In 1999, the School of Nursing embarked on a planning process to assess the role of complementary and alternative therapies (AC/T) in nursing education. That initial planning process was described by Drs. Linda Halcón, Barbara Leonard, Mariah Snyder, Ann Garwick and Mary Jo Kreitzer in their article “Incorporating Alternative and Complementary Health Practices Within University-Based Nursing Education” (2001), summarized below.

Halcón and colleagues describe the increasing use of alternative and complementary health care practices by a majority of Americans. Given the growing appeal of these therapies, the authors state that health care providers need to know more about AC/T in order to effectively care for their patients. AC/T philosophy is consistent with

Elizabeth Saewyc, Ph.D., RN, PHN, faculty in the Center for Adolescent Nursing, has received an $878,644 grant from the National Institute of Mental Health, NIH. Saewyc will explore health and risk behaviors among adolescents using nine school-based teen health surveys from the U.S. and Canada. The three-year R01 grant, “Bisexual Youth in Risk and Resilience Studies,” will compare bisexual students’ responses about life circumstances, health behaviors, and risk and protective factors for adolescent health issues to responses of heterosexual and gay/lesbian youth.

“There has been very little research focusing on the health of bisexual teens separate from gay and lesbian teens," Saewyc says. "Most studies lump them into a single category, and assume their health issues and health risks are the same. We’re going to test whether that is a valid assumption to make, as researchers or as clinicians.”

The aims of the study include exploring the different ways sexual orientation is measured in teen surveys to

NEW CURRICULUM INCLUDES COMPLEMENTARY THERAPIES

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HOLISTIC CARE FOR ADOLESCENTS

Center faculty member, Dr. Elizabeth Saewyc, served as guest editor of a special issue of the Journal of Holistic Nursing devoted to adolescent health. The June 2001 issue, published by American Holistic Nurses’ Association, highlights current research and practice in adolescent health. Included here are brief summaries of the opening editorial and the articles in this issue.

EDITORIAL: FOCUSING ON PROTECTIVE RESOURCES IN ADOLESCENT HEALTH

Adolescence is a time of promise, when a child’s potential begins to be realized. It is also a time of risk, when the challenges of a child’s environment and relationships may create patterns of diminished health and lost opportunity. Risky behaviors linked to adult poor health often begin adolescence.

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Center Director:
Linda H. Bearinger, Ph.D., RN, FAAN

Designed and Edited by:
Suzanne Chanetsa, B.A.
Elizabeth M. Saewyc, Ph.D., RN., PHN

Contributing Writer:
Jonathan M. Chanetsa, B.A.

Photography:
Rudd Davis
We gratefully thank Rudd Davis, who provided all the photographs used in the previous issue of this publication: Volume 8, Issue 1. We should have acknowledged Mr. Davis with a byline attached to each of his photographs. Our apologies for our inadvertent omission last Spring; please look for more photos by Mr. Davis in future publications!
Karen Larsen
Barbara LaValleur

Requests for back issues, additional copies, or submission of material for inclusion should be sent to:

Center for Adolescent Nursing
6-101 WDH, 308 Harvard St. S.E.
Minneapolis, MN 55455
or by telephone: (612) 624-3938
or by fax: (612) 626-3467
or by e-mail: adolnurs@tc.umn.edu

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Adolescent Nursing

Holistic, ...continued from cover page

Adolescents draw on individual, interpersonal, or environmental factors to weather the risks they face in their lives. In the last two decades, we have begun to identify these protective factors, also called assets and strengths. We have realized that focusing only on risks and problems facing adolescents brings too little change. Nurses can feel overwhelmed and discouraged by the complex problems that adolescents face and by the lack of progress in countering them.

This calls for a shift in nursing perspectives and nursing practice. Nurses must look beyond problems to focus on the protective factors in the environments, families, and individual traits of youth. By promoting the development of protective factors and fostering assets already present in the lives of young people, nurses and other health care providers can facilitate effective interventions.

Adolescents are a precious resource in our world. They face immense challenges in growing up in a complex and rapidly changing environment. They will benefit from holistic nursing care that enhances their strengths.

The Family as a Protective Asset in Adolescent Development

Violence, unprotected sex, alcohol and drugs represent some of the many hazards faced by adolescents. Although conventional wisdom holds that peer pressure exerts the most influence on adolescent behavior, recent research has shown that the family can moderate risky adolescent behavior. This paper examines the evidence supporting family as a protective external asset, explores ways the family helps protect young people from risk, and considers the implications for nursing research, practice, advocacy, and education.

The Lived Experience of College Student Lesbians’ Encounters with Health Care Providers: A Preliminary Investigation

The purpose of this study was to explore the lived experience of four self-identified college student lesbians coming out and their encounters with health care providers. The study revealed a phenomenological model that embodied the core theme of navigating self-disclosure. Two major themes stemming from the core theme were: navigating self-disclosure in homophobic waters and navigating self-disclosure encounters with health care providers along a continuum from full disclosure to non-disclosure. The study suggested strategies to enhance interactions between lesbians and health care providers in primary and acute care settings.

Adolescent Violence: Assessment of Nurses’ Attitudes and Educational Needs

This study explored the perceived levels of knowledge, value of further education, resource utilization and attitudes of 60 hospital-based nurses caring for adolescent victims of violence. In the survey, 50% of the nurses had high scores on the perceived knowledge section, but most nurses (82%) felt inadequately prepared. Nurses primarily felt frustration, anger, and powerlessness. The results of this study indicate the need for additional violence education for nurses, particularly in the areas of available resources and intervention for adolescent victims of violence.

A Theory of Healing in the Aftermath of Youth Suicide: Implications for Holistic Nursing Practice

The purpose of this grounded-theory study was to develop a substantive theory that explains how individual family members heal in the aftermath of youth suicide. Individual healing following youth suicide was conceptualized as a process of “journeying toward wholeness.” In response to youth suicide, survivors tap
into their innate strengths and coping capabilities. Eventually, most survivors move toward healing. Individual healing was a contextually mediated, ongoing, dynamic, and recursive process. Most often initiated by a family survivor who was emotionally and spiritually close to the youth prior to suicide, healing emanated from the survivor’s consciousness as an act of will. This study brings to light the idea that bereaved family survivors of youth suicide have the potential to heal in response to the decisions they make and the healthy bonds they create and maintain between themselves and the deceased youth.

Voices of Hope: Hearing and Caring for Haitian Adolescents

Although much research has been conducted on the effects of migration for various ethnic groups, there is limited information about the meaning of migration for Haitian adolescents. Haitian adolescents, in addition to experiencing the trials of adolescence, often feel a sense of loss and confusion when they are forced to leave their homeland. This phenomenological study focused on the experience of being a Haitian adolescent living in South Florida. Six Haitian adolescents were interviewed and asked to produce writing about their experiences and perception of self-identity. Their responses highlighted eight themes defining the adolescents’ senses of identity: pride, isolation, prejudice, parental strictness, nostalgia, belonging, familism, and career vision. The insights acquired through this study have practical applications in designing more effective caring strategies, in advocating for clients, and in delivering culturally competent holistic nursing care.

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CENTER FACULTY AND STAFF ACTIVITIES

Publications


Consultations

Elizabeth Saewyc participated on an expert panel of 15 researchers for, “Scientific workshop to measure health concerns of LGBT youth,” sponsored by the Gay & Lesbian Medical Association and the LGBT Caucus of the American Public Health Association, funded by the Kaiser Family Foundation, the Kevin J. Mossier Foundation, and the William T. Grant Foundation, held in New York City, April 21.

Elizabeth Saewyc served as a member of the Vaccine Administration Advisory Group, Southern California Department of Health, in a special project to prepare national immunization training materials (guidelines and video), sponsored by CDC Immunization Branch; January and February, 2001.

Coordinated by the Hennepin County Office of Planning and Program Development, Elizabeth Saewyc provided consultation services to the Task Force on Homeless Families, specifically offering expertise on homeless pregnant and parenting teens, 2001.

Presentations

Linda Bearinger spoke to the International Congress on Adolescent Health (Salvador, Bahia, Brazil, May 2001) on her research with urban American Indian adolescents. This research parallels the interests of many adolescent health experts who focus on the health needs of indigenous youth and seek to nurture internal and external strengths that protect vulnerable young people from harm.

At a national interdisciplinary pediatric integrative medicine conference held this year in St. Paul, Minnesota (June 2001), Linda Bearinger led a workshop on resource development through grantwriting.


At a local rotary club meeting in July 2001, Linda Halcón gave a presentation on “Therapeutic uses for essential oils – Aromatherapy.”

Linda Halcón spoke on the Health Realization Model, as a best practice for working with homeless youth, at a June, 2001 meeting of the Minneapolis Youth Diversion Project.


Elizabeth Saewyc presented a paper, “The link between sexual abuse and teen pregnancy among U.S. adolescents: Are boys also at risk?” at the 7th International Congress of Health in Adolescence, May 2001, Salvador, Bahia, Brazil.
Adolescent Use of Alternative and Complementary Therapies

A Framework for Research

Adolescent use of alternative and complementary therapies (A/CT) does not mirror the choices adults. Though not much is known regarding teenagers use of A/CT, it is clear that parents often guide the treatments used by their adolescent children. Current studies vary in their findings about the factors that either compel or inhibit Alternative and Comparative Therapies (AC/T) use among adolescents.

Increased availability of information about alternative and complementary therapies, including Chinese medicine, homeopathy, naturopathy, chiropractic, and osteopathy, have contributed to their greater use. In spite of the awareness of AC/T usage, little research has been conducted with adolescents, leaving a gap in the knowledge base.

Use of alternative and complementary Therapies outside Western medical approaches is expanding. The Panel of Definition and Descriptions of Complementary and Alternative Medicine agree that the difference between complimentary and alternative is not important. Instead, it emphasizes healthcare as choices offered in “a domain of health-related activity.” A growing body of research shows that a mix of conventional and alternative therapies has positive effects. For instance, yoga has been shown to reduce blood sugar levels in diabetics, and Ma Huang has been used to treat asthma patients.

A Framework for Research

Braun et al. suggest using Social Competence Theory as a basis for studying adolescent use of A/CT. Elements to consider in studying AC/T among adolescents include intrapersonal, interpersonal, and environmental factors. For adolescents, developmental differences play a role in determining A/CT utilization. In this time of increased risk-taking and greater independence, choices regarding health care, including A/CT begin to expand.

Intrapersonal factors, like gender, race/ethnicity, educational levels, acute or chronic illness, perception of relationship between body, mind, and spirit, are factors in AC/T usage. Females are among the highest users (as with conventional care). In terms of racial/ethnic differences, Caucasians have the highest usage, followed by Hispanics, Native Americans; African Americans are least likely to use AC/T.

Investigations by other researchers found a correlation between educational levels and AC/T usage: 75%-99% AC/T users were high school graduates and up to 34% had graduate degrees. Likewise, a study of children found a clear relationship between mother’s educational level and the child’s AC/T usage.

Interpersonal factors associated with AC/T usage for both adults and adolescents have in common that access is sought by similar means. Word of mouth, fear of allopathic medicines’ side effects, desire for natural approaches, lack of improvement in condition, and a desire for active participation through self-care are common motivators. Other factors affecting use included distrust of providers and the low cost of AC/T.

Environmental issues, such as economic status and regional differences, as well as access to service are also important factors in determining use of A/CT. Socioeconomic status, an interpersonal factor in AC/T usage, can be considered an environmental variable in that it affects health care coverage, affordability, and access to AC/T treatments. Those with incomes above $50,000 use AC/T care more than those with lower incomes. This is largely attributable to differences in health coverage. Among those with lower incomes, one study found that, if fully covered, an additional 5% of lower income earners would utilize AC/T.

Further Research

It is important to remember that definitions of AC/T are evolving. Data collection on adolescent usage has been hampered by several factors: study samples of those under 18 years of age are small with little differentiation between children and adolescents; samples that predominantly include adults may not be relevant to adolescents; data collection with adolescents may require parental consent.

This background work was preliminary to author Carie Braun’s doctoral research on adolescent use of A/CT. Through her research she hopes to better understand the nature and determinants of A/CT in this population. Although guidelines for preventative services have been developed specifically for adolescents, standards have not yet been developed for use of AC/T. Issues such as AC/T quality of care, insurance coverage, and health service availability are additional areas for further research. The N.I.H. has created a Center for Complimentary and Alternative Medicine, suggesting a growing interest in research in this area.
NEW CENTER MASTER'S AND DOCTORAL STUDENTS

Kim Nollenberger graduated from The College of St Scholastica with her B.A. in Nursing in 1998; prior to that she earned a B.S. in Speech and Hearing Sciences with a minor in Child Psychology from the University of Minnesota. She currently works as a home visiting public health nurse with the Reach Young Parents Program with the Ramsey County Public Health Department. Her previous work experience includes two years as a staff nurse at Mayo Medical Center and two summers as a camp nurse/health coordinator at Camp Courage North in Lake George, Minnesota. She enjoys working with teen parents in her current job and looks forward to the opportunities that a M.S.N. in Adolescent Health will offer.

Lisa Sockabasin is a graduate from the University of Maine with a B.A. in Nursing and Biology. She currently works as the Diabetes Nurse Educator at the North American Indian Center of Boston, in Boston, MA. She recently began a project with the Massachusetts Department of Public Health developing a behavioral risk factor survey for a nearby American Indian community and hopes to work eventually with the American Indian adolescent community in diabetes and other health disparities prevention programs.

Nancy Streng received her undergraduate degree in Nursing from the College of St. Benedict in St. Joseph, MN, and a Master’s degree in Counseling Psychology from St. Cloud State University, St. Cloud, MN. She has 23 years of nursing experience, 13 of which have been in K - 12 school nursing. She is presently employed as an Elementary School Counselor and part time as an RN in Behavioral Health Adolescent/Adult Nursing. Her work in health advocacy through student mentoring as a school nurse was recently published in The Journal of School Nursing. She is interested in Doctoral study after completing her Master’s degree in Nursing and hopes to become a nursing professor in higher education.

NIH GRANT, ...continued from cover page

develop recommendations for future studies and health screening surveys. Because there are nine surveys included in this study, some of which are from the same area several years apart, the study will also have the opportunity to examine trends in the life circumstances and health behaviors of sexual minority teens. And, the study aims for more than just uncovering potential differences in health and risk behaviors among these three groups. Saewyc and her research team will also identify factors that increase the chance of certain risk behaviors (such as substance use, suicide attempts, unprotected sexual intercourse or violence) and protective factors that seem to lower the chance of involvement in those risky behaviors.

“At this point,” Saewyc says, “we know certain things protect adolescents in general from harm—things like connectedness to school, having at least one caring adult in your life—but we don’t know if those same protective factors work in the lives of bisexual teens.”

Saewyc’s co-investigators include Carol Skay, Ph.D., and Linda H. Bearinger, Ph.D., M.S., FAAN, both of the School of Nursing, and Michael Resnick, Ph.D., of the Division of General Pediatrics and Adolescent Health in the Medical School. The study is funded through August 2004.
the basic tenets of nursing. Historically, nurses such as Florence Nightingale employed methods that involved taking care of the body while also nurturing the spirit and the mind. The authors suggest that integrating AC/T into traditional biomedical approaches obviates the debate over which of these two approaches should be used and, instead, utilizes the best of both in a more holistic approach. When faculty and students have more tools for understanding the body-mind-spirit connection, nursing practice is enriched.

**IMPLEMENTATION**

In sessions led by Dr. Janet Quinn, the University of Minnesota looked for ways to incorporate AC/T into the nursing curriculum. The planning team developed five key curricular objectives:

1. to strengthen didactic and experiential learning in the broad concepts of AC/T and specific modalities in all School of Nursing courses;
2. to encourage students to develop individualized clinical study in A/CT;
3. to develop an interdisciplinary graduate minor in the field;
4. to strengthen methodologies courses in body-mind-spirit therapies;
5. to incorporate self-care concepts like meditation and centering, into nursing courses and practices.

The plan included specific emphasis on strengthening the integration of AC/T modalities into the nursing curriculum. This would mean incorporating AC/T into both undergraduate and graduate studies in a model that integrates some skills, such as progressive relaxation, breathing, massage, imagery, and therapeutic touch. Course development and curricular changes toward these goals are underway. This framework is expected to lead to the development of courses in the School of Nursing and the Center for Spirituality and Healing’s Graduate Minor in Complementary Therapies and Healing Practices; it would include topics such as methods of research and evaluation for AC/T; human transformation, the history of healing, and culturally-based healing practices. To date, all pertinent coursework has been modified to include information on a wider variety of healing practices, from the traditional to the allopathic.

In creating changes in the nursing curriculum, the planners were aware that incorporating self-care into the educational milieu required paradigmatic shifts. As part of this endeavor, 1999 and 2000 saw the convening of AC/T workshops for faculty, practicing RN’s, and students with the assistance of guest scholars and lecturers. As part of this continuing effort, self-reflection and meditation were encouraged among faculty and students.

In essence, the School of Nursing takes the approach that AC/T has always been a part of nursing practice. In other words, nurses have always provided the caring, empathy, and whole person care that patients need. They have historically utilized some of the complementary approaches to health care. It is encouraging that today’s practitioners are becoming more open to integration of AC/T into their practices. A parallel path will also be developed for faculty to update them on AC/T modalities. For students and teachers, this opens an opportunity to reflect AC/T concepts in their lives as well as their careers.

Implementation of AC/T into the curriculum will increase the potential of students to develop individualized masters’ programs, doctoral research facilitated by faculty, access to AC/T resources, and continuing education opportunities.

Incorporating AC/T into nursing involves the participation of other disciplines. In general, there has been little resistance to forging relationships that would allow for interdisciplinary study. The relationship of the School of Nursing with the Center for Spirituality and Healing and with the Academic Health Center helps to ensure that students will have access to a wide range of resources and expertise.

Since publication of this article in *Complementary Health Practice Review*, the Center for Spirituality and Healing received a $1.6 million grant from NIH-NCCAM to fully incorporate AC/T into the curricula of the University of Minnesota Schools of Nursing, Pharmacy and Medicine. This funding provides for faculty time to work on curricular changes within the various health disciplines and to create interdisciplinary educational materials that augment efforts within each academic unit. Dr. Linda Halcón, of the Center for Adolescent Nursing, is one faculty member working on this curricular effort.
In April 2001, the six nursing programs funded by the Maternal Child Health Bureau (HRSA, DHHS) gathered at the University of Minnesota School of Nursing with our MCHB Project Officer, Captain Nanette Pepper. Faculty engaged in a lively forum about current and future challenges in preparing leaders in maternal-child nursing. **Front row L-R:** Ann Garwick, U of Minnesota; Captain Nanette Pepper, MCHB; JoAnna Rorie, Boston U; Linda Bearinger and Barbara Leonard, U of Minnesota; **back row L-R:** Patti Brandt, U of Washington; Judith Bernstein, Boston U; Linda Lindeke, U of Minnesota; Marilyn Krajicek, U of Colorado; Diane Magyary, U of Washington; Elizabeth Madigan, Case Western Reserve U; Linda Halcon, U of Minnesota; Dalice Hertzberg, U of Colorado; Elizabeth Saewyc, U of Minnesota; Donna Dowling, Case Western Reserve.