

CIM SIG NEWS

Complementary and Integrative Medicine Special Interest Group

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Message from the Co-Chairs

Welcome to the Complementary and Integrative Medicine (CIM) special interest (SIG) newsletter! Thank you for your interest and attention. In an effort to improve communication and offer a forum for information sharing about CIM, we are re-introducing this bi-annual newsletter to meet the needs of our expanding group. Whether it is an article about clinical applications of different CIM interventions, new research supporting the development of CIM, or relevant teaching and training opportunities for students and providers, we hope this new venture will provide opportunities for learning and sharing in our collective interest in CIM. The CIM SIG is proud to have 83 members who are actively involved in CIM SIG correspondence. Thank you! We are excited to get to know you better through ongoing correspondence and participation.

We have been working on building relationships between members and providing opportunities for members to connect and learn from one another. At SPPAC 2018, we heard from members about building new programs and collecting pilot data on innovative programs. As our group grows, we have created additional opportunities for leadership and involvement in the SIG. We are looking forward to working with you to increase our visibility within pediatric psychology and our contributions to the field. Please see the following pages to learn more about getting involved at SPPAC 2019 and in the SIG.

We are inspired by the good work of our members and we want our newsletter to reflect the range of strengths and passions of our group has. We hope that you will share your ideas and accomplishments with us to publish in future newsletters. We welcome diversity in material, style, and composition. Thank you again for your participation and support. We look forward to connecting.

-Brittany Gresl & Susan Tran





SPPAC GOES TO NEW ORLEANS!

SPPAC 2019 is coming! We want to know about your good work. **We would like to increase the CIM-related programming and are planning to submit another symposium this year to make that happen.** If you have work or an area of interest that you would like to contribute, please contact us. See you in New Orleans!

MEET THE STUDENT REPS!



Megan Schaefer is a fifth year graduate student at Auburn University. She is mentored by Dr. Wendy Gray. Her clinical and research interests focus on the influence of complementary therapies (i.e., art, music, yoga) on quality of life in youth with chronic illness, particularly the pediatric oncology

population. Megan is also interested in examining the impact of these therapies during the palliative care stages for families of children with terminal illness. As a student representative of the CIM SIG, Megan is looking forward to promoting student interest and involvement in SIG activities, fostering network opportunities, and facilitating research projects to advance the evidence base of CIM.



Melissa Engel is a second year graduate student at the University of Minnesota. She is mentored by Dr. Megan Gunnar. Her current research is focused on (1) developmental trajectories and

psychobiological mechanisms underlying childhood and somatic complaints and (2) resilience in youth with chronic illnesses that require daily self-management. As a certified yoga teacher, Melissa hopes to unite these lines of research through mind-body interventions that may decrease stress and promote resilience among youth with chronic illnesses. She looks forward to collaborating with other members, strengthening research initiatives, and promoting CIM awareness and training opportunities throughout SPP.

CIM SIG Past, Present, and Future

The current status of the CIM SIG is the result of an impressive past and indicative of a bright future.

Did you know that the CIM SIG was the first SIG established in SPP? It's true! At the SPP meeting in April 2010, the founding members of the CIM SIG, Keri Hainsworth, PhD, Sian Cotton, PhD, and Kathleen Lemanek, PhD, first imagined bringing together pediatric psychologists who shared an interest in complementary and integrative approaches. Soon after, in September 2010, the first SIG in SPP history -- the CIM SIG, with 36 members -- was established.

Today, we have 83 members with varied interests who are also active members in several other SIGs. In a survey of members in 2016, half were members of the Pain SIG, and about a quarter were members of the Hem/Onc/BMT, GI, Adherence, and Adolescent/Young Adult SIGs. In this same survey, members were most excited about connecting - through panel discussions, learning more about CIM, and case presentations. At each SPPAC since 2010, our members continually demonstrate enthusiasm for disseminating innovative CIM practices and for joining together to share our successes and frustrations. After this year's SPPAC meeting, we asked our members about increasing leadership opportunities within the SIG to represent the broader perspectives of our members. In addition to having Co-Chair positions, our SIG will now have openings for a Secretary/Membership Coordinator and a Project Coordinator to organize small projects with members. We also have hard-working Student Representatives bringing fresh

ideas and helping us get this newsletter off the ground.

Looking ahead, we want to keep in better contact with our members. As we mentioned in our introduction, this is not the first newsletter, but the first in a while. We hope that you will join with us in making small contributions to maintain the momentum from SPPAC year-round. We are calling on our members to take advantage of new leadership roles, share ideas, and collaborate on projects to help grow our collective impact. We have a lot to learn from each other and we are looking towards future projects with optimism!

Interested in joining or having a leadership role in the CIM SIG? Got an idea for our newsletter or a SIG group project? Please let us know!

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The Effects of Yoga on Quality of Life in Pediatric Populations with Chronic Illness

By Megan Schaefer, M.S.

The acceptance of yoga as a complementary therapy has gained popularity in recent years among patients, families, and providers. In a 2008 survey, 6.1% of Americans reported that a healthcare provider recommended yoga as a disease management tool. Specific to pediatrics, another survey indicated there were over 1.5 million pediatric yoga users in the United States. Because yoga incorporates physical exercise, deep breathing, and meditation, this practice may offer a holistic approach for youth with chronic illness, impacting both physical and mental health symptoms while improving overall quality of life (QoL).

While many patients and providers are interested in yoga as a self-management tool, we are not fully informed on the outcomes of this practice due to a lack of research. Therefore, in a recent systematic review, twenty articles focused on the impact of yoga on pediatric populations (0-25 years old) with a medical chronic illness were categorized according to Varni and colleagues' (1999) Pediatric Quality of Life Measurement Model (i.e., overall QoL, physical/emotional/social/school functioning). This manuscript is currently under review.

Most yoga protocols were a combination of styles specifically adapted for the illness population (x= 13). Hatha (x= 5), Iyengar (x= 2), and Ashtanga (x= 1) were the most common yoga styles reported. The number of completed yoga sessions ranged from one to 84. Twelve studies incorporated a group yoga format, while the remaining studies focused on individual sessions (x= 7) and a combination of group and individual classes (x= 1). The two most frequent disease populations reported in the studies were cancer (x= 5) and gastrointestinal disorders (x= 5).

Improvements in overall QoL were reported in pediatric functional GI disorders, asthma, cancer, hemophilia, and obesity. Within the domains of the PedsQL model, yoga most commonly influenced emotional (x =18) and physical functioning (x= 13),

followed by social (x= 6) and school (x= 6) functioning in youth with chronic illness. Specific to emotional functioning, youth reported reductions in anxiety and depression, better sleep quality, and improved coping strategies for dealing with their illness after practicing yoga. In terms of physical functioning, youth endorsed improvements in functional mobility, duration of time spent in exercise, overall fitness; reductions in functional disability and fatigue; increased energy; and improvements in pain intensity and frequency. Moreover, youth with chronic illness reported an increased sense of social support and an enhanced self-esteem following yoga sessions. Lastly, improvements in school functioning and reductions in school absences were reported. However, it is important to note that the literature was divided on the impact of yoga on these QoL outcomes depending on the type of illness population and yoga protocol. Feasibility was established in the majority of studies, and acceptability for these yoga programs was positive.

Though preliminary evidence exists for the support of yoga as a complementary intervention for youth with chronic illness, the low to moderate methodological rigor of the retained studies needs to be considered. To strengthen this literature, future research should focus on conducting randomized controlled trials with strict *a priori* feasibility and acceptability criteria. These studies should evaluate standardized yoga protocols administered by certified yoga instructors and track QoL outcomes over various time-points rather than just pre and post assessments. In conclusion, yoga may be a promising integrative intervention for youth with chronic illness and their families, but more rigorous research is needed to understand how and to what extent yoga may be beneficial in improving quality of life.

References for this piece can be found on the following page. This full review is currently under review. Please contact Megan Schaefer [mrs0053@auburn.edu] for more information.

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