language with self, individuals, and groups toward deeper understanding.
- Provides person-centered, holistic care.
- Advocates for the rights of vulnerable individuals and populations.
- Publicly advocates for the addition of holistic principles within the healthcare industry.

2. AUTHENTICITY

**Definition:** Courageously and consistently being transparent, honest, genuine, and present.

**Observable Behaviors**
- Demonstrates accountability by acknowledging mistakes and seeking to rectify the situation.
- Acknowledges and honors vulnerability as part of the human experience.
- Solicits feedback, contributions, viewpoints, and options openly with others.
- Promotes transparency by sharing rationale and intent for decisions and actions.
- Consistently aligns thoughts, words, and actions to build trusting relationships.
-Courageously stands up for beliefs.

3. INTEGRITY

**Definition:** The state of being whole and undivided; the congruent harmony of parts working together in a state of aligned action.

**Observable Behaviors**
- People do what they say they will.
- Values are reflected in policies, mission, and goals.
- Direct and immediate feedback is shared with another who has done something wrong, bothersome, or concerning.
- Opinions are requested and appreciated.
- Taking a stand even when it is a dissenting opinion.
- Offering authentic verbal appreciation.
- Owning mistakes.
- Following through on agreements.
- Resolving disagreements is a priority.
- Completing assignments and arriving at meetings on time.
- Individualized modeling “ways of being” as translation of Holistic Nursing Principles.

4. BALANCE

**Definition:** An ongoing, adaptive interaction of elements and forces resulting in the resilience and sustainability of a system.

**Observable Behaviors**
- Demonstrates open and non-judgmental interactions.
- Demonstrates ability to be responsive rather than reactive.
- Encourages innovation and creativity through collaboration.
- Negotiates a respectful compromise in the best interest of all.
- Promotes and supports self-care.

5. COMMUNICATION

**Definition:** A multifaceted process of connection in which messages are exchanged with the intention of fully conveying their meaning in an open and transparent manner.

**Observable Behaviors**
- Uses the CLEAR technique when receiving and delivering information: “Center, Listen Wholeheartedly, Empathize, Attend, Respect” (Thornton, 2008).
- Provides information and feedback through context, timeliness, cultural implications, and methods.
- Demonstrates presence through body language, vocal inflection, and silence.
- Initiates opportunities for dialogue.

**REFERENCES**

This document was adopted by the AHNA Board of Directors in June 2018.
Forgotten Family Caregivers

by GALE LYMAN, RN, BSN, HNB-BC
An estimated 44 million Americans are family caregivers (NAC & AARP, 2015), dedicated to caring for their loved ones. When caregiving is done, many would describe it as a sacred time, something they would willingly do again. Even so, a 2015 survey revealed that 21 percent of caregivers think providing care had made their own health worse (NAC & AARP, 2015). In the same survey, 38 percent of family caregivers said their caregiving situation was highly stressful, and 26 percent reported moderate stress. Furthermore, Wingham, Frost and Britten (2017) found that family caregivers often ignore their own health needs. The purpose of this article is to consider what happens after family caregiving is done. My intention is to spark discussions about family caregiver recovery and inspire further development of the concept. My hope is that a greater awareness of this process of caregiver recovery will guide healthcare professionals to better serve family caregivers, beginning with patient education about the life transition that occurs when caregiving is done.

Who are Family Caregivers?
Informal caregiver and family caregiver are terms used to refer to individuals, such as family members, partners, friends, and neighbors, who take care of loved ones with functional, emotional, and/or cognitive limitations due to illness or injury (FCA, 2014; NCP, 2018, p.62). These care providers may be members of the care recipient’s family of origin or family of choice (EmblemHealth & NAC, 2010). Many live with or nearby the care recipient, while some offer care long-distance.

Care recipient is a term used to describe an adult who receives regular assistance from a family caregiver (FCA, 2014). Nursing theorist Jean Watson, PhD, RN, AHN-BC, FAAN, (LL-AAN) (n.d.) would likely refer to a care recipient as “the one being cared for” and the family caregiver as “the one caring.”

Family Caregiver Recovery: A Transitional Life Phase
The development of this concept occurred during a review of the literature on family caregiving and was informed by listening to hundreds of former family caregivers as well as reading many caregiver blogs, discussion forums, and support websites. It is also based on my own lived experience as caregiver for my husband, mother, and father.

While conducting the literature survey, I realized there is a lack of healthcare information about former family caregivers. Yet in my research, I found many stories written by caregivers about their challenges after caregiving is done. There is a gap between the knowledge of healthcare professionals and former family caregivers’ need for care. They are forgotten by health care. The exception for some caregivers is bereavement services offered by their loved one’s hospice or palliative care services.

In response to this gap, I coined the term family caregiver recovery. It is “a transitional life phase after a family or informal caregiver’s service is no longer needed, due to the care recipient’s death, remission, or recovery” (Lyman, 2019).
Although caregivers use various terms to describe the transitional life phase of recovering after caregiving, no definitions were found during literature searches in 2017 and 2018. Family caregiver recovery is also referred to as “post-caregiving” (FCA, n.d.), “life after caregiving” (Hibbs, 2017; Crossroads Hospice Charitable Foundation, 2016), “the aftereffects of caregiving” (LeBlanc, 2015), and “Godspeed Caregiver” (Brown, 2014).

There is a gap between the knowledge of healthcare professionals and former family caregivers’ need for care.

It is likely that former family caregivers experience many of the same risks and challenges identified by research pertaining to those who are still actively caring for a loved one. It stands to reason that these burdens don’t miraculously disappear when caregiving is done.

The challenges of caregiving that seem to extend into the transitional life phase of caregiver recovery can be organized into four categories:

1. Family Caregiving Risks (physical, emotional, spiritual, and socioeconomic)
2. Compassion Fatigue
3. Major Life Changes
4. Relationships

The unique experiences of individual caregivers may include characteristics of one or more of these challenges (Lyman, 2017).

Holistic Tips for Recovering Caregivers

1. Be gentle with yourself as you increase your self-care activities. If movement is what you need, consider stretching, walking, or chair yoga.
2. Create a healing environment for yourself. Put away the medical equipment and supplies, and fill your space with who and what you love – perhaps plants, essential oils, or some new photos.
3. Define and tend to your priorities; your finances, your health, housing, settling an estate, or whatever is most urgent.
4. If you are isolated, gradually resume social and community activities. Start with people who are easy to love, or at least easy to be with.
5. Resume arts or crafts that you enjoy, or consider taking a class to learn a new craft. For some former caregivers, this might be a non-threatening way to resume being with people. Senior centers and adult education programs may offer low cost classes.
6. Put aside unrealistic expectations and set your intention to be patient. Carefully consider your self-expectations and the expectations of others before committing to new activities, responsibilities and especially to deadlines.
7. Remember what makes you smile and what you enjoy doing. How did you spend your leisure time before caregiving?
8. If you are faced with recovery challenges, get help. Or should I say, accept help? That’s often the most difficult thing for a caregiver to do.

Thank you to all who are family caregivers. The world is a better place because of you.
Caregiver recovery challenges, “Family Caregiving Risks are the physical, emotional, spiritual and socioeconomic risk factors often experienced while caring for a loved one that continue to affect the former caregiver's well-being and quality of life” (Lyman, 2019). In healthcare journals, caregiver burden is a common term for the potential and actual risks to a family caregiver's body, mind, spirit, and socioeconomic conditions. NANDA-I describes this in a nursing diagnosis, “Caregiver Role Strain” (Herdman & Kamitsuru, 2018). The risk factors of family caregiving are like the occupational hazards of a job.

Challenge #2: Compassion Fatigue
Compassion fatigue occurs in family caregiving relationships founded on empathy where deep stress results in physical, psychological, spiritual, and social exhaustion (Lynch & Lobo, 2012). It can manifest in symptoms such as sleep disturbances, depression, and substance abuse (Lombardo & Eyre, 2011). This concept is most often applied to nurses and other healthcare professionals, but the work of Lynch and Lobo (2012), Day and Anderson (2011), and Perry, Dalton, and Edwards (2010) recognizes the occurrence of compassion fatigue in family caregivers as well.

“...these burdens don’t miraculously disappear when caregiving is done.”

Challenge #3: Major Life Changes
For family caregivers, significant life changes can occur both during and after their experience. Common changes include employment, life purpose, and lifestyle changes due to health or financial limitations accrued during their time as a family caregiver (Lyman, 2019). Sadly, “...half of the caregivers perceived life changes related to the caregiving as negative” (Negarandeh, Delkhosh, Janani, Samiei, & Ghasemi, 2015). Wingham et al. (2017) discussed the experience of new family caregiver has become totally isolated, they may also receive family caregiving for five years or more (NAC & AARP, 2015). Furthermore, although 64 percent of family caregivers found their experience to be stressful, and others reported that family caregiving impacted their finances, affected their ability to work, or negatively impacted their health, there are some who do not report these challenges (NAC & AARP, 2015). At this time, we just don't know what percentage of family caregivers are experiencing the life transition of family caregiver recovery.

Conversely, some family caregivers who are experiencing recovery may not be grieving. Anticipatory grief may have begun some time before the actual death of their loved one. The caregiver may have been adjusting to the loss of their loved one as the care recipient's emotional, cognitive, communication, and relationship abilities declined (Boerner & Schulz, 2009; NCP, 2018).

A happy reason for separating the processes of bereavement and recovery is that sometimes care recipients recover from their illness. My husband recovered from heart failure, as do some care recipients with cancer, heart disease, catastrophic injuries, and other conditions. However, caregivers may still experience a period of recovery. One of the unique challenges of moving forward after caring for a survivor includes adjusting to the possibility that their disease may return and accepting that you do not control, nor can you predict, the future health of your loved one (Hibbs, 2017; Crossroads Hospice Charitable Foundation, 2016).

Fortunately, sympathy, support, and bereavement services are sometimes available through a care recipient's hospice, palliative care program, or long-term care facility. Unless a caregiver has become totally isolated, they may also receive what they need from religious or spiritual groups, their community, and hopefully from their friends. Bereavement is much better understood by our culture than recovering after family caregiving.

Bereavement
Bereavement and recovering after caregiving sometimes proceed concurrently. However, I intentionally excluded bereavement from the concept development of family caregiver recovery for several reasons.

A grieving family caregiver may not be experiencing the life transition of recovery. Almost 30 percent of caregivers surveyed report that their family caregiving experience lasted six months or less. Their experience as a former caregiver is likely to be quite different than the experience of the 24 percent who provided family caregiving for five years or more (NAC & AARP, 2015). Furthermore, although 64 percent of family caregivers found their experience to be stressful, and others reported that family caregiving impacted their finances, affected their ability to work, or negatively impacted their health, there are some who do not report these challenges (NAC & AARP, 2015). At this time, we just don’t know what percentage of family caregivers are experiencing the life transition of family caregiver recovery.

Challenge #4: Relationships
During and after an experience of family caregiving, problems and difficulties may occur in relationships with the care recipient, with family members, and with friends (Oldenkamp et al., 2016; Wingham et al., 2017). Relationships with friends and families may be impaired as a result of neglect, as the family caregiver was too busy or emotionally unable to maintain relationships (Day & Anderson, 2011). Conflicts among other family members regarding the care recipient's changing family role, abilities, and need for care are common during caregiving, and continue to affect family relationships when caregiving is done (NCP; 2018; Wingham et al., 2017). NANDA-I includes many nursing diagnoses related to relationships, especially with family members (Herdman & Kamitsuru, 2018).
Nurses are healers. So, what about hospice nurses? What do they heal? They heal lives. They hear stories of love, regret, family, pride, and legacy. They make it possible for the patient and the family to be able to let go, process, transcend, or move on with a changed life. Hospice nurses bear witness to death and ease the transition for their patients. It is an honor and a privilege to be a hospice nurse.

Hospice nursing is a dynamic profession, both draining and enriching. It is a multifaceted role with a large amount of complex emotional exposure (Broom et al., 2014) and different levels of hazards. Hospice nurses see death on a daily basis. They navigate sometimes volatile family dynamics, and many are educators in the subject of dying with dignity. They are instrumental in helping families make decisions about such things as hydration or withholding nutrition. They recognize the need to further console delicate family members who have fallen victim to their loved one’s passing. These responsibilities come with a great deal of emotional stress that can take a toll on the mind, body, and spirit. Hospice nurses who lack emotional support for themselves are prone to burnout, compassion fatigue, and even secondary traumatic stress (Melvin, 2015). That is why self-care and grief processing for the nurse who holds the hand of the dying patient daily needs to be addressed.

Each death is different, and how a nurse processes it depends on what is happening in her own life at that time. For example, when a child whispers to her dying mother, “You need to wake up. I need you to help me pick out my senior pictures,” this may affect a nurse with a high school-aged child differently than a nurse who has no children at all. These patients remind us of our own mortality, our own experiences. Many nurses are quick to bottle up those emotions because of previous stigmas in their own lives. Nurses are...
not just professionals, but are also emotional beings. Holistic nursing honors that vulnerability of nursing from the heart. It also recognizes that nurses must “value themselves and mobilize the necessary resources to care for themselves” (AHNA & ANA, 2013, p. 20).

All nurses need a self-care plan. This rings very true for hospice nurses especially. It is not if you burnout, it is when. Caregiver grief cannot be ignored. Grief is normal to all humans and can rear its head at unsuspecting times when triggered. People cope differently, “depending on [one’s] inner resources, support, and relationships” (Keegan & Drick, 2016, p. 416). Nurses need to develop coping strategies for grief, including daily self-care practices like meditation, deep breathing, and exercise. Developing spiritual maturity, spending time with loved ones, and getting quality nutrition and sleep are also helpful ways to process grief.

**Bereavement Program at Parkview Health**

An excellent example of holistic care for both the family and the nurse can be found at Parkview Health System in Fort Wayne, Indiana. A project that was started to help families grieve has also helped the nurses in the hospice unit and beyond, reaching to our ICUs and medical-surgical floors. The program not only provides some peace to the family, but also allows nurses to acknowledge their own emotions and the need to process grief associated with caring for dying patients and their families. As part of the program, the grieving family members can participate in making memorial items to take home. Our nurses can provide the family with a hand-crafted blessed blanket/teddy bear, then help them make a molded handprint, thumbprint bookmark, or collect a lock of hair from their loved one. The nurse can also make the family an EKG strip to put in a bottle pendant.

Collecting and making these mementos provides the nurse time and a way to grieve the patient’s loss as well as share an interactive moment with the family. One nurse commented, “Handing a family a blanket they could take home and the handprint of their loved one made me feel that I was offering them more than just a shoulder to cry on; it offered a tangible expression of my own investment in their grief.” Another nurse recognized the program as an opportunity for self-care:

> I feel it not only respects the life of the patient, but allows the family members to know we are doing what we can to cherish the life they lost. . . . I personally feel that it benefits not only families, but nurses as well. I know from first-hand experience that by using the bereavement services, we have provided excellent care not only to our patients, but also to our families, which is how it should be.

Twice a year, the hospice department at Parkview Health System in Fort Wayne holds a memorial service for the patients who have passed in their care. Families of loved ones lost and nurses partake in this service. Each patient’s name is read out loud and families can share pictures of their loved ones on the screen during the service. This opportunity to re-connect with the families is especially important because nurses do not always realize the impact they have had. At the service, nurses often hear the testimonies of gratitude from family members. This validates the nurse and the impression they left behind while caring for the patient. The memorial services have helped to give closure to so many nurses.

These programs are self-care for the nurse as much as they are care for the patient and the family. Such practices continued on page 12
allow time for the nurse to process their emotions while helping them feel valued. Bereavement programs and memorial services can also aid in providing compassion satisfaction – the feeling that the nurse was able to honor the patient in one final way. This is a truly valuable form of self-care.

So, what is the essence of hospice nursing? Hospice nurses give the final gift – peace. They help the family develop a memory; they offer caring presence and comfort when physical healing is not possible. The work is gratifying. Hospice nurses help facilitate final wishes for both patients and families. The job requires nurses who can reflect, debrief, and who are not afraid to be vulnerable with their patients. Hospice nurses must be holistic nurses, who address individuals, not just their pathologies. They must practice self-care regularly, so not to become burned out, jaded, or develop an emotional detachment towards life. Hospice nurses are caregivers and compassion workers.

REFERENCES

Jaime Vinson, BSN, RN, HN-BC, RYT, is the Holistic Nursing Committee Coordinator for Parkview Health System in Fort Wayne, Indiana. Jaime has a passion for evidence-based practice and nursing research. She is well-versed in holistic modalities and has many complimentary certifications. She obtained her BSN at Purdue University Northwest and is pursuing her MSN there. Jaime is also a Director of the National Association for Holistic Aromatherapy (NAHA), Indiana District.

Pamela Bland, MSN, RN, CENP, HN-BC has been in nursing operations for more than 23 years and most recently has transitioned to the Planning, Design, Construction Team at Parkview Health to oversee the construction of a new inpatient tower from a nurses’ perspective. She is also the Nursing Director for Parkview Health System Holistic Nursing Program and the Holistic Response Team.

Brooke Kinzer, BSN, RN, CMSRN, is the Nursing Services Manager for the Supportive Care Unit at Parkview Health, which provides inpatient hospice care to patients and their families. She has worked for Parkview Health for 10 years, where she developed a strong passion for providing hospice care while working on the inpatient oncology and hospice unit. Brooke has immersed herself in the holistic realm of patient care, along with her wonderful team and organization, establishing the first inpatient hospice unit for Parkview Health.

Jaime Vinson, BSN, RN, HN-BC, RYT, is the Holistic Nursing Committee Coordinator for Parkview Health System in Fort Wayne, Indiana. Jaime has a passion for evidence-based practice and nursing research. She is well-versed in holistic modalities and has many complimentary certifications. She obtained her BSN at Purdue University Northwest and is pursuing her MSN there. Jaime is also a Director of the National Association for Holistic Aromatherapy (NAHA), Indiana District.

Pamela Bland, MSN, RN, CENP, HN-BC has been in nursing operations for more than 23 years and most recently has transitioned to the Planning, Design, Construction Team at Parkview Health to oversee the construction of a new inpatient tower from a nurses’ perspective. She is also the Nursing Director for Parkview Health System Holistic Nursing Program and the Holistic Response Team.

Brooke Kinzer, BSN, RN, CMSRN, is the Nursing Services Manager for the Supportive Care Unit at Parkview Health, which provides inpatient hospice care to patients and their families. She has worked for Parkview Health for 10 years, where she developed a strong passion for providing hospice care while working on the inpatient oncology and hospice unit. Brooke has immersed herself in the holistic realm of patient care, along with her wonderful team and organization, establishing the first inpatient hospice unit for Parkview Health.

Jaime Vinson, BSN, RN, HN-BC, RYT, is the Holistic Nursing Committee Coordinator for Parkview Health System in Fort Wayne, Indiana. Jaime has a passion for evidence-based practice and nursing research. She is well-versed in holistic modalities and has many complimentary certifications. She obtained her BSN at Purdue University Northwest and is pursuing her MSN there. Jaime is also a Director of the National Association for Holistic Aromatherapy (NAHA), Indiana District.

Pamela Bland, MSN, RN, CENP, HN-BC has been in nursing operations for more than 23 years and most recently has transitioned to the Planning, Design, Construction Team at Parkview Health to oversee the construction of a new inpatient tower from a nurses’ perspective. She is also the Nursing Director for Parkview Health System Holistic Nursing Program and the Holistic Response Team.

Brooke Kinzer, BSN, RN, CMSRN, is the Nursing Services Manager for the Supportive Care Unit at Parkview Health, which provides inpatient hospice care to patients and their families. She has worked for Parkview Health for 10 years, where she developed a strong passion for providing hospice care while working on the inpatient oncology and hospice unit. Brooke has immersed herself in the holistic realm of patient care, along with her wonderful team and organization, establishing the first inpatient hospice unit for Parkview Health.

Jaime Vinson, BSN, RN, HN-BC, RYT, is the Holistic Nursing Committee Coordinator for Parkview Health System in Fort Wayne, Indiana. Jaime has a passion for evidence-based practice and nursing research. She is well-versed in holistic modalities and has many complimentary certifications. She obtained her BSN at Purdue University Northwest and is pursuing her MSN there. Jaime is also a Director of the National Association for Holistic Aromatherapy (NAHA), Indiana District.

Pamela Bland, MSN, RN, CENP, HN-BC has been in nursing operations for more than 23 years and most recently has transitioned to the Planning, Design, Construction Team at Parkview Health to oversee the construction of a new inpatient tower from a nurses’ perspective. She is also the Nursing Director for Parkview Health System Holistic Nursing Program and the Holistic Response Team.

Brooke Kinzer, BSN, RN, CMSRN, is the Nursing Services Manager for the Supportive Care Unit at Parkview Health, which provides inpatient hospice care to patients and their families. She has worked for Parkview Health for 10 years, where she developed a strong passion for providing hospice care while working on the inpatient oncology and hospice unit. Brooke has immersed herself in the holistic realm of patient care, along with her wonderful team and organization, establishing the first inpatient hospice unit for Parkview Health.

Jaime Vinson, BSN, RN, HN-BC, RYT, is the Holistic Nursing Committee Coordinator for Parkview Health System in Fort Wayne, Indiana. Jaime has a passion for evidence-based practice and nursing research. She is well-versed in holistic modalities and has many complimentary certifications. She obtained her BSN at Purdue University Northwest and is pursuing her MSN there. Jaime is also a Director of the National Association for Holistic Aromatherapy (NAHA), Indiana District.

Pamela Bland, MSN, RN, CENP, HN-BC has been in nursing operations for more than 23 years and most recently has transitioned to the Planning, Design, Construction Team at Parkview Health to oversee the construction of a new inpatient tower from a nurses’ perspective. She is also the Nursing Director for Parkview Health System Holistic Nursing Program and the Holistic Response Team.

Brooke Kinzer, BSN, RN, CMSRN, is the Nursing Services Manager for the Supportive Care Unit at Parkview Health, which provides inpatient hospice care to patients and their families. She has worked for Parkview Health for 10 years, where she developed a strong passion for providing hospice care while working on the inpatient oncology and hospice unit. Brooke has immersed herself in the holistic realm of patient care, along with her wonderful team and organization, establishing the first inpatient hospice unit for Parkview Health.

Jaime Vinson, BSN, RN, HN-BC, RYT, is the Holistic Nursing Committee Coordinator for Parkview Health System in Fort Wayne, Indiana. Jaime has a passion for evidence-based practice and nursing research. She is well-versed in holistic modalities and has many complimentary certifications. She obtained her BSN at Purdue University Northwest and is pursuing her MSN there. Jaime is also a Director of the National Association for Holistic Aromatherapy (NAHA), Indiana District.

Pamela Bland, MSN, RN, CENP, HN-BC has been in nursing operations for more than 23 years and most recently has transitioned to the Planning, Design, Construction Team at Parkview Health to oversee the construction of a new inpatient tower from a nurses’ perspective. She is also the Nursing Director for Parkview Health System Holistic Nursing Program and the Holistic Response Team.

Brooke Kinzer, BSN, RN, CMSRN, is the Nursing Services Manager for the Supportive Care Unit at Parkview Health, which provides inpatient hospice care to patients and their families. She has worked for Parkview Health for 10 years, where she developed a strong passion for providing hospice care while working on the inpatient oncology and hospice unit. Brooke has immersed herself in the holistic realm of patient care, along with her wonderful team and organization, establishing the first inpatient hospice unit for Parkview Health.

Jaime Vinson, BSN, RN, HN-BC, RYT, is the Holistic Nursing Committee Coordinator for Parkview Health System in Fort Wayne, Indiana. Jaime has a passion for evidence-based practice and nursing research. She is well-versed in holistic modalities and has many complimentary certifications. She obtained her BSN at Purdue University Northwest and is pursuing her MSN there. Jaime is also a Director of the National Association for Holistic Aromatherapy (NAHA), Indiana District.

Pamela Bland, MSN, RN, CENP, HN-BC has been in nursing operations for more than 23 years and most recently has transitioned to the Planning, Design, Construction Team at Parkview Health to oversee the construction of a new inpatient tower from a nurses’ perspective. She is also the Nursing Director for Parkview Health System Holistic Nursing Program and the Holistic Response Team.
Join us on Native land to ... renew yourself and learn new therapeutic tools.

INSPIRING KEYNOTES INCLUDE:
Larry Dossey • Joan Borysenko • Kenneth Pelletier • Bill O’Hanlon • Beverly Rubik

Register now at EnergyPsychologyConference.com
Early bird price ends March 12
As a person is diagnosed with advanced illness and approaches end-of-life, there are many aspects to the dying process that cause physical, emotional, mental, and spiritual issues for the patient and loved ones. Many seek the assistance of hospice care and/or an end-of-life doula to assist them on their journey home. Quality holistic care that supports body, mind, and spirit is essential to a peaceful transition. Holistic nursing recognizes “the totality of the human being,” including the human energy system, “to promote healing, peace, comfort, and a subjective sense of well-being for the person” (AHNA & ANA, 2013, p. 11).

Interventions may include conventional medications and care as well as energy medicine modalities.

When a person is terminally ill or grieving loss, it is the spirit (energy body) that needs to be nurtured. Nurture the spirit, and the heart will heal. When the individual appears to be struggling during the transition phase to death, consider that it is not a physical challenge but an energetic shift that needs to occur for a peaceful passing.

Death is not an end. It is an initiation into a yet unseen, mysterious passage for all human beings. Death is a rite of passage that brings a series of emotional stages experienced by the dying.
Energy Medicine for Peaceful Passing

Increasingly, energy medicine modalities are being recognized and accepted as conventional medicine becomes more complex and medications cause a variety of side effects, some of which seriously impact quality of life and waking consciousness. Energy medicine is based on Einstein’s theory that everything is energy. Through the pioneering work of Einstein and others, “present-day science is coming to understand that everything in our world is actually a form of energy, and all matter is organized into energetic fields” (Hover-Kramer, 2011, p.41). Subtle energy fields are all around and within us, and the human body has the capacity to process, receive, and transmit these energies (see sidebar at right).

James Oschman (2016), biophysicist and energy medicine researcher, defines energy medicine and describes how the subtle energies play an important role in one’s health and well-being:

Energy medicine recognizes that the human body utilizes various forms of energy for the internal communications that maintain and organize vital living systems and for powering processes such as sensation, digestion, circulation, and movement. Energy medicine involves the use of energies of particular intensities and frequencies and other characteristics that stimulate the repair of one or more tissues, or that enable built-in healing mechanisms to operate more effectively. Such energies can come from the environment, from another human being, or from a medical device. (Oschman, 2016, p.8)

Energy medicine practitioners clear, open, and balance the human energy system supporting the client. Clearing congestion from the energy field promotes reductions of pain, anxiety, stress, and fear. The energy therapy of Healing Touch (HT) is one vehicle that can help a person connect with the spiritual self. When the physical and energetic bodies are relaxed, the transition phase at end of life becomes effortless and peaceful.

The focus of this article is on how energy medicine interventions like Healing Touch can be integrated with advanced illness and end-of-life care. The most important overall effect of HT and energy medicine interventions is that of the relaxation response. The relaxation response was introduced by Dr. Herbert Benson of the Mind/Body Medical Institute at Harvard in 1975. Dr. Benson (2009) describes the relaxation response as a physical state of deep relaxation which counteracts the physiological effects of stress and illness. He notes that there are many methods to elicit the relaxation response, including energy healing, breathing techniques, prayer, meditation, visualization, progressive muscle relaxation, acupuncture, massage, tai chi, qi gong, and yoga (Benson & Klipper, 2009). Carol Komitor (2006) describes the physiological response of energy healing and illustrates how it aids in creating “stability within the immune system” (see Figure 1 on page 24).

Healing Touch is a holistic, energy medicine-based modality in which practitioners use their hands in a heart-centered and intentional way to enhance, support, and facilitate physical, emotional, mental, and spiritual health. Practitioners use light touch or use their hands above the body to “clear, balance, and energize the Human Energy System (HES) in order to promote health and healing for body, mind and spirit” (Mentgen & Bulbrook, 2017, p. 2). A crucial teaching within the Healing Touch Program is the emphasis on practitioner preparation and creating sacred space to facilitate a healing response in another. One of two main theoretical frameworks of HT is that of Jean Watson’s (2005) Caring Science, a widely known and respected nursing theory.

According to Dr. Watson, Healing Touch makes explicit heart-centered, spirit-to-spirit, loving connections between the HT practitioner and the recipient, in alignment with Caritas Nursing:

Healing Touch is an example of an intentional caring-healing modality grounded in an ethic, philosophy, values, and consciousness consistent with my original Theory of Human Caring and Transpersonal Caring. Thus, there is a convergence between Caritas Nursing and Healing Touch in that they both work from an energetic framework of Universal Love as the basis of all healing and all caring-healing relationships. (Watson as cited in Mentgen & Bulbrook, 2017, p.16)

HT is administered extensively in the nursing profession as well as with other allied healthcare professionals who embrace this form of energy medicine. Studies have indicated a relationship between HT and a reduction in anxiety, continued on page 24
Knowing that the world’s population is aging rapidly, the U.S. Census Bureau (2018) estimates that the number of people in the United States who are 65 years of age and older will increase from 49.2 to 94.7 million by 2060. No doubt, a holistic approach to improve services and care is absolutely essential. Also, the number of older persons who may experience loneliness will rise. Truly, helping to achieve healthy lives and well-being for all is a worthy goal for holistic nurses. “Age-friendly” communities with well-designed networks, with qualified leaders, and a diverse volunteer cadre can connect isolated “aging-in-place” persons by providing integrated care, transportation, and other needed services. This particular segment of the population is important because almost 90 percent of adults 65 and older have expressed that they hope to stay in their homes and local communities as long as possible (Barrett, 2015).

In December 2016, the president of the Cuban Society of Nurses, Emma Hernandez, invited an American Holistic Nurses Association (AHNA) delegation to visit Cuba. Led by AHNA president, Lourdes Lorenz-Miller, this memorable, cultural experience provided a global lens for the delegation to listen openly, explore new perspectives, and gain an expanded understanding of Cuba’s nursing history and influence (see sidebar at at right). Especially impressive was the devoted care for the aging that we witnessed during our visit to one of the elder-care facilities in Havana. Although the facility was somewhat dilapidated, we sensed that there was a pervasive ethic of calm, respectful, compassionate care, particularly for those requiring end-of-life care. The delegation’s visit effortlessly triggered comparative thoughts about long-term care and services for the elderly in the United States.

**Aging in the United States**

About 13.8 million noninstitutionalized Americans age 65 and older lived alone in 2017 (AoA, 2018). Surely, there is the need to care for our older adults, especially those suffering from advanced illness and chronic diseases such as arthritis, diabetes, congestive heart failure, coronary heart disease, stroke, and cancer. Notably, 80 percent of individuals age 65 and over have at least one chronic illness, and nearly 70 percent of Medicare beneficiaries have two or more. Additionally, falls are the leading cause of fatal and non-fatal injuries for older adults in the United States (National Council on Aging, 2018).

Now is the right time for action to pursue solutions to enable older adults to remain at home, connected, and purposefully engaged for healthier aging. It is important to be innovative in creating networks that matter.

**What Can Be Done?**

Purposefully designed, well-managed livable communities can provide healthy living and economic growth for all. One significant effort, launched by AARP in April 2012, is the Age-Friendly Network of Communities (AARP International, 2014). These “livable communities” have such essentials as walkable...
streets with trees, safety and security, affordable housing, and transportation options. They also offer opportunities for residents to participate in community activities, continuing education sessions, and key services. Every five years, participating communities report their progress related to the World Health Organization’s “8 Domains of Livability” framework, which includes: Community Support and Health Services, Civic Participation and Employment, Social Participation, and Respect and Social Inclusion (AARP International, 2014). San Francisco scored the highest among large livable communities in the AARP Livability Index in 2018. Among the mid-sized communities (100,000-499,999 population), Madison, Wisconsin ranked first followed by Arlington, Virginia. In fact, Wisconsin currently has more top-performing communities than any other state, with four cities in the top 10 small communities (25,000-99,999 population) (Lynott, Harrell, Guzman & Gudzinas, 2018).

“...nearly 90 percent of adults age 65 say that they would like to stay in their homes...”

Of importance is the fact that nearly 90 percent of adults age 65 say that they would like to stay in their homes and local communities as long as possible (Barrett, 2015). Therefore, a growing concern is that age-related health problems may reduce mobility and contribute to social isolation – due to lack of meaningful social contacts with family, friends, or neighbors. An ethical question facing our society is: Must widespread, increased segregation be the new norm for older Americans living alone? One of the risks of segregating the aging is social isolation and the associated devastating loneliness that can contribute to cardiovascular disease (McCrory et al., 2016, p. 471).

What role can holistic nurses play in developing community-based solutions for the aging population? Surely, our ethics of caring focus on “...an active concern for the good of others and of community with them, of a capacity for sympathetic and imaginative projection into the position of others, and of situation-attuned responses to others’ needs” (Carse, 1995).

One rapidly growing strategy is the nationwide movement of creating non-profit, aging-in-place entities by implementing The Village concept.

**What is a Neighborhood Village?**
The burgeoning model “Village” movement began in 2001 with the Beacon Hill Village of Boston, Massachusetts. As of 2016, there were about 155 operational Villages in the United States that enable members to age-in-place in the comfort of their homes. It is encouraging that an estimated 25,000 older adults would like to stay in their homes...

---

1 In order to limit the scope of this article, other key themes in Cuba's history, including imperialism, race, and revolution, are not discussed. See Jennifer L. Lambe’s Madhouse: Psychiatry and Politics in Cuban History (2017, UNC Press).
adults are receiving services by Villages, with many more in development across the United States (Graham, Scharlach, Nicholson, & O’Brien, 2017).

The Village model is an innovative community, grassroots approach in providing access to services and support, social activities, as well as health, wellness, and educational programs. For example, the Arlington Neighborhood Village in Virginia offers benefits to their members such as daily check-in calls; an Arlington County 55+ Program Pass to the county’s numerous senior adult programs for exercise, travel, and connections; subscription to Washington Consumers’ Checkbook; and even discounts to a medical alert/monitoring system. Also, as of September 2017, there were nearly 200 screened and trained volunteers providing Village members with assistance for:

- transportation to medical appointments, grocery store, and Village-sponsored activities up to three times a week;
- computer, cell phone, and television technology assistance;
- household tasks;
- errands to pharmacy or dry cleaners;
- social visits to play chess, walk, or just converse; and
- home modification assessment to ensure safety and better accessibility (ANV, 2017).

From a national perspective, Scharlach, Graham, and Lehning (2012) conducted a sample survey of 30 Villages in 2010 and found them to be promising aging-in-place models for addressing needed services. The Villages, which varied in size from 8 to 476 members, were asked to describe their mission and goals. Based on the Villages’ responses, Scharlach et al. (2012) identified 12 common themes/objectives that included: aging-in-place; promoting independence, well-being, and confidence; conducting assessment of members and their homes for safety; and providing or linking members to information and services. Recent data (Graham et al., 2017) indicates that the Village model continues to thrive and many Villages are achieving their goals in communities across the United States through increasing collaboration. Just under half (43 percent) of Villages have formal collaborations with an average of six organizations such as hospitals or clinics, colleges or universities, health plans, and senior centers (Graham et al., 2017). In addition, many Villages are assisting each other and linking with regional and local coalitions of Villages for assistance and mutual support (Graham et al., 2017).

Transforming Advanced Care

Another area for worthy community action is being accomplished by nurses who are promoting the need for written advance directives. On the local level, a holistic nurse with other volunteers for the Arlington Neighborhood Village are enabling individuals to make well-informed, end-of-life care decisions prior to the critical period of potential frailty, cognitive impairment, and complex medical needs. On the national level, AHNA is a member of the Coalition to Transform Advanced Care (C-TAC) with a representative in C-TAC’s Interfaith and Diversity Work Group (see sidebar at right).

The Coalition to Transform Advanced Care (C-TAC)

Founded in 2011, the Coalition to Transform Advanced Care (C-TAC), is a nonpartisan, not-for-profit alliance of national healthcare stakeholders that aims to ensure people with advanced illness get high-quality care in the settings they choose.

C-TAC defines advanced illness as “when one or more conditions become serious enough that general health and functioning begin to decline, treatment may no longer lead to preferred outcomes, and care oriented toward comfort may take precedence over attempts to cure – a process that extends to the end of life” (C-TAC, 2016, p.1).

By empowering consumers, changing the health delivery system, improving public and private policies, and enhancing provider capacity, C-TAC is seeking change at many levels to improve advanced illness care. They have developed an Advanced Care Model (ACM) that is founded on person-centered principles such as serving “people” before “patients” and allowing the person’s goals to drive clinical goals. For example, they state “Care planning should first focus on the goals and values of the person with advanced illness rather than a myopic focus on the options of treatment of the person’s disease” (C-TAC, 2016, p. 5). This is in alignment with holistic nursing’s goal to attend to “people and their experience, rather than just focusing on the medical orientation and disease” (AHNA & ANA, 2013, p. 28).

AHNA is a member of the C-TAC along with many other national healthcare organizations working toward the shared vision that “all Americans with advanced illness receive comprehensive, high-quality, person-and family-centered care that is consistent with their goals and values and honors their dignity” (C-TAC, 2016, p. 4). You can learn more about the C-TAC and access helpful resources and their blog at https://www.thectac.org
The aforementioned are just two areas where holistic nurses are exemplifying the need to volunteer, collaborate, and network with diverse organizations to address community needs and participate in evidence-based practice and research. Undoubtedly, experienced holistic nurses have the ideal leadership attributes to empower people, lead vital changes needed, and find creative solutions. Finally, as holistic nurses, what matters most is our utmost commitment to mankind and a higher purpose – to professionally stretch the better part of ourselves with genuine caring, intelligence, and humility. This humility must be imbued with cultural sensitivity and always with the goal of consistently rendering well-informed, culturally competent health care. Surely, we can and should “ . . . live for something bigger than ourselves” (Atul Gewande, MD, film Being Mortal, Frontline).

REFERENCES

Rita K. Chow, EdD, RN, AHN-BC (ret), previously Major in the U.S. Army Nurse Corps (1954-1968) and subsequently Nurse Director in the U.S. Public Health Service Commissioned Corps (1968-1995), and Director of the National Interfaith Coalition on Aging (1998-2014), has been a member of the AHNA Delegations to China and Cuba. She continues to volunteer for the National Council on Aging, focusing on research findings related to aging mastery, including falls prevention and social determinants of health. Designated as the 2001 AHNA Holistic Nurse of the Year, she has authored or edited numerous publications, including 10 books and presented in Australia, Egypt, Israel, Germany, Japan, Singapore, Thailand, Taiwan, and the United States.
I give thanks for the freedom to fly
with the ever changing rhythms.
And as the wild geese take wing and head south,
may I follow my heart and fly north.

May I feel, ever stronger, the hearts of my ancestors and spirits
beating in me and through me.
Their warmth and wisdom, feeding my soul
As I embrace the majestic, mighty oak,
so connected, so grounded, so strong.
May my roots find center,
and my branches, my wings, touch the sky.

May I walk my path, simply and in harmony,
embracing the essence of the elements.
May I bring the blessings of a full heart,
the beauty of connection and community
to all I meet.

May I listen to my heart and trust my feet
to take me where my breathe flows.
As I ride the rainbow and dance in the color and the light,
may I always cherish the stillness in between.

May my garden become a place of healing,
where the rhythms flow and the stillness blossoms.
Where hearts can open and souls are free to fly.
May this then be home.

And when the restlessness of the wind
asks the trees to drop their masks and expose their bones,
As they stand naked and tall for all to see,
May I take my place among them —
grounded and free.

— Kit

Kathleen (Kit) Eischen, BSN, RN, CDE, HN-BC has been a nurse for 35 years and has worked in various specialty areas. She has spent most of the past 12 years working in Bush Alaska as a Diabetes Educator, Public Health Nurse, and Elder Care Program Developer.
Memories of Loving You

I wish I’d done this, I wish I’d done that
My tears still fall at will sometimes,
and I miss you desperately.

There’s not a day that goes by that I don’t think of you with me.

Our lips no longer meet and greet
My heart a pile of broken shards, may take forever till it mends.

Our hands no longer touch and hold onto like two best friends.

I’ve lost my step beside you as we walked so many miles.

My arms no longer hold you close and feel your heartbeat next to mine.

Some days, I feel such an awful ache that I fear I’ll lose my mind.

Our lips no longer meet and greet followed by our secret smiles.

I’ve continued waiting for a son who never came

— Cheryl A. Barrett, 2016

The magic of your laughter lost makes my spirit slowly sink.

Your voice is just a memory, a whisper heard in my sleep.

So, I call your cell phone now and then just to hear you speak.

Your manly scent I search for often is forever gone.

But for a secret stash of shirts I cling to — when for you I long.

It’s lonely here without you and I can’t seem to come to peace.

You were my best friend, my only love forever not to cease.

I wish I may, I wish I might…

But know the wish that is just right
Is the one that I’ll be seeing you — Just when the time is right.

We’ll know that love’s forever — forever, I’m alright.

— Cheryl A. Barrett, 2016
My cell phone rang at 1:55 p.m. and rolled over to voicemail. It was Tom [patient’s name is fictitious], leaving me a message to cancel his 2:30 p.m. appointment, just 35 minutes from now, clearly violating my 24-hour cancellation policy. He gave no good explanation, only that he “wasn’t feeling well,” and this was his second cancellation in the past four weeks. I took a deep breath and let out a big sigh, uncertain how I should react to this voicemail. I was already en route to his appointment.

He was a patient going through recovery from alcohol abuse, with known anxiety and depression, insomnia, coronary artery disease, spinal stenosis, and chronic joint pain. I knew his history well, and it included a very dysfunctional childhood of ongoing abuse together with many years of struggle to arrive at this point in his now adult life. The more logical, ego-based part of me was furious. How could he do this to me? It totally disrupted my afternoon schedule.

I exited the highway and found a small shopping center where I circled the parking lot numerous times to reflect, ponder, and process. As I slowly wove my way around the parked cars, my mind became clearer and my attitude softened. I was able to access the gentler, more compassionate parts of myself and acknowledge the hardships and complexity of his daily life.
Using my background as a holistic nurse practitioner and a nurse coach, I felt that I was guiding Tom to make some important changes in his health and overall well-being, physically, mentally, and spiritually: less pain and suffering, reduced medication usage, healthier dietary intake, improved anxiety and depression, and better sleep.

Two weeks prior to this date, we had a very meaningful discussion about his knee pain, and when I explained to him that his pain was not just from the swelling from his previous total knee replacement, but included a strong bio-emotional component as well, he was relieved. On a very deep level, I believe he somehow already knew this, but the orthopedic surgeon had told him that the only way to relieve his pain was with another surgery. So he was feeling very conflicted about his chronic knee pain and how to treat it.

Tom is one of many patients on my caseload who has multiple comorbidities and very complex needs. The work is challenging and rewarding, and certainly draws on my blended education and experience as a nurse practitioner, holistic nurse, and nurse coach. As a holistic nurse, my guiding principle is that each and every patient is treated with unconditional positive regard. I try to honor each person as an integrated whole being, recognizing each person’s “unique history, culture, beliefs, and story” (Dossey, 2015, p. 29).

Additionally, drawing from a broad perspective of integrative care, I strive to incorporate research and evidence-based practice from other disciplines. For example, the ACE study (Felitti et al., 1998) found that childhood experiences can strongly impact our health and wellness as adults. I also find it helpful to keep current with research from authors such as Bessel van der Kolk (2014), who states that past trauma has “ongoing consequences for how the human organism manages to survive in the present” (p. 21).

As a nurse coach, my practice is based on an integrative, integral, and holistic perspective that includes a “bio-psycho-social-spiritual-cultural-environmental model” for each and every person that I treat (Hess et al., 2013, p. 19). By engaging in deep listening and utilizing various types of knowing (including intuition), I strive to establish a trusting relationship with each client. This is a very different approach from what many patients like Tom are used to. Conventional medicine often disregards and labels these patients “noncompliant.” The nurse coaching perspective honors every individuals uniqueness and personal life story.

I believe that nurse coaching is a “dynamic partnership with clients who are moving toward a new place in life . . . toward new ways of being and living” (Bark, 2011, p. 4). As we continually strive to operate from new ways of being with our patients – listening instead of judging – we are facilitating new ways of being within their own lives.

The more I drove and reflected that afternoon on Tom’s missed appointment, the calmer and more accepting I became of his cancellation. My schedule was not any more important than whatever distress he was feeling that day. By valuing Tom as the authority in our relationship, honoring our partnership, and viewing this incident from a united perspective, I could better assist him on his journey toward optimal health.

Nurse coaching opens doors for caring, whole-person relationships, particularly for complex patients who may not feel cared for in our current healthcare system. Additionally, nurse coaches are in a unique position to improve health outcomes by facilitating behavior and lifestyle changes.

**REFERENCES**


Karen Radtke, MSN, APN, HWNC-BC, AHN-BC is a master’s prepared Advanced Practice Nurse (Nurse Practitioner), licensed in both Wisconsin and Illinois, a nationally board-certified Holistic Nurse, and a nationally board-certified Nurse Coach. She is the owner/director of Integral Health Solutions [http://integralhealthsolutionswi.com](http://integralhealthsolutionswi.com). She has more than 20 years of experience as a Nurse Practitioner in a variety of settings, including primary care, chronic disease management, and nursing education. When she’s not collaborating with her clients, she enjoys gardening, snowshoeing, natural habitat restoration, and raising therapy dogs.
Energy medicine treatment initiates relaxation to the body.

The relaxation response releases endorphins in the brain.

The endorphins relax the muscles.

Relaxed muscles create more space between cells providing increased circulation.

The increased blood flow elevates oxygen levels throughout the body.

Accelerated blood flow allows nutrients to be absorbed more efficiently.

Enzymes build for proper digestion.

Hormones regulate to strengthen the body’s constitution.

Toxins release from the body.

Healthy cells begin to regenerate.

A sense of well-being is established which promotes healing.

When the body has a stable physiology, the immune system is regulated. The resulting stability within the immune system affects the physical, emotional, mental, and spiritual facets of the body’s energy field, supporting self-healing.

The list follows the graphic in a clockwise direction completing the process in the center.

**Figure 1.** The Physiological Response of Energy Healing (Komitor, 2006), courtesy of Healing Touch for Animals®, [www.healingtouchforanimals.com](http://www.healingtouchforanimals.com)
quite distressed that she was so uncomfortable and not transitioning. I met with the husband and daughter and introduced Healing Touch and the Chakra Spread. I invited them to stay in the room while I administered the Chakra Spread. During the session, the patient shifted from crying out and moaning to becoming calm and quiet. She passed peacefully that night with her husband and daughter by her side. The daughter stated she and her father were very grateful for the session and believed that it allowed her mother to move into transition peacefully and without fear or resistance.

Another patient nearing end-of-life that Donna works with, who has terminal breast cancer, requests weekly HT sessions to assist with management of pain, nausea, constipation, and anxiety as well as the dying/transition process. Donna provides sessions using a variety of HT interventions based on her assessment and the patient's needs at the time. The patient states that the sessions allow her to remove the “edge” she hadn't realized that she was carrying, and help her to relax, sleep, ease nausea, constipation, and pain. She also expresses that she feels so much love and a deeper spiritual connection through their time together.

**EOL Doulas**

In addition to hospice care, there is now a growing field of people who guide and support the dying and their families through the labor of death. They are referred to as end-of-life (EOL) doulas, death doulas, or midwives of the soul (Fresko-Weiss, 2015, Preface xi). EOL Doulas have become the voice of the dying – they magnify hospice care while standing in the gap between medical and non-medical treatments. EOL Doulas help the dying person and their families create legacies, offer guided visualization and rituals, and provide vigil and respite support.

Melinda Chichester, HTCP/I, EOL Doula, is a Healing Touch Certified Practitioner/Instructor and EOL Doula who can assess and diagnose energy disturbances for those who are in transition. Melinda's advanced studies in the hara and chakra systems allow her to offer transformative support helping people as they encounter the dying process.

In her practice, Melinda views the hara as the transport system for the soul, supporting the dying person’s unique energetic expression back to Divine source (see Figure 2. Hara Column). Barbara Brennan (2017) describes the hara as the foundation for the human energy field that plays a role in facilitating “our direct connection to the Godhead” and clarifying “one’s life purpose and intention to incarnate” (p.6). The hara is thought to carry all of our lessons, traumas, contracts, and karma “for the evolution of our spirit in this lifetime” (Moll, 2014, p.2).

Melinda shares an experience of how energy medicine and Healing Touch supported her dying patient:

In October 2018, I was approached by a client (TL) who needed additional energetic and spiritual support for her brother (GL). GL was admitted to hospice in April 2018, with a diagnosis of Frontotemporal Dementia. As an EOL Doula and energy medicine practitioner, I am trained to obtain a client history, signed consent, and disclosure forms. During the initial intake, TL shared that her brother suffered a significant trauma in 1987 when his son was murdered at the age of 23. TL shared some of her frustration with her brother’s care.

Since April, GL had been screaming out if he was hungry, tired, soiled, or agitated. GL’s shouting out became...
a disruption to the staff and residence. It was also causing agitation in TL while she visited with her brother. TL and I discussed how Healing Touch and energy medicine interventions could support GLs mind, body, and spirit during his decline. We also talked about medication options she could discuss with the hospice RN. I also helped TL identify that her brother was over-stimulated while eating his meals out in the resident common area, which was resulting in sensory overload.

GL's first HES assessment expressed no flow or vitality in all aspects of his energy systems: the hara, chakras, energy field, and meridians. To release the trauma (e.g., his son's murder) from GL's hara, I offered the Hara Re-patterning Technique (Moll, 2014, p.8). After the technique, GL was deeply relaxed and calm. The post-assessment indicated all energy systems were open, balanced, and flowing.

I met with TL and her brother for the next seven weeks, offering EOL Doula support and Healing Touch interventions to relieve GL's agitation. Because of the continued energy support, GL was able to gracefully and sacrificially approach his death. The Chakra Spread was offered twice when GL began the active stages of dying. One of the greatest aspects of my work as a Doula is helping the family identify the symbolic language the dying person is trying to communicate during the dying process. GL shared some intimate emotions with his sister, letting her know he was happier in spirit than in his physical body.

"Death is still a fearful, frightening happening for many people, and the fear of death is a universal fear even if we think we have mastered it on many levels" (Kubler-Ross, 1969, p.5). Introducing energy medicine modalities such as Healing Touch at end-of-life provides an opportunity for the dying person and their families to transform fear into thoughts and feelings of acceptance, peace, gratitude, and beauty.

REFERENCES

Donna M. Adams, RN, OCN, CHPN, HTCP/I holds nursing certification in the fields of oncology and hospice and palliative care. She is a Healing Touch Certified Practitioner and Instructor with more than 18 years of experience practicing Healing Touch. Donna has a passion for incorporating energy medicine therapies as an integrative approach in conjunction with traditional medicine and care. One of her greatest joys is to bring light to the world through teaching and sharing the gifts of energy medicine practices. She is published in Energy Magazine, Healing Touch Community News and was a 2016 contributing writer for Sybil Magazine.

Melinda Chichester, HTCP/I, EOL Doula, is a Healing Touch Certified Practitioner, Instructor, Mentor, and End-of-Life (EOL) Doula. Her focus is to release trauma within the human energy system while supporting one’s life journey. Melinda is a death educator focusing on the physical, emotional, mental, spiritual, and energetic aspects of the dying process. She is a self-starter with high enthusiasm and strives to motivate people and educate the community on the benefits of self-care. She is published in Energy Magazine and was a 2017-2018 contributing writer for Sybil Magazine.
Wanting to go to the next level in your practice? Endorsed programs offer content based on a well-developed body of knowledge congruent with the philosophy, mission, and purpose of AHNA. These programs are only endorsed by AHNA after a rigorous peer-review process and approval of the AHNA Board of Directors.

Certificate in Holistic and Integrative Health
Allegra Learning Solutions, LLC
(760) 231-9678
www.allegralearning.com

Certificate in Spirituality, Health and Healing
Allegra Learning Solutions, LLC
(760) 231-9678
www.allegralearning.com

Clinical Acupressure Certification Program
Soul Lightening International
(978) 456-0300
Registrar@soullightening.com
www.SoulLightening.org

Clinical Aromatherapy for Health Professionals
R.J. Buckle Associates, LLC
(817) 456-6761
info@rjbuckle.com

Clinical Acupressure Certification
Soul Lightening International
(978) 456-0300
Registrar@soullightening.com
www.SoulLightening.org

The Transcendental Meditation® Program for Nurses
Transcendental Meditation for Women:
(641) 451-1592
(800) 635-7173
www.tmwomen.org
www.tmwomen.org/nurses

Transpersonal Nurse Coaching Huntington Meditation and Imagery Center
Bonney Schaub, RN, MS, PMHCNS-BC, NC-BC
(631) 673-0293
www.HuntingtonMeditation.com
www.TranspersonalNurseCoaching.com

Whole Health Education Certificate
National Institute of Whole Health
(888) 354-HEAL (4325)
wholehealtheducation@gmail.com
www.niwh.org

Wisdom of the Whole® Coaching Academy Training Program
(510) 864-2006
info@wisdomofthewhole.com
www.wisdomofthewhole.com

Endorsed Program
American Holistic Nurses Association
FEBRUARY 2019

Certificate in Holistic and Integrative Health
Allegra Learning Solutions, LLC
(760) 231-9678
www.allegralearning.com

The Transcendental Meditation® Program for Nurses
Transcendental Meditation for Women:
(641) 451-1592
(800) 635-7173
www.tmwomen.org
www.tmwomen.org/nurses

Transpersonal Nurse Coaching Huntington Meditation and Imagery Center
Bonney Schaub, RN, MS, PMHCNS-BC, NC-BC
(631) 673-0293
www.HuntingtonMeditation.com
www.TranspersonalNurseCoaching.com

Whole Health Education Certificate
National Institute of Whole Health
(888) 354-HEAL (4325)
wholehealtheducation@gmail.com
www.niwh.org

Wisdom of the Whole® Coaching Academy Training Program
(510) 864-2006
info@wisdomofthewhole.com
www.wisdomofthewhole.com

Beginnings
American Holistic Nurses Association
Family caregiving does have its benefits, including a closer relationship to the one being cared for and satisfaction that they are well cared for (Spillman et al., 2014). Despite these benefits, for some, family caregiving takes a toll on their health and well-being.

Recovering from family caregiving is a process, generally handled alone by isolated family caregivers often depleted by their service to their loved ones. By assessing for family caregiving risks, compassion fatigue, major life changes, and impaired relationships in former family caregivers, healthcare professionals may gain an enhanced understanding of what challenges exist even when the family caregiving experience is over. Some caregivers navigate the transition successfully, while others get stuck along the way.

Simply raising the awareness of both professionals and family caregivers to the life transition of family caregiver recovery will help. Future research into the experience of after-caregiving and the health and well-being of former caregivers is greatly needed. Perhaps most importantly, we need research identifying nursing interventions, community services, and healthcare policy changes that help struggling former caregivers successfully navigate this life transition.

REFERENCES
University of Pennsylvania School of Nursing. (2018). Profile, Afaf I. Meleis, PhD, DrPs(hon), FAAN, LL. Retrieved from https://www.nursing.upenn.edu/live/profiles/69-afaf-i-meleis

Gale Lyman, RN, BSN, HNB-BC is the founder of the TLC Resource Center of contemplative practices for adults, senior citizens, and caregivers at www.lymancenter.com. Contact Gale at info@lymancenter.com to further discuss this topic. Additional documents related to the concept of Family Caregiver Recovery are available at https://lymancenter.com/family-caregivers and from Gale’s blog, www.CalmAndCentered.info.
**BOOK REVIEW**
Reviewed by GENEVIEVE M. BARTOL, RN, ABCS, EdD, AHN-BC


*Good Grief* was recently named a 2018 AJN Book of the Year in the category of Palliative Care and Hospice. The author, a nurse, draws from her personal experiences of loss and grief following the sudden death of her husband of 46 years. She shares reflections on her loss and the strategies she used for healing. The resulting book is not a how-to manual, but rather the story of one person’s experience after the death of a loved one. The author points out that some people try to avoid the pain of grieving by increasing physical and/or mental activity, or withdrawing and retrieving into isolation, but neither of these coping mechanisms are useful. Rather, the author reminds the reader that the grieving person needs to care for their self and suggests that doing so offers the best way to care for others. Certainly, each story is unique, and yet, reading this author’s story provides an opportunity for reflection and should be helpful to all nurses.
AHNA Election Results

Thank you to everyone who voted in the 2018 AHNA Elections; we had 537 votes! And thank you to all of our qualified and committed candidates. Congratulations to our newly elected Board Members and Nominating Committee members who will take office in June 2019:

**PRESIDENT-ELECT**

Elizabeth Scala, MSN, MBA, RN, HNB-BC is currently the Research Program Coordinator for The Johns Hopkins Hospital. She earned a bachelor’s degree in Psychology and a BSN from the University of Delaware and an MSN/MBA from Johns Hopkins University. Elizabeth is also owner of Living Sublime Wellness, LLC and the founder of The Art of Nursing (a Nurse’s Week program that has provided education and inspiration to dozens of hospitals and healthcare organizations). She is a Board Certified Holistic Health Practitioner, Reiki Master, health coach, keynote speaker, and bestselling author of *Nursing from Within* (2014). Elizabeth hosts the podcast “Your Next Shift” and is a past co-host on RNFM Radio. As leader of the AHNA Nurse Entrepreneur Chapter, she has spoken at several chapter meetings across the mid-Atlantic region. Her most recent speaking engagement was as the keynote speaker at the AHNA regional self-care conference in Las Vegas, Nevada (November 2018). Elizabeth has been on the AHNA Board of Directors-at-large since 2015. In her newly elected position as AHNA President-Elect, she looks forward to helping AHNA expand out and reach nurses around the globe.

**TREASURER**

Jane Foote, EdD, MSN, RN, CNE is currently the Program Director for Academic Affairs at Mayo Clinic in Rochester, Minnesota. She retired as a tenured full professor and department chair at Winona State University in July 2018 after 27 years of Minnesota state higher education service. Jane is co-chair of the Southern Minnesota Chapter of AHNA. Her financial experience includes 10 years of managing a 4-million dollar budget as a Dean at Minneapolis Community and Technical College from 1998-2007 and a 1.8-million dollar budget for HealthForce Minnesota from 2007-2013.

**BOARD OF DIRECTORS-AT-LARGE**

Karen Avino, EdD, RN, MSN, AHN-BC, HWNC-BC earned her EdD in Educational Leadership, an MSN in Health Service Administration, and a BSN from the University of Delaware, where she taught Holistic Nursing and Integrative Health for 20 years. Currently, she is self-employed as a Holistic Nurse Consultant and as an Integrative Nurse Coach. She is also adjunct faculty for Florida Atlantic University, associate faculty for the International Nurse Coach Association, and founder of the Integrative Holistic Nurse Academy, providing live and online courses on Holistic Nursing and Integrative Nurse Coaching topics. Within AHNA, Karen has served on past conference planning committees, was the Faculty/Student Enews Editor, and has been the AHNA Chapter Leader in Delaware for the past 10 years.

Stasi Lubansky, DNP, ANP-BC, HN-BC, CDE, CTTS earned her DNP at SUNY Stony Brook, an MSN at Columbia University, a BSN at New York Hospital-Cornell University, and her Diploma in Nursing at Buffalo General Hospital School of Nursing. She works full time as an adult nurse practitioner at Weill Cornell Internal Medicine Associates. Stasi was recently promoted to Instructor of Education in Medicine at Weill Cornell, making her the first clinical nurse practitioner to receive a faculty appointment in the medical school. She is board certified in several areas, including Holistic Nursing, Aromatherapy, as a Diabetes Educator, and Tobacco Treatment Specialist. Stasi counsels and treats patients with diabetes as well as nicotine dependence, and trains medical students, residents, and other providers in both of these areas.

**NOMINATING COMMITTEE**

Karen Fink, BSN, HNB-BC, LMT, CLL earned a BSN/Summa Cum Laude from the University of Cincinnati and a Massotheraphy Diploma from the National Institute of Massotheraphy. Karen has multiple certifications, including holistic nursing, Reiki master, and is an advanced laughter leader. Her holistic practice occurred mainly at Cleveland Clinic, where she developed, managed, and instructed The Cleveland Clinic Center for Health Sciences Course: Manual Therapies for the Hospitalized Patient that educated nurses in the art of holistic manual therapies. She is currently an adjunct massage instructor for Cuyahoga Community College, and is also co-writing a manuscript to introduce a new instrument to evaluate values-based, pain management decision-making. Karen has served on multiple national and state committees, including AHNA’s education and conference planning committees.

Maxine Higgs, MSN, RN, AHN earned her master’s degree in Advanced Holistic Nursing at Florida Atlantic University. She currently works PICU with Tenet Health System. Maxine also co-chairs the local AHNA Chapter and is currently working on Level 5 of her Healing Touch Certification. Some of Maxine’s accomplishments include: being one of the first team of mentors for new graduate nurses; having initiated change for Advanced Holistic Nursing master’s degrees to be included in employee tuition reimbursement; and advocating for grand round presentations to include holism with increased awareness on spirituality and spiritual care.
AHNA members had the opportunity to cast their vote between November 1 and November 30, 2018 via an electronic ballot or via requested paper ballot. There were 532 electronic ballots and 5 paper ballots.

The following are the results of the 2018 AHNA Elections:

President-Elect: Elect One (1) Candidate:
Kim Holden, PhD, MPH, RN, AHN-BC 185
Elizabeth Scala, MSN/MBA, RN 339
Elected: Elizabeth Scala

Treasurer: Elect One (1) Candidate:
Christine Argenbright, PhD, RN 161
Jane Foote, EdD, MSN, RN, CNE 363
Elected: Jane Foote

Board of Directors at Large: Elect Two (2) Candidates:
Karen Avino, EdD, RN, MSN, AHN-BC, HWNC-BC 323
Elizabeth Loeppe, MSN, RNC-OB, CNE, AHN-BC 257
Stasi Lubansky, DNP, ANP-BC, HN-BC, CDE, CTTs 260
Carol Wiggs, PhD, RN, CNM, AHN-BC 214
Elected: Karen Avino & Stasi Lubansky

Nominating Committee: Elect Two (2) Candidates:
Keesha Ewers, PhD, ARNP, FNP-C, MSN 315
Karen Fink, RN, BSN, HNB-BC, LMT, CLL 336
Maxine Higgs, RN, MSN, AHN 397
Elected: Karen Fink & Maxine Higgs

The Official Teller’s Report was prepared by the 2018 AHNA Nominating Committee:
Mary Joseph, PhD, RN, MSN, AHN-BC, APP, Chair (New York)
Billy Rosa, MS, AGPCNP-BC, AHN-BC, HWNC-BC, FCCM
Linda Thomas, PhD, RN-BC, CCRN, CHTP/I, HTAP
Barbara Notte, BSN, RN, HNB-BC; Reiki Master Teacher

2018 AHNA Elections Official Tellers’ Report

Grants, Awards & Scholarships – April 15th Deadline

Submission guidelines, instructions, and applications for all scholarships, grants, and awards can be found at www.ahna.org/awards

Holistic Nursing Rising Star Award
This award is intended to recognize new nurses who have applied creative holistic practices and epitomize holism in their personal and professional lives.

Holistic Nurse of the Year Award
This award recognizes and highlights nurses who have been working in holistic nursing for several years and have demonstrated a commitment towards the core values of holistic nursing.

Lifetime Achievement Award
This award is a way of saying Thank You for all the holistic nursing work accomplished through sustained participation in AHNA and advancing the specialty practice of holistic nursing.

Excellence in Holistic Nursing Education Award
This award recognizes schools, programs, and departments that have incorporated the philosophy and core values of holistic nursing into their entire curriculum/course with innovative design, teaching and evaluation methods, and they encourage the highest standards of holistic nursing education.

Charlotte McGuire Scholarship Program:
Undergraduate and Graduate Nursing Student Awards
These awards are monetary scholarships to nurse members who are pursuing their nursing education.

AHNA Service Award
This award recognizes and thanks AHNA member(s) who consistently contribute their experience and time to advance AHNA to its highest potential. The winner of this award is committed to holistic nursing and its philosophy, and particularly AHNA’s mission and goals.

AHNA Advocacy Policy Maker Award
This award is intended for AHNA to recognize an Advocate/Legislator who supports holistic nursing in policy formation and/or legislation.

AHNA Media Award
This award is intended for the AHNA to recognize reporters, editors, other media personnel and citizens, websites, and mobile apps that have effectively delivered holistic nursing messages to the public.

Stay Abreast in 2019
The Integrative Health & Wellness Congressional Caucus
The Integrative Health & Wellness Congressional Caucus, co-sponsored by Congresswomen Judy Chu (D-CA 27th District) and Jackie Walorski (R-IN 2nd District) is expected to be one of the best vehicles to inform lawmakers of ways to implement much-needed changes in America’s current healthcare system. The Caucus has entered 2019 in the 116th Congress with new and influential co-chairs focused on recruitment and development of an influential block of U.S. Representatives to drive adoption of integrative health and wellness through federally funded programs and block grants to states, and to effectively engage the Centers for Medicare & Medicaid Services (CMS) for inclusion of integrative health professions and therapies. The Integrative Health Policy Consortium (IHPC), the nationally unified voice of more than 600,000 health professionals, is deeply committed to supporting and providing education and resources to this Congressional Caucus. AHNA is a member of IHPC, as is the AHNCC, with Terri Roberts, JD, RN serving on their Executive Committee and Margaret Erickson, PhD, RN, APHN-BC, APRN, CNS from AHNC serving on the IHPC Board.

Pain Task Force Delivers Draft Report
The Pain Management Best Practices Inter-Agency Task Force released a draft report calling for individually, patient-centered care pain management. The Task Force was composed of 29 members, including healthcare providers and patients, as well as federal employees. The report is proposing recommendations for improvement including: access to pain care, pain treatments, special populations, and special conditions, among others. The public will have 90 days to respond to the recommendations. AHNA will be coordinating comments to submit on behalf of holistic nursing and participating with the IHPC to submit comments.
Many thanks to everyone who has attended and presented at our regional self-care conferences. These events are a great way to network and connect with other holistic nurses. Check out the AHNA website for upcoming locations and dates!

AHNA Regional Conference January 18, 2019
in New Orleans, Louisiana
The 2019 year is off to a great start for AHNA; there were 99 nurses who registered for the AHNA self-care conference held at Children’s Hospital of New Orleans. The one-day conference was keynoted by AHNA Board Member Margaret “Maggie” O’Brien King, PhD, RNBC, AHN-BC, CNL. Presenters included: Randy Rosamond, RN, MPH; Vivian Stillwell Torres, RN, CNOR, CRR; Stacey Melling, RN, BSN, CHTP, CWK; Sue Delaune, MN, RN, CNE; and Paige Pecoul. Topics covered at the conference included mindfulness and self-compassion, pleasure and power of essential oils, energy healing, movement and resilience, and joy in the journey. The weather was lovely, with many choosing to eat lunch outdoors. There were attendees from outside Louisiana including Texas, Alabama, Mississippi, Ohio, and Florida participants.

AHNA Regional Conference November 9, 2018
in Las Vegas, Nevada
The AHNA self-care conference in Las Vegas was well received and appreciated. Around 60 nurses attended the one-day conference at the UNLV Richard Tam Alumni Center, keynoted by AHNA Board Member Elizabeth Scala, MSN/MBA, RN, HNB-BC of Jarrettsville, MD. Presenters at the conference included: Dave Tyrell, BSN, RN; Michelle McGrorey, BSN, RN, OCN, HTCP, CA; Deborah McKinney, BSN, RN, OCN; Jessica Thiel, BSN; and Catie Chung PhD, RN, CNE. Topics covered at the conference included mindfulness and self-compassion, pleasure and power of essential oils, energy healing, movement and resilience, and joy in the journey.

AHNA Regional Conference October 5, 2018
in Denver, Colorado
Nearly 100 nurses attended AHNA’s regional self-care conference at the Lowry Conference Center in Denver, CO, keynoted by AHNA Board Member Elizabeth Scala, MSN/MBA, RN, HNB-BC of Jarrettsville, MD. Presenters at the conference included: Mary Enzman Hines, PhD, APRN, CNS, CPNP-PC, AHN-BC of Aurora, CO who taught Mindfulness and Self-Compassion; Laraine Pounds, MSN, BSN, RN, CMT, CertAT of Boulder, CO shared the Pleasure and Power of Using Essential Oils; Ardythe Phillips, RN, BSN, HNB-BC, HTCP, HSMI, CCM, CRNN of Littleton, CO presented Energy Healing as a Self-Care Practice; Cynthia Hutchison, DNSc, RN, MSN, CNS, HTCP/I of Boulder, CO taught Movement for Better Balance, Energy and Well-Being; and Becky Sassaman, RN, BSN, HNB-BC of Highlands Ranch, CO led Resilience and Joy in the Journey.

AHNA Regional Conference September 14, 2018
in Crestwood, Kentucky
AHNA’s self-care conference in Crestwood (near Louisville) had a fantastic turnout of 113 attendees! AHNA Board Member Margaret “Maggie” O’Brien King, PhD, RNBC, AHN-BC, CNL keynoted the conference held at the Kavanaugh Conference and Retreat Center. Presenters at the conference included: Cathrine Weaver, MSN, HN-BC, RN who covered Mindfulness and Self-Compassion; Monica Meier, MSN, RN, AHN-BC, CCA presented the Pleasure and Power of Using Essential Oils; Jennifer Bradley showcased Jin Shin Jyutsu as a Self-Care Practice; Kerry Churchill, RN, HN-BC, Certified Yoga Nurse® taught Yoga for Better Balance, Energy and Well-Being; and Kim Evans, APRN, CNS-BC, AHN-BC, CNAT led Resilience and Joy in the Journey.
AHNCC-Endorsed Schools of Nursing
The American Holistic Nurses Credentialing Corporation (AHNCC) currently endorses 14 nursing schools within the United States that provide Holistic Nursing programs and that facilitate their graduates in achieving the Holistic Nursing certification process. For more information, please visit the AHNCC website at www.ahncc.org.

St. Catherine University • Department of Nursing
St. Paul, Minnesota • www.stkate.edu

For more information please contact:
Susan Hageness, DNP, RN, CNE, AHN-BC, Associate Professor, Department of Nursing
smhageness@stkate.edu
Joyce B. Perkins, PhD, MS, MA, RN, AHN-BC, CHtP, Associate Professor, Department of Nursing
jbperkins@stkate.edu

St. Catherine University has a long history of educating healthcare professionals, and a reputation for producing skilled and compassionate practitioners. A dynamic university educating women to lead and influence, St. Catherine University prepares students to make a difference in their profession, their communities, and the world. The university is home to nearly 5,000 students and is one of the largest private women's colleges in the nation that also offers a wide range of programs for women and men in the Graduate College and College for Adults.

The three sections in the baccalaureate-degree nursing program at St. Catherine University (the College for Women BSN section, and the College for Adults BSN and RN-BSN sections) are endorsed by AHNCC. Faculty skillfully blend rigorous clinical education with holistic nursing theory and healing practices throughout the curriculum. Care and compassion build as the philosophic principles, standards, and core values of holistic nursing influence the lived experience of students and faculty. Multicultural healing perspectives walk alongside approaches of Western medicine. Through coursework and hands-on clinical experience, students graduate from St. Catherine University's baccalaureate-degree nursing program grounded in holism with the ability to address the complexity of nursing situations.

AHNCC Certification Exam Schedule
Applications are accepted year-round, but if you want to be sure to sit for an examination, please have your applications in by the below deadlines. Exams are administered by the Professional Testing Corporation. For more information: www.ptcny.com/clients/ahncc

<table>
<thead>
<tr>
<th>TYPE OF CERTIFICATION</th>
<th>(STEP 1) APPLICATION DEADLINE</th>
<th>(STEP 2) TEST REGISTRATION DEADLINE</th>
<th>TESTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLISTIC NURSING CERTIFICATION EXAMINATION (HN-BC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2019</td>
<td>February 1, 2019</td>
<td>March 4, 2019</td>
<td>April 6-20, 2019</td>
</tr>
<tr>
<td>Fall 2019</td>
<td>September 1, 2019</td>
<td>October 4, 2019</td>
<td>November 2-16, 2019</td>
</tr>
<tr>
<td>HOLISTIC BACCALAUREATE NURSING CERTIFICATION EXAMINATION (HNB-BC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2019</td>
<td>January 15, 2019</td>
<td>February 4, 2019</td>
<td>March 2-16, 2019</td>
</tr>
<tr>
<td>Fall 2019</td>
<td>August 1, 2019</td>
<td>September 6, 2019</td>
<td>October 5-19, 2019</td>
</tr>
<tr>
<td>ADVANCED HOLISTIC NURSING (AHN-BC) &amp; ADVANCED PRACTICE HOLISTIC NURSING (APHN-BC) CERTIFICATION EXAMINATIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2019</td>
<td>December 1, 2018</td>
<td>January 2, 2019</td>
<td>February 2-16, 2019</td>
</tr>
<tr>
<td>Fall 2019</td>
<td>July 1, 2019</td>
<td>August 7, 2019</td>
<td>September 7-21, 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF CERTIFICATION</th>
<th>APPLICATION DEADLINE</th>
<th>TESTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSE COACH CERTIFICATION EXAMINATION (NC-BC or HWNC-BC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2019</td>
<td>February 15, 2019</td>
<td>April 6 - 20, 2019</td>
</tr>
<tr>
<td>Fall 2019</td>
<td>September 30, 2019</td>
<td>November 2 - 16, 2019</td>
</tr>
</tbody>
</table>
Are You a Certified Nurse Coach?

Convert your coaching certification into a secondary provider credential with NIWH’s Nurse Coach-Educator-Advocate program!

Earn your secondary provider status with a National Provider Identification (NPI) number as a Patient Educator. This secondary provider status will allow you to bill and code for your health and wellness education services, enhancing disease prevention, health maintenance and self-care tools for your patients!

**Not a Nurse Coach yet, but want to earn the NPI credential?**

**Educate, Advocate, Coach™**

Our 3-in-1 Whole Health Program for Nurses provides you the training to qualify!

NIWH is the only nationally accredited program for Patient Health Education, Health Advocacy and Health Coaching.

Qualifies for the national Chronic Care Professional (CCP) certification & CE requirements to apply for ANCC Holistic Nurse or Nurse Coach exams.

**Nurses Save $650 find out how**

**TESTIMONIAL FROM A RECENT NURSE GRADUATE**

“Six months after graduating from the NIWH program, I had a growing practice! I love providing clients the “Big Picture of Health” and teaching them ways to prevent disease or improve their health. My partners, including physicians and mental health professionals, are thrilled that I have an NPI number as a patient health educator, as it makes my health education services more available to their patients. Much gratitude to NIWH which has produced the best whole health and patient advocacy program in the country.”

- Ann Baker, BSN, MPH - NIWH Graduate

Established 1977, NIWH is the oldest Integrative, Whole Health program in the U.S.

Call us at 1-888-354-HEAL (4325) or visit us at www.niwh.org
February 5, 2019
The EYES Have It! Eye Health Naturally!
ONLINE
Free for Health Professionals! Register for now.

The Natural Nurse ® Career Counseling and Herbal Certification with Ellen Kamhi, PhD, RN, AHG(RH), www.naturalnurse.com/services/career-paths-in-natural-health

And coming March 17, 2019, 18 CE units, ONLINE, Natural Nurse® Herbal Certification Course (4 class series)

February 12, 2019
Charlotte, NC
Holistic Health Network Meeting
6:45 p.m. Free.
The Holistic Nurses of Charlotte, sponsor of Holistic Health Network, invite you to hear Lynn Lyon, LCSW, a licensed Mind-Body Therapist, talk about embracing a more positive you, thus transforming negative patterns that keep you feeling stuck. http://www.lynnlyon.com
The meeting will be held in St. Gabriel’s Church Health Ministry Center, 3016 Providence Rd, 28211. Free parking. Details: Belle Radenbaugh (704) 575-1153. On Facebook: Holistic Health Network of Charlotte.

February 19, 2019
Spring City, PA
AHNA Spring City, PA Regional Conference
Holistic Self-Care: Your Secret Power for Enhancing Patient Care, 6 CNE
Keynote: Jamia Marcus
www.ahna.org/Regionals

February 21, 2019
Mt. Kisco, NY
AHNA Mt. Kisco, NY Regional Conference
Holistic Self-Care: Your Secret Power for Enhancing Patient Care, 6 CNE
Keynote: Roxane R. Chan
www.ahna.org/Regionals

February 22, 2019
New York, NY
AHNA New York, NY Regional Conference
Holistic Self-Care: Your Secret Power for Enhancing Patient Care, 6 CNE
Keynote: Barry Gallison
www.ahna.org/Regionals

May 1-5, 2019
Stockbridge, MA
Clinical Nutrition and Functional Medicine for Nurses: An Integrative Nurse Coach Approach
Discover a new career path and reignite your nursing passion. This intensive training focuses on whole-person care – combining the art and science of clinical nutrition, integrative nurse coaching, and functional medicine to promote healthy lifestyle change for your clients. Kripalu Retreat Center – Stockbridge, MA
https://inursecoach.com/events/kripalu2019

May 12, 2019
Worldwide
Annual Nightingale Moment.
At noon (your time) celebrate the heart and spirit of holistic nursing. Every nurse around the world is invited to pause, take a moment of silence, or create a healing ritual in celebration of this moment.
www.ahna.org/Events/National-Nurses-Week

June 2-7, 2019
Tulsa, OK
AHNA’s 39th Annual Conference
Registration is now open for the 2019 conference. Join our peers for quality education, networking, and time to renew your focus and energy dedicated to being a holistic healer. Visit www.ahna.org/AnnualConference for details.

SCIATICA? LOWER BACK/HIP PAIN?
For great corrective self-care, relax on the “sacral” stabilizer SacroWedge®. Combine with neck support and let gravity do the work.
Visit family owned www.sacrowedgy.com
call 1-800-737-9295.

www.thepracticalpath.com
877.433.6611

The Practical Path
Wendie Colter, CMIP

LEVEL 1 LIVE ONLINE - Enrolling Now!
CEs, CNEs, Certification
www.thepracticalpath.com
877.433.6611
The Integrative Healing Arts Program in Holistic Nursing (IHAP) is a unique 84-hour continuing nursing education (CNE) program, in a retreat setting, that prepares nurses for (1) pivotal roles in a new paradigm of healthcare and (2) successful completion of the American Holistic Nurses Credentialing Corporation (AHNCC) certification exam in Holistic Nursing.

IHAP is a 3-session program and will be offered in retreat-type settings across the USA. Graduates:

- Receive a certificate in Holistic Nursing and Integrative Modalities
- Create a space within and around themselves that allows them to be an instrument of healing
- Provide healing arts, grounded in a foundation of holism, in all healthcare settings including hospitals, universities, and private practices

Each session will have a maximum of 40 participants. To request a brochure go to www.AHNA.org/Shop/IHAP
Registration opens 90 days prior to each location’s start date.

Tuition costs vary for on-site (meals and lodging), commuter (includes lunch only), and paying by individual session. Significant discounts are available to members and when paying for all three sessions at once.

**Weber Retreat Center, Adrian, MI**
- Session 1: July 11-14, 2019
- Session 2: October 10-13, 2019
- Session 3: January 16-19, 2020

**Pendle Hill, Wallingford, PA**
- Session 1: August 15-18, 2019
- Session 2: November 14-17, 2019
- Session 3: March 5-8, 2020

*Students who complete the first two sessions in this location will meet the CNE requirements for the December 1, 2019 application deadlines for the AHNCC certification exam.