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CENTER LAUNCHES $12 MILLION WELLBEING FOR ALL CAMPAIGN

DOCTOR OF NURSING PRACTICE LEADERS FOCUS ON INTEGRATIVE HEALING AT THE WATERS

CARINGBRIDGE STARTS NATIONAL CONVERSATION ON ‘HOW WE HEAL’
Mandala, a biannual publication, is produced by the University of Minnesota’s Earl E. Bakken Center for Spirituality & Healing. Detailed information about Center research, events, academic courses, workshops, and more can be found on our website at csh.umn.edu. Letters to the editor must include name, address, telephone number, and email address.

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Mandala is the Sanskrit word for “circle” and is a sacred symbol that mirrors a state of consciousness through a concrete pattern. Native Americans use mandalas as healing and transformational art in the sand; art therapists to facilitate healing; and Tibetans as visual representation of Buddhist beliefs. As a universal symbol of healing, the respective circles of the mandala capture the many diverse aspects of the Center’s work: reflection, transformation, spirituality, creation, and lastly, the ongoing journey that continues to shape what we are to become.
Advancing Wellbeing for All

A hallmark of the Earl E. Bakken Center for Spirituality & Healing’s success has been our capacity to innovate in the classroom, laboratory, healthcare settings, and community. The Center attracts brilliant scientists, scholars, teachers, dedicated staff, and clinicians who are deeply committed to our mission of advancing wellbeing. This issue of Mandala features compelling examples of our innovative work, including the NIH-funded Mindful Movement study we are conducting in collaboration with the Twin Cities YMCA, the impact that the graduates of the Doctorate in Nursing Practice (DNP) in Integrative Health and Healing program are having on senior living at The Waters, and how mindfulness is transforming classrooms in elementary and secondary schools in Minneapolis.

The impact of our work in transforming education, advancing science, and creating models of wellbeing across the community is a great backdrop for the Center’s newly launched Wellbeing for All Campaign. As part of the University of Minnesota’s $4.6 billion campaign, the Center has set a goal of raising $12 million. The Campaign comes at a time when we are poised to grow the Center in ways that will enable us to meet the growing needs of those we serve. The lead article in this issue of Mandala describes our Campaign priorities, and profiles Dorothy and Mike Perry, friends of the Center who are alums of the University and who have generously supported the Center’s work.

Throughout the past 23 years, the Center has become known for the ways we have helped hospitals and health care systems offer more person-centered, holistic care that includes integrative nursing and integrative healing practices. Thousands of University of Minnesota students take courses at the Center each year to enrich their personal and professional lives, and to prepare them for future roles that demand new ways of thinking. NIH-funded research at the Center is paving new ground for ways we can improve patient outcomes and the quality of their lives. And, the Center is well-known for bringing to campus provocative and informative speakers. Our consumer website, Taking Charge of Your Health & Wellbeing, reaches millions each year around the globe.

I am grateful to our Development Director, Dianne Lev, who is leading this Campaign effort which is already well on its way toward our goal. I hope that you will consider becoming part of our Wellbeing for All Campaign, and encourage you to contact Dianne to see how you can become part of the Center’s unfolding story.

Mary Jo Kreitzer, PhD, RN, FAAN
Founder and Director
Earl E. Bakken Center for Spirituality & Healing
BY JODI AUVIN

It’s easy to imagine that the University of Minnesota’s Earl E. Bakken Center for Spirituality & Healing is at the height of achievement. Now in its 23rd year, the Center’s impact on integrative health and wellbeing research, education, and public engagement is nothing less than transformative.

Yet Dianne Lev, the Center’s development director since 2006, sees it another way. “I’ve always thought the Center tracks its growth in almost human terms,” she says. “When we celebrated our 15th anniversary, I saw the Center in its adolescence and still dynamically forming. When we celebrated our 20th, I thought ‘now is when it really begins.’ We know who we are, what our contributions are, and where our potential can take us.”

For Lev, that makes the timing of Wellbeing for All, the Campaign for the Earl E. Bakken Center for Spirituality & Healing, especially fortuitous. And she’s not alone.

“When the Center started, we were among a small group of universities that were early pioneers creating programs in this area,” says Mary Jo Kreitzer, PhD, RN, FAAN, the Center’s founder and director. “But we were different in a few ways. We saw a bigger opportunity and a greater need than just focusing on what was then called ‘alternative medicine.’ Our lens has always been broad. The Campaign will enable us to grow and achieve a whole new level of impact.”

Wellbeing for All, which is part of Driven: The University of Minnesota Campaign, seeks to raise $12 million and is focused on four priorities:

- **$3M Transformational Learning**
- **$4M Research and Discovery**
- **$4M Strategic Innovation**
- **$1M Growth and Sustainability**

$12M Overall Goal

**Transformational Learning**

Engaging and empowering people and healthcare systems in ways that foster wellbeing is central to the Center’s work. “People routinely tell us that our courses and workshops changed their lives,” states Kreitzer. She cites the example of a doctoral student who took “Living on Purpose”—a course aimed at sophomores that focuses on how to create a meaningful life—just prior to completing her thesis. “She said it was the most important course she’d taken at the University.”

Contributions to this priority will support the brightest and most compassionate faculty, innovative online learning platforms, and events that introduce the community to preeminent thought leaders.

**Research and Discovery**

Highly regarded for scholarly inquiry, the Center often receives grants to explore the many facets of wellbeing and inform health policy, programs, and practices. But to get grants, proof-of-concept is often needed first—and that requires pilot funding. “Part of what we’re raising money for is novel ideas,” says Kreitzer. “The NIH gave us almost $15 million last year, unheard of for a Center our size. But they won’t even consider a proposal without preliminary data. Philanthropic support helps build that pipeline.” Contributions will sustain leadership, support pilot studies, and develop the methods to educate and mentor the next generation of integrative health researchers.
Lev believes that when the students are ready, the Center shows up. That was certainly true for Mike and Dorothy Perry, a retired attorney and nurse, respectively, who first learned about the Center from an article in the Star Tribune. 

"After retiring, I was looking for things to do," said Dorothy. "I read about health coaching on the Center's website and it seemed to fit with my philosophy." She enrolled in the program and received a certificate in health coaching in 2009. "Then we took a course in Mindfulness-Based Stress Reduction," says Mike, '60 B.S., '64 LL.B. That led to attending workshops and lectures by a wide range of thought leaders, including Atul Gawande, Henry Emmons, Sherry Turkle, and Michael Roizen.

The impact of the Perry’s engagement has been significant, expanding the couple’s insights into health and wellbeing, integrative healing, the power of breath, coping with stress, and more. As a result, these longtime supporters of other areas at the University added the Center to their charitable gift annuity. Looking forward, they also plan to support the Wellbeing for All Campaign in a way that is meaningful to them. 

"The role of philanthropy is to help people fuel their passion. Our role is to match them up and make it happen," says Kreitzer. She also notes that people often don’t realize how large and diverse the Center is. "People come to know us because they took a course on a specific topic. It’s like the blind person touching the elephant. If you only touch the trunk or tail or ear or leg, that’s the only part you know. The Campaign will help us tell the bigger story.”

Contributions to the Wellbeing for All Campaign may be made in support of a specific priority or left unrestricted, enabling the Center to use funds when and where they’re needed most. Either way, gifts will advance the Center’s mission to bring greater wellbeing to individuals, communities, and organizations.

Lev is thrilled by the possibilities. “We have remarkable strategic partners and greater relevance than ever in today’s world. And the world is more ready for our work. The Campaign will intensify that momentum, enabling us to push the boundaries in innovation and wellbeing all the more.” 

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**Strategic Innovation**

The Center has a well-earned reputation as an incubator of new ideas and practices, a direct result of first listening carefully to the needs of the University and the larger community, and then developing innovative programs and initiatives. “Philanthropy plays a key role in helping us catalyze new ideas,” says Kreitzer. "It provides the seed funding that enables us to test concepts and build programs. For example, we recently received funding for Nourishing Minnesota, a new program designed to enhance the wellbeing of individuals and organizations by integrating culinary and nutritional literacy into clinical practice for healthcare providers. Nourishing Minnesota will also advance food knowledge within the Twin Cities community and beyond." Contributions to this and other endeavors will help the Center bring transformative ideas to life in a timely, sustainable manner.

**Growth and Sustainability**

The majority of the Center’s operating budget is covered by tuition, contracts, grants, partnerships with other institutions, and philanthropic support — the University contributes only 4 percent. "Philanthropy is critical to our wellbeing," says Kreitzer. "These gifts permit us to invest in our own infrastructure and ensure our long-term sustainability and viability." Contributions will support Center leadership, student services, instructional design, business development, and other core areas.
An integrative approach to managing chronic pain can help solve the opioid crisis

By Wayne Jonas, MD

President Donald Trump officially made opioid addiction a public health emergency last October. While some of the solutions he outlined will be helpful, his focus on restricting access to legitimately and appropriately prescribed opioids is the wrong approach.

Many people call the current crisis an opioid epidemic. But what we really have is a chronic pain mismanagement problem. I treat patients with chronic pain and opioid addictions. To me, such addictions are the consequence of our failure to provide appropriate treatments for chronic pain. The flood of prescription opioids that has fueled this crisis is in large part the result of prescribing these powerful drugs as a quick solution to mask pain rather than treat its underlying causes.

The National Academy of Medicine estimated that pain affects more than 100 million Americans and costs us $600 billion a year. These are more than just numbers that add up to a crisis. These are suffering people and families in need of compassionate, whole-person, and effective approaches to controlling their pain.

Sadly, we don’t have such a system in place right now. Instead, our solution for treating chronic pain relies primarily on addictive medicines designed to suppress symptoms, with little regard for the mental and emotional impacts of pain.

At age 80, Diane (not her real name) came to see me because her primary care doctor began limiting her access to the opioid painkillers she has been carefully taking for years but offered her no other means to control her pain. That’s wrong. She told me she was having difficulty managing her pain and was desperately looking for other solutions. Could I help her?

I understood why she was looking for a new way to manage her pain. Her treatment hadn’t been patient-centered, meaning focused on her needs and her perspective, nor was it integrated with non-pharmacologic treatments focused on helping control her pain and improve her function. Instead, it was all about controlling her drug use.

That’s what worries me about the President’s approach to the opioid crisis. It isn’t focused on curing addiction or adequately treating the pain that fuels it. We’re just making it harder for people to get drugs — which adds to the burden of human suffering and desperation — and calling it a solution.

An integrative approach is the appropriate combination of drugs with complementary and non-pharmacologic methods such as acupuncture, mind-body methods, yoga, massage, and manipulation that can ease patients’ suffering without making them addicted to opioids. Such an approach can also help patients who have already become dependent on opioids.

The evidence is in for many of these treatments. National organizations like the Veterans Health Administration and the American College of Physicians, as well as the Centers for Disease Control and Prevention and Food and Drug Administration, have made recommendations to use non-pharmacologic and integrative approaches for pain first and continuously.

The recently-released Federal Pain Research Strategy, issued by a committee within the National Institutes of Health, recognizes the value of integrative care for pain management, recommending increased attention...
Dr. Wayne Jonas presented “How Healing Works” on Feb. 15 as part of the Center’s Wellbeing Lecture Series. Learn more about Dr. Jonas and his work at drwaynejonas.com

and research into complementary medicine and self-management to treat pain. The National Pain Strategy serves as a blueprint for managing pain in America. It contains recommendations that move us toward more team-based care, better-educated physicians and the inclusion of evidence-based non-pharmacologic treatments. This document gives us the answers, but its implementation is largely stalled.

The frustrating bottom line is that we know what to do, but doctors aren’t being trained in this approach nor are there funds to do that.

In my practice, I use a tool called the Healing-Oriented Practices and Environments (HOPE) note. It involves a series of questions aimed at evaluating not just a patient’s chronic pain but his or her own ability to manage pain and general health. It complements the SOAP note (subjective, objective, assessment, and plan) that doctors usually use to document a patient visit. Then I work with the patient to develop a meaningful plan that matches his or her strengths and priorities with activities to reduce pain and improve function and wellbeing in everyday life. We set and track goals, then support the patient along his or her healing paths.

Here’s the plan that Diane and I came up with: As we gradually reduced her opioid dosage, she began regularly getting acupuncture. She sees a behavioral therapist. She is taking yoga classes. She is learning relaxation and stress management techniques with help from an alpha stimulation device. All these measures will help her body learn new ways to combat pain — and get off opioids.

Turning off the tap on prescription painkillers will not solve the opioid crisis. More likely, it will just drive it underground — or even increase the use of illegal drugs like heroin. We need to do more, including making integrative health the standard of care. Tackling the opioid crisis will be that much easier if we reduce the legitimate demand for prescription opioids through better pain care, not just fewer pills. +++

This article originally appeared in StatNews.com

WINTER 2018 MANDALA
“It’s my whole life right now,” she said. “I try to be as healthy as possible in what I eat and what I do. I am incredibly lucky; I’m living.”

Like Edelstein, there are many middle-age to older adults who can benefit significantly from physical activity. Now, the University of Minnesota’s Earl E. Bakken Center for Spirituality & Healing and the YMCA of the Greater Twin Cities are teaming up on a study to help these adults enhance their health and wellbeing so they can live their best lives. Funded by the National Institutes of Health, the study focuses on developing and testing a new educational program called *Mindful Movement* which aims to help adults ages 50 and up overcome barriers to exercise, and gain the skills and motivation to improve their wellbeing.

Roni Evans, DC, PhD, Director of the Center’s Integrative Health and Wellbeing Research Program and lead investigator on the study, says Mindful Movement combines elements of mindfulness—where participants focus their thoughts and awareness on the present moment—with guided breathing, slow movements, and meditation exercises.

“Physical activity recommendations for older individuals are the same as for their younger counterparts, but recent evidence shows the majority of middle-age to older adults fail alarmingly short of these recommendations,” Evans said, adding that physical activity can help older adults enjoy a lower risk of chronic diseases, dangerous falls, better function in the body, and a higher overall quality of life. “Mindfulness practices are something anybody can engage in. They are wonderful tools for helping people take care of themselves.”

During the study, researchers will record participants’ activity levels along with other measures of wellbeing, such as their feelings of social connectedness, bodily comfort, and satisfaction with their own progress. The researchers will then compare the program to an adaptation of a previous health education program, 10 Keys to Health and Wellbeing, to gauge how successful it is in helping participants.

Cassie Rood, Vice President of Healthy Living at the YMCA of the Greater Twin Cities and the study’s other lead investigator, said the YMCA’s partnership with the Center was a natural fit, since the study reflects the YMCA of the Greater Twin Cities’s strategic priorities to improve the health and wellbeing of the community, increase equity and access to its programs, and find innovative ways to serve its community.

“We were thinking, ‘What can we do collectively that really embraces our shared mission?’” Rood said. “This NIH grant looked like a really great opportunity to do something that would improve the health of the aging population in a whole new way. We’re excited about delivering this program.”
OWNING YOUR HEALTH

Nearly a third of the world’s population falls short of recommended physical activity levels according to a 2012 Lancet study by an international team of researchers, so the need for more physical activity isn’t unique to the 50 and up age group. But as the number of older adults in the U.S. increases, there’s a growing awareness of the unique wellbeing challenges this group may face. Activities that used to be easy may become more difficult and less enjoyable to adults as they age, for example, and they are more likely to have multiple chronic health conditions, such as arthritis, that limit their physical activity.

While doctors, hospitals and medications will always play an important role in keeping people healthy, Center Director Mary Jo Kreitzer, PhD, RN, FAAN, said experts are increasingly looking outside of the healthcare system to lifestyle factors like diet, exercise, and stress, in order to improve people’s health and wellbeing.

“When we think about who’s responsible for our health and wellbeing, often we’ll say ‘my insurance’ or ‘my doctor,’” Kreitzer said. “But the good news—and the bad news—is that it’s us. We really are responsible for our own health and wellbeing.”

This is a concept Lauralie Millikan has embraced. The 62 year old St. Paul resident, who just joined the YMCA in December as a way to stay physically fit, said she thinks about her health and wellbeing fairly often. Millikan takes proactive steps to prevent health problems whenever possible, but will also commit to following a doctor’s recommendation when it comes to that. She has been athletic her whole life and has years of experience practicing yoga.

“I’m the kind of person who generally feels responsible for my health,” Millikan said.

ROOM TO GROW

The Mindful Movement study’s research team began recruiting participants at the YMCA of the Greater Twin Cities’ Southdale location in February, with more recruiting to follow at its Midway location in April. If all goes well by the time this first study wraps up in the summer, the researchers anticipate following up with a larger study in 2019.

“Hopefully, the Mindful Movement intervention will be shown to be effective for motivating individuals 50 and older to be more physically active,” Evans said. “If it is, we would love to see the program implemented in YMCAs through the USA and internationally.”

The appetite for a program like Mindful Movement is certainly there. “Many adults over 50 come to the YMCA,” Rood said, “because they see it as a welcoming, comfortable environment where they can focus on their wellbeing.” a recent survey of YMCA of the Greater Twin Cities members showed older adults reported wanting more mindfulness, meditation and spiritual wellbeing opportunities. An expansion would allow the program to help more adults over 50 from the YMCA of the Greater Twin Cities, which has 363,000 members, and the YMCA as a whole, which counts more than 22 million in the United States.

“At the end of the day, we’re hoping to build something together so that we can serve our community in a way that really makes a difference,” Rood said. +++

TURNING YOUR BACK ON CHRONIC PAIN

As the U.S. grapples with its epidemic of opioid overuse, one common health condition is right at the center of this problem—back pain. About 80 percent of adults experience low back pain at some point in their life, according to the National Institutes of Health (NIH), with more than a quarter of adults reporting they felt low back pain during the past three months.

Now, University of Minnesota researchers aim to find ways to manage low back pain without using potentially addictive pain medications. In September, the Center announced it would lead a $14 million NIH study into drug-free therapies for chronic back pain. The results of this study could lead to reduced opioid use, giving patients a safer way to manage their pain, and curbing the use of potentially addictive medications, said Gert Bronfort, DC, PhD, lead investigator and professor in the Center’s Integrative Health and Wellbeing Research Program.

“Identifying effective management and prevention strategies for back pain is a huge challenge,” Bronfort said. “By examining promising, safe, and accessible non-drug treatments like spinal manipulation therapies and supported self-management, we hope to prevent acute low back pain from becoming chronic and to reduce over-reliance on medications and unnecessary surgeries.”

The NIH funding will support Clinical Coordinating Centers at the Bakken Center and the University of Pittsburgh, one of five collaborating universities, to examine how chiropractors and physical therapists can play a bigger role in preventing chronic low back pain, and how patients can contribute to their own pain management by learning self-management techniques. The researchers will compare the effectiveness of these techniques to traditional medical care, which includes prescription medications, to see if new cases of low back pain can be prevented from becoming long-term health problems.

Researchers will begin enrolling participants for the study this spring.
BY CRAIG BLACKLOCK

Essay and photographs excerpted from Craig Blacklock’s upcoming book, St. Croix & Namekagon Rivers, The Enduring Gift, with a forward by Vice President Walter F. Mondale.

To learn more about the book and the Enduring Gift Photography Project, which celebrates the 50th anniversary of the Wild and Scenic Rivers Act giving protection to these rivers, go to WWW.STCROIXPHOTOGRAPHY.COM/
For forty years, my career has featured the interface between land and water — most of it on Lake Superior. Paddling over and camping along water, its rhythms have become a part of me. On Lake Superior, the sound of waves is as constant as breathing — the silence is shocking when I walk inland.

On the rivers, there is a pull of gravity drawing me downstream. It creates its own rhythms of standing waves and swirling eddies. There is the long, slow inhalation and exhalation of changing water levels. When the rains fall in northern Minnesota and Wisconsin, the runoff is tempered by giant sponges of numerous bogs and countless beaver dams. But eventually the rivers do rise — sometimes dramatically. On one of my trips, I got off the St. Croix mere hours before flood waters reached me. When I returned to my car in Taylors Falls, the water was several feet higher than when I had put in a few days before. Most of the campsites I’d recently visited were now under water. It was easy to envision my untethered kayak floating away while I slept.

Throughout the course of working for more than two years on the rivers, I returned to kayak my favorite stretches many times. I began to anticipate what was coming around the next bend and recognize particular trees or rock outcrops as familiar friends. I had gained an expanded awareness of the watershed I live in, and a deep gratitude to Northern States Power and the National Park Service for their stewardship of this incredible landscape.

Humans evolved within nature, and most of us find beauty and perspective in natural environments. Whether delighting in the S curve of a river or the creatures found along it, we have a need to experience the natural world in order to be whole and well. I am pleased that my photographs are often used in hospitals and senior living facilities as a surrogate for nature, eliciting many of the same positive responses as actually being outdoors. Similarly, I hope these images bring into your home some of the same enjoyment you derive from being near the water.

When people develop an emotional connection with a lake or a river — especially when they fervently want their descendants to be able to have the same experiences — we then have a common basis from which to share a conversation about protecting what we love.

The St. Croix is a perfect microcosm of past human interaction with nature. Over the course of three centuries, through over-harvesting (and the use of the pesticide, DDT), we depleted what were originally seen as inexhaustible resources. Fortunately, the St. Croix also has a remarkable story of resurrection. When we travel through the watershed now, we are likely to see trees and wildlife that were extirpated or rare just a few decades ago: white pine, beaver, gray wolves, osprey, bald eagles, peregrine falcons, trumpeter swans, giant Canada geese, wood ducks, great egrets, sandhill cranes, and mussels have all returned in significant numbers, and through intensive reintroduction efforts, whooping cranes once again dance in Wisconsin.

But our conversation must now include the realization that simply drawing a ring around our most beautiful places or beloved species and saying they are protected undermines the cornerstone of all ecological teachings — that everything is connected.

Looking back, we shake our heads at the ignorance and greed of those who harvested without limits. But is it any less ignorant of us to expect technology to have created a world without any limits? Whether we are talking about the number of pine trees or the capacity of the ocean or the atmosphere to absorb CO₂, without dire consequences, our world is finite. Perhaps this is the most important lesson the river has to offer.

Today we celebrate the efforts to “Save the St. Croix,” championed by Wendell Anderson, Gaylord Nelson, and Walter Mondale more than fifty years ago. It is a natural inclination to also look downstream towards what our collective future could become. I hope my daughter will be able to look back fifty years from now and see that this was the turning point where people returned to learning about and trusting the natural sciences. That from this point forward, we modified our choices, allowing us to humbly fit within a sustainable niche on our planet. That throughout those fifty years our population gradually decreased, and our enjoyment of life greatly increased. That our idea of wealth transformed from consumption of material goods to a greater appreciation of human relationships, nature, and the arts. That we continued to hold the St. Croix National Scenic Riverway as invaluable, intact, and wild — realizing access to such places is vital to our wellbeing. +++
Focus on Integrative Healing

BY SUZY FRISCH

The gonging of a Tibetan singing bowl signifies the start and end of staff meetings at The Waters in Oakdale. Before every shift, the health and wellbeing team comes together for huddles to talk about their intentions for the day and what they will focus on, starting perhaps with a guided imagery exercise or aromatherapy. Grounded and primed with information needed to provide excellent care, these nurse leaders head out to engage with residents.

Aria Martin, DNP, RN, Director of Health and Wellbeing at the senior living community, started using these integrative health and healing practices upon joining The Waters this fall. A recent graduate of the University of Minnesota Doctor of Nursing Practice (DNP) in integrative health and healing program, Martin is actively implementing what she studied — both for residents and caregivers.

She thought that staff meetings, which she renamed as team huddles, were a place to start shifting toward a new approach. Introducing core principles of integrative health and healing at huddles would support an integral resource: its nursing staff. “I’ve gotten enthusiastic feedback from the team as far as feeling more grounded and connected and supported,” Martin says. “It’s been a great experience.”

Martin isn’t alone in weaving integrative practices into her leadership role at The Waters, a rapidly growing national senior living company based in Minnetonka. She’s actually one of three newly hired leaders who earned DNP degrees in integrative health and healing from the University; they join The Waters’ Senior Director of Health and Wellbeing, Britni Bolstad, DNP, Katherine Todd, Vice President of Health and Wellbeing, and Stacey Grenier, Director of Health and Wellbeing at The Waters on 50th in Minneapolis, also joined the company this fall.

Together, they are strengthening the already flourishing relationship between The Waters and the Earl E. Bakken Center for Spirituality & Healing, home base for the integrative health and healing DNP program. When CEO Lynn Carlson Schell founded The Waters in 2012, she partnered with Center Director Mary Jo Kreitzer, PhD, RN, FAAN, on creating an integrative model of health and wellbeing for seniors. The Waters’ entire essence focuses on six dimensions of wellbeing in the Center’s Wellbeing Model: health, relationships, security, purpose, community, and environment.

Britni Bolstad, a three year veteran at The Waters, has led the implementation of the integrative model of health and wellbeing and is grateful for the new DNP leaders who embody professional-relational skills. “The DNP program has provided us with the capacity to infuse the distinct tasks of leadership with who we are as humans and empowers us to lead with our presence,” she says. “The DNP is the catalyst for growing our self-awareness, life-knowing, and authenticity to transform us into our best selves to thrive as nurse leaders. It’s transformative, not only for the healthcare system, but for the whole-person system.”

Kreitzer is thrilled that The Waters welcomed integrative nurses into key leadership positions. “They are putting their knowledge and experience to work and embedding integrative health and healing practices even deeper into its operations,” she says. “I have long thought that our DNP graduates would be ideal to serve in leadership capacities at The Waters. They bring a wealth of leadership, clinical experience, and the ability to create an innovative care model that supports the needs of seniors.”

As The Waters continues to grow to nine locations in the Twin Cities with three more under construction nationally, it has evolved its approach to integrative health and healing. A key component of that shift stems from the new DPNs, Schell says. In hiring Todd, Martin, Grenier, and other future leaders, she aims to employ integrative clinicians as leaders. This is critical, she adds, because caregiving jobs are challenging due to high turnover, changing labor laws, and historically low unemployment levels in Minnesota, which means that the employee market is ever-changing.

The DNPs are essential to guiding The Waters’ new approach, Lynn Carlson Schell says. It involves focusing and deepening its macro wellbeing initiatives while more intentionally bringing integrative health and healing methods to the staff, too. DNPs are making a difference because “they come in already with a knowledge of the science behind whole person and integrative healing, and they understand the industry and how to provide care in this residential setting,” she adds. “They have the background, knowledge, and superior hands-on leadership and mentorship. Now we have people who are out front of our vision.”
Ready and Willing

Martin believes the DNP program prepared her to step into the Director of Health and Wellbeing role just as she graduated. “I applied all my learning right away in this role, such as public speaking and doing needs assessments to see how we can improve quality and performance,” she says. “It’s been transformative.”

Katherine Todd was thrilled to join The Waters because of its deeply engrained wellbeing model and connections to the Center, where she belonged to the first cohort of DNP students with a specialty focus on integrative health and healing. After years providing in-patient, acute care, she pursued her doctorate to provide care that benefits people’s health and wellbeing in daily life, not just during crises.

A good sign for Todd began with her title at The Waters — Vice President of Health and Wellbeing — not the traditional Vice President of Nursing Services. “We’re not just talking about directing nurses,” Todd notes. “We’re talking about supporting their health and wellbeing.”

According to Todd, it’s an advantage to have fellow DNP leaders at The Waters who support each other and collaborate on ideas and initiatives. It will be helpful as they continue to implement new approaches and programs with staff teams, such as guided imagery, centering, and breathing exercises.

“I don’t think any of us would have had the confidence or knowledge to use these approaches if we didn’t have the background and training we have,” Todd says. “We have to demonstrate empathy to the team so they can absorb what it feels like, then pay it forward to the people they serve. It works.”

DNP leaders at The Waters who support each other and collaborate on ideas and initiatives. It will be helpful as they continue to implement new approaches and programs with staff teams, such as guided imagery, centering, and breathing exercises.

Planting Seeds

Grenier is bringing that new outlook to The Waters on 50th staff. She aims to build her team’s resilience by focusing on their health and wellbeing. “We need to take care of the caregivers. I view my role as being their nurse,” she says. “Because when they are healthy and well and their wellbeing is taken into consideration, they will be able to provide better care and be more present for the residents.”

Since joining The Waters this fall, Grenier turned meetings into grounding times for staff, helping them come together and share their experiences instead of “data dumping.” On her first day, she showed her team that she cared by writing each person a thank you note, provided them with food, and introduced them to 4-7-8 breathing, a technique backed by Andrew Weil, M.D., to reduce stress and anxiety at work or home.

“|I'm hoping to plant seeds for them of tools they can use at work and across their continuum of life,” Grenier says. “It’s thinking about the nurse as a whole person, and these tools help them be more whole and more well.”

Grenier also took steps to focus the team’s intentions. She asked them to confidentially list words that describe what they need from co-workers to thrive at work. Next, they listed words describing leaders who are influential to them. Grenier turned both lists into two word clouds, one for the nursing staff office and one for her office, serving as a reminder of what team members need from each other and what her team needs from her.

Such exercises tap into research about the art of convening and purposeful leadership, with an overall aim to build community and relationships among the teams, Todd notes. The Waters’ DNPs are introducing these techniques while going about the daily work of running health and wellbeing services at their buildings. That means these changes are happening in a measured way that builds on what The Waters started when it began six years ago.

“I had the baton handed to me from the nursing leaders at The Waters, who did a wonderful job of building a foundation for us to create processes of health and wellbeing,” Todd says. “I get to make it come alive with this team.”

Going forward, Grenier, Martin, Todd, and other integrative health and healing experts at The Waters will continue to incorporate these daily practices with staff. They, in turn, will pass on what they know to residents — a beneficial circle of wellbeing.
Eleven year old Gavin Pierson has lived through more surgeries than birthdays. The Ramsey boy endured 27 surgeries for a brain tumor he defeated in an epic six-year battle fought with lasers, scalpels, experimental drugs and his own relentless optimism.

Now Gavin is one of the poster boys for a new campaign by CaringBridge called “How We Heal.”

The campaign, launched by the Eagan-based nonprofit social network for families and friends facing health issues, blends science and storytelling.

CaringBridge also is partnering with the University of Minnesota to research how its website can affect health outcomes, with the aim of sparking a national conversation on healing. Researchers are trying to better understand healing and even quantify it a bit.

“How does our service help drive potential health outcomes? We are at the right time to be exploring that question,” said CaringBridge CEO Liwanag Ojala.
It’s the latest evolution for CaringBridge, one of the first internet social networks when it was founded in 1997 — predating even Facebook — and now part of a crowded marketplace of for-profit competitors.

It continues to stand out because of its focus on health and now healing, its zealous protection of personal information — nothing is sold to other companies — and its no-ads, nonprofit status, Ojala said.

CaringBridge has 670,000 individual sites and logs 30 million visits annually. The nonprofit has 39 employees and an $8 million annual budget, with 90 percent of its funding coming from individual donors.

“One of the beautiful things about CaringBridge is no one is confused about what it’s about. It’s the center of a health journey,” Ojala said. “In this world of divisiveness, we are still pure and centered on the patient and the caregiver.”

LOOKING FOR SUPPORT

Mary Jo Kreitzer, founder and director of the Earl E. Bakken Center for Spirituality & Healing at the University, said it was unusual for a nonprofit like CaringBridge to partner with a major research university. But the collaboration makes sense.

“Relationships are very core to healing,” she said. “Social support is very connected to healing and wellbeing. I see CaringBridge as a powerful intervention.”

In one study, a team of health professionals and computer scientists used one of the U’s supercomputers to analyze 15 million journal entries on CaringBridge in a search for common threads to better understand how people use the site.

In another study examining how gratitude affects healing — by counting your blessings, for instance, or writing down things you’re grateful for — researchers surveyed 782 CaringBridge users.

“We found the gratitude practice is a useful tool,” Kreitzer said.

Many people start their CaringBridge sites soon after getting a troubling diagnosis. They use it to communicate updates about surgeries, treatments and procedures in a fast and easy way. “It’s an anxious time,” Ojala said.

That critical function will continue. But CaringBridge also has become a place that people turn to for emotional support and connection, a place to spell out thoughts and fears, and to celebrate recovery milestones. That’s what the “How We Heal” campaign is all about, Ojala said.

“This is a perfect way to showcase the different uses of our site and the different healing journeys people have,” she said.

One of the first lessons CaringBridge staffers learn is that people often start their healing journey by making the intellectual and emotional decision to recover.

Another revelation, Ojala said, is that healing “looks very different to a lot of people whether it’s through prayer, or animals, or nature, or propelling good in the world.”

“I’M GONNA MAKE IT”

As part of its campaign, CaringBridge is profiling 20 inspirational healing journeys with photos, articles and videos. One of those profiled is Gavin.

Sitting at home with his parents, Nicole and Steve Pierson, Gavin shared his journey from diagnosis at age 5 to dancing and eating cake on the national TV show “The Doctors.” Nicole used his CaringBridge site, visited more than 600,000 times, to document his recovery and connect with family and friends.

But she also found healing herself through writing entries for the site, which she has now turned into a book, “Be Strong and Brave.”

Gavin’s aunt, who is a doctor, first noticed at a birthday party that his eyes were not tracking correctly. He was diagnosed with a germ cell tumor in the center of his brain that had probably been there since birth.

Doctors ordered chemotherapy to kill the cancer cells, but what was left of the tumor started to grow rapidly; at its peak, it was the size of a peach.

They then performed five craniotomies, removing part of Gavin’s skull to cut out the tumor. But they couldn’t get it all and the tumor kept growing back. Each craniotomy posed great risk; one time, Gavin lost his understanding of speech, so the family learned sign language until he relearned that skill. Another time, he lost his short-term memory for a while.

“He wanted to know everything. We gave him all the information and he used that to fight,” Nicole said.

At one low point, Gavin’s surgeon — fearful about the effects of multiple brain surgeries — asked Nicole if they wanted to continue treatment.

“Gavin said, ‘Mom, Dad, don’t give up on me. I’m gonna make it,’” Nicole recalled. “It was our son pushing us.”

Undeterred, she found a new drug by Pfizer that promised to shrink the tumor. It wasn’t approved for use in Gavin’s case, but Nicole persisted and Pfizer agreed to what is called “compassionate use.”

It worked. The tumor — which Gavin had nicknamed “Joe Bully” — began to shrink, and lasers zapped what was left of it.

Gavin, now in sixth grade, ticked off some of the things that kept him going through it all: skydiving with his pet turtles while he was in the hospital, watching the Dude Show on TV, cracking jokes with nurses and doctors, earning his brown belt in karate, and watching professional wrestling.

His words of advice for others facing down illness and disease? “Just keep fighting,” he said. “Be strong. Be brave. Don’t give up. You’ll make it, I promise.” +++

“Relationships are very core to healing,” she said. “Social support is very connected to healing and wellbeing. I see CaringBridge as a powerful intervention.”

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MORE THAN 20 YEARS AGO, I set foot in my first classroom. I was fresh out of Carleton College, 22 years old, and a student teacher in Pat O’Connor’s American History class at Minneapolis’ Southwest High School. I remember the exhilaration and the exhaustion of that first semester. I felt totally engrossed and overwhelmed each day as I “drank from the firehose,” trying to improve my ability to develop lessons, teach the content, build relationships with students, grade and manage student records, behavior, and special education plans. I remember thinking that once I made it through student teaching, it would get easier, and in some ways it did. I became much better at crafting engaging lessons, managing my classroom, and fostering teacher-student relationships.

What I was not prepared for, though, was the toll the job would have on my wellbeing. The isolation of the job, time pressures, growing class sizes, and demands of meeting the individual learning needs of my students was compounded by student tragedies — I lost students to accidents, suicide, and addiction — and the fear of losing my job due to cuts to state and federal finances. These stressors coiled themselves around me, at one point driving me away from the profession and deeply impacting my relationships, my health, and ability to find energy and joy in the job I once loved.

My experience is not unusual. The media and research journals are filled with stories about teacher attrition, burnout and disengagement, and the impact this is having on students. What was unusual was how I learned to navigate these stressors, rebuild my life outside of school, and reclaim my enthusiasm, creativity, and effectiveness in the classroom. What changed for me is that I started to practice mindfulness.

Now, as the Mindfulness in Education initiative lead at the Earl E. Bakken Center for Spirituality & Healing, I get to bring the transformational power of mindfulness to teachers and their students through our innovative professional development program of online learning, communities of practice, and on-site peer coaching. I never predicted that, as a classroom teacher, I would be able to stand at the cutting edge of research and applied learning to bring about change in our schools.

What I see every time I go into the schools we work with and in conversations with teachers and principals is the positive impact our program is having on schools and their communities. The stories that follow give you a snapshot of what I get to experience every day, and what inspires me to do this work. In our program, we say that we are the “most hopeful place in education.” As you read the stories from our sites, I think you might agree.

DOUGLAS KENNEDY, PHD
MINDFULNESS IN EDUCATION INITIATIVE LEAD
AT THE CENTER
“I joined the mindfulness cohort last year in order to develop more work-life balance and increase my stress management. A transition into a new school made me feel like it was my first year all over again. The work began, and I was hoping for immediate ‘fixes’ to classroom management struggles I was having. I completed and continue to do a lot of work on my personal awareness of emotions and practice of the breath.

“One moment last year, a student said, ‘Ms. Gloppen, why do you have an attitude problem?’ I realized I was engaging in a power struggle with her, and felt my body becoming warmer. Her calling attention to my attitude forced me to slow down, take a few deep breaths, and choose my response. I did have an attitude problem, and I was grateful for the opportunity to enhance my awareness of the moment, and chose a response that allowed the student and me to grow. This moment sold me on the power of mindfulness in education. I continue to work on my personal practice and explore ways to bring the practice more formally to my students. Just the other day, a student asked me, ‘Can we practice mindfulness today?’ Such affirmation and willingness to explore with my students makes me hopeful about the future of health and happiness through intentional practice of breath work and reflection.”

TERESA GLOPPEN
MIDDLE SCHOOL TEACHER

“Just 3 years ago, I had never practiced mindfulness, and the word ‘mindfulness’ had likely never even passed my lips. Now, being mindful is an intention I have for all of the moments of my day. Mindfulness practices find their way into all parts of my life, all locations of my life, and they support me in being the person that I mean to be.

My journey started with a Facebook post by a friend with a link to an article outlining some of the findings of the impact of mindfulness on students. My curiosity and passion for improving the wellbeing of the students and teachers that I serve in my work as a school social worker led me to connect with my colleague (and friend, and long time mindfulness practitioner) about bringing mindfulness to our school. Three years later, I have completed 12 weeks of online training, a year of partnering with educators at my school to bring mindfulness practices and wellbeing to their lives and work, and hours and hours of personal mindfulness practices myself. Beyond my personal growth, my inclination toward finding joy, connecting with others through heartfulness practices, and overall improvement in my wellbeing and truly being present in my life, I have been interested to observe how mindfulness practices of my own have begun to transform how I work with students.

My daily work gives me many opportunities to be with 5-7 year old students who are struggling to be successful in their learning environment. I have learned and grown in my 10 years as a school social worker in my understanding of what children need in those moments of struggle, and in my strategies to support them in those times. Over the past 3 years, I have grown in my ability to support students in attending to their bodies and in noticing their emotions and feelings in their bodies before, during, and after a challenge arises. I have also grown in supporting students in knowing that all of our feelings and emotions are allowed, acceptable, and real. Finally, I have grown in my capacity to be with students, truly with them, in those very challenging and real moments. I confidently bring mindfulness practices to students that are developmentally appropriate and accessible to them. I am grateful every day for my moments of mindfulness — for who I can be for my students and colleagues as a result of mindfulness practices.”

JAMIE EDWARDS
SCHOOL SOCIAL WORKER
LOCAL PUBLIC SCHOOL
“When Doug Kennedy came to our school last year and offered the mindfulness program to our staff, I really didn’t know what to expect. At the time, I was quite new to the concept of mindfulness. Still, I was interested in how it could help both me and my students grow socially and emotionally.

It was my first year at the school, and I took a position as an ESL teacher working with immigrant students from East Africa who had little to no formal education. I taught English through the lens of social and emotional learning, a position specifically created to meet the needs of these learners. With the various academic, social, and emotional needs of this group of newcomers, I thought incorporating mindfulness into my classroom could be a useful method of helping to support my students.

Without too much hesitation I signed up for the course. It was well designed to support teachers who had little to no mindfulness experience, first building their own personal practice and eventually incorporating a mindfulness routine into their classrooms with students. The support came in three main forms: a community of practice where we would gather to create a social network of teachers developing mindfulness together, 1:1 mindful partner meetings where we could discuss questions and ideas about mindfulness in a more intimate way, and the Mindful School’s online curriculum to support our learning about research and history of mindfulness as well as how it may look practicing with our students.

The personal and professional benefits that resulted from the mindfulness program were quickly revealed. As I built my personal mindfulness practice, I began to be much more aware of my emotional states, allowing me to understand where I was at when I entered the classroom each day. This emotional “barometer” helped me understand myself in a much more objective manner, allowing me to keep my reactions in check. Considering the emotionally-charged nature of teaching, having an ability to prevent the reactions that may be hurtful to students and classroom dynamics is an invaluable tool. Awareness of the emotional states of my students also heightened through my mindfulness practice, allowing me to take this crucial information into account when I noticed students not quite being themselves on a particular day. And, of course, the advantages extend far beyond working with children; my relationships with loved ones, friends, and coworkers benefit from my practice as well. Mindfulness has helped me be a more whole and balanced person, the kind of person I want to show my students each day.

As I began to incorporate a mindfulness practice into my classroom, I found as many challenges as I did successes. Trying to communicate to children the ideas behind why we do mindfulness is challenging in and of itself, but when they don’t speak English, a much larger obstacle is realized. However, with the support of my mindfulness cohort and the online curriculum*, I was able to find a way to creatively deliver mindfulness activities into my classes. One of the most significant benefits of this was giving the students a concrete tool for emotional regulation. By practicing mindfulness each day, they began to become accustomed to how it feels during our mindfulness activities. I encouraged the students to talk about how calm and in control they feel. When students experienced states of emotional extremes, they learned to use simple activities. I encouraged the students to talk about how calm and in control they feel. When students experienced states of emotional extremes, they learned to use simple mindfulness experiences, first building their own personal practice and eventually incorporating a mindfulness routine into their classrooms with students. The support came in three main forms: a community of practice where we would gather to create a social network of teachers developing mindfulness together, 1:1 mindful partner meetings where we could discuss questions and ideas about mindfulness in a more intimate way, and the Mindful School’s online curriculum to support our learning about research and history of mindfulness as well as how it may look practicing with our students.

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Despite the extra time dedicated to meetings and coursework required for the program, I can safely say that, in hindsight, the sacrifice was entirely worth it. As educators, we hear over and over how important emotional health is but are very seldom, or perhaps never, given the tools achieve it. I see a mindfulness practice as one extremely useful tool for the emotional health we want to desperately to achieve, both for ourselves and our students. The gratitude I have for those responsible for bringing it to my professional and personal life is overwhelming.” +++)

CRAIG KLEEGER
NABAD & ESL SERVICES
ANDERSEN UNITED COMMUNITY SCHOOL

* In 2016-2017, our MIE program used the Mindful Schools curriculum; the Center has now created its own online curriculum to meet teacher needs.
“Why You Hate Work,” a 2014 op-ed article published in the New York Times, highlighted Gallup data that revealed only 30 percent of employees in the U.S. and 13 percent across 142 countries feel engaged at work. Noting the high rate of burnout, they declared that for many, work is a depleting and dispiriting experience that is getting worse.

Stress and burnout are significant issues within healthcare. Burnout, which is characterized by loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment, is associated with early retirement, alcohol use, and suicidal ideation.

A 2014 survey found that 68 percent of family physicians and 73 percent of internists would not choose the same specialty if they could start their careers anew. While the rate of burnout in nursing is not as high as in medicine, it is still significant. A 2011 study found that 34 percent of hospital nurses and 37 percent of nursing home nurses report burnout. In a recent systematic review, low healthcare provider wellbeing was found to be associated with reduced patient safety, including medical errors.

The Institute for Healthcare Improvement introduced the concept of the Triple Aim as a way to optimize system performance, including patient outcomes. The focus of the Triple Aim is on improving the health of the population, improving patient experience, and reducing costs. Thomas Bodenheimer and Christine Sinsky proposed that the Triple Aim be expanded to a quadruple aim, adding the goal of improving the work life of healthcare providers, including clinicians and staff. Their point: care of the patient requires care of the provider. They make a strong case that burnout in the healthcare workforce threatens patient care and organizations should be focusing on care team wellbeing.

Healthcare provider stress and burnout has reached the level of urgency that national groups such as the Association of American Medical Colleges (AAMC), American Nurses Association (ANA), and Accreditation Council for Graduate Medical Education (ACGME) among others, have launched initiatives to address the issue. To reverse these trends and improve patient care by caring for the caregiver, the National Academy of Medicine convened the Action Collaborative on Clinician Well-Being and Resilience to:

» Improve baseline understanding across organizations of challenges to clinician wellbeing
» Raise visibility of clinician stress and burnout
» Advance evidence-based, multidisciplinary solutions

I am co-chairing a parallel group within the Global Forum on Health Professional Education that, in partnership with the National Academy of Medicine, is examining the issues surrounding healthcare provider resilience and wellbeing from a systems, leadership, and policy perspective. Recommendations will be emerging from all of these groups.

At the Bakken Center for Spirituality & Healing, we offer a six-week online course on healthcare provider self-care, wellbeing, and resilience. It’s offered in interdisciplinary formats for specific physician, nurse, and leader groups within universities, hospitals, and healthcare systems. Course topics include the nature of stress, mindfulness, thoughts and emotions, purpose and values, relationships and how to create a personal plan for health and wellbeing.

In a recent survey, participants indicated the course would improve patient outcomes, result in changes in their personal lives, and improve team performance. One participant noted, “I now have skills to better care for myself and I am more likely to recognize stress and burn-out in my employees.” Strong steps toward improving the work life of healthcare providers. +++

To learn more about bringing our wellbeing and resilience for health professionals program to your organization, please contact Sue Nankivell, Director of Business Development and Community Relations, at sue@umn.edu. If you would like to explore stress management tools and learn helpful ways to cultivate wellbeing in your life, visit our Taking Charge website at takingcharge.csh.umn.edu

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