



# INTEGRATIVE HEALTH AT THE UNIVERSITY LEVEL

By Fred H. Janke and Sherry M. Hood

*Fred Janke completed his medical education at the University of Calgary in 1982 and has been practicing in Sylvan Lake, Alberta as a family physician since 1984.*

*He became involved with the University of Alberta as site director in Red Deer for a new rural stream family medicine program in the year 2000. Since then he has become increasingly involved with teaching family medicine at the post-graduate level. He became the "Rural Program Director" for the Department of Family Medicine in 2008 and more recently, in October 2011, took on a broader position as "Director of Rural and Regional Health" for the Faculty of Medicine. Although he is full time faculty his clinical work remains in Sylvan Lake."*



*Sherry Hood is a Clinical lecturer in the Department of Family Medicine, Faculty of Medicine and Dentistry, University of Alberta. She teaches Clinical Hypnotherapy at her school,*

*The Pacific institute of Advanced Hypnotherapy in New Westminister, B.C. The course has been approved as a post graduate elective in family medicine. In 2014, Sherry became an "Allied Health Professional" within the College of Family Physicians of Canada. Her interests include the application of hypnotherapy to clinical problems, specifically pain management and cancer care, maternity care including labour and delivery, smoking cessation, fears and phobias, pre and post-operative care, wound healing and hypnoanesthesia. Sherry has a keen affinity for working with children.*

Over the past several years Dr. Fred Janke and Sherry Hood have been working diligently in an effort to bring more support and recognition to the field of hypnotherapy. They have done this through a variety of means including providing workshops at different medical conferences, writing about clinical applications of hypnotherapy that include literature reviews, having hypnotherapy included as an approved elective in family medicine training and implementing small research studies.

An entirely new development in moving clinical hypnotherapy forward in Canada was the recent inauguration of the Integrative Health Institute (IHI) at the University of Alberta. Both Dr. Janke and Ms. Hood have become a part of this consortium. What is integrative health? There are many ideas, however Boon and colleagues put a fairly encompassing definition forward:

**“Working Definition:  
Integrative healthcare**

- Seeks, through a partnership of patient and practitioner, to treat the whole person, to assist the innate healing properties of each person, and to promote health and wellness as well as the prevention of disease ... ;
- Is an interdisciplinary, non-hierarchical blending of both conventional medicine and complementary and alternative healthcare that provides a seamless continuum of decision-making and patient-centered care and support ... ;
- Employs a collaborative team approach guided by consensus building, mutual respect, and a shared vision of healthcare that permits each practitioner and the patient to contribute their particular knowledge and skills within the context

of a shared, synergistically charged plan of care ... ;

- Results in more effective and cost-effective care by synergistically combining therapies and services in a manner that exceeds the collective effect of the individual practices ...” (Boon H et al.)

The IHI had its beginning in September 2014, under the leadership of Dr. Sunita Vohra who is internationally recognized for her expertise in integrative health care as well as being a paediatrician and educator within the Faculty of Medicine and Dentistry, University of Alberta. A Board of Directors leads IHI with guidance from a Scientific Advisory Board. In October of 2014, IHI surveyed University of Alberta faculty to identify IHI scholars, i.e. faculty members with clinical research or educational activities, expertise and interests in integrative health.

As of December 16th 2014, there were 112 Scholars from 11 faculties as members (Scholars) forming the IHI. The membership is broken down as follows:

*Faculty:*

- Agriculture, Life and Environmental – 6.5%
- Arts 24.2%
- Augustana Campus 24.2%
- Engineering 2.4%
- Medicine & Dentistry 55.5%
- Nursing 2.4%
- Pharmacy and Pharmaceutical Sciences 9.8%
- Physical Education and Recreation 7.4%
- Public Health 4.9%
- School of Rehabilitation Medicine 2.4%

An IHI retreat was held on December 16th 2014 in Edmonton, Alberta at The University of Alberta campus. Both authors of this article were in attendance. *The following is taken directly from the University of Alberta, Integrative Health Institute Report on Inaugural IHI Scholars Retreat:* “The purpose of this retreat was to foster generative thinking, utilize principles of appreciative inquiry and encourage relationship building among scholars. Networking was encouraged, break out groups were mixed and remixed over the course of the retreat.

*The goal of this first retreat was to bring IHI Scholars together face to face to:*

- Meet each other and explore potential points of collaboration
- Share in creating a vision for the IHI
- Understand the benefits of affiliation with IHI
- Learn about IHI leadership and activities already planned for year one

*The benefits of creating IHI at the university include opportunities to:*

- Harness University of Alberta faculty experience
- Provide novel interdisciplinary research opportunities
- Promote teaching and mentoring
- Build capacity
- Further collaboration between academic, industry and public institutions
- Lead innovation in health care practice and policy
- Attract new funding to the university

*IHI Scholar Interest / Expertise by Therapy:*

Mind-body therapies and practices – Mindfulness / meditation, yoga, hypnotherapy, spirituality, music therapy 45.6%

Natural health products (NHP) /functional foods – Food as medicine, herbs, probiotics, Vit D, fatty acids, vitamins, mineral, NHP drug interactions 42%

Traditional healing practices – Aboriginal healing, traditional Chinese medicine, acupuncture, Ayurveda 23.4%

Manual therapies – Massage, spinal manipulation therapy 15%

Other – Physical activity, light therapy, environment, ethics 7.4%

*Some IHI interests include:*

Health promotion / wellness

Chronic Illness

Mental Health

Health Behavioural / Consumer Health

Aboriginal People’s Health

Paediatrics

Pain (acute or chronic)

Population Health

Diabetes

Global Health

Nutrition

Neurological Health

Obesity

Exercise / Athletic Performance

Geriatrics / Aging

Cardiovascular

Maternal / Women’s Health

Oncology / Haematology

Endocrine / Metabolic Health

Gastrointestinal, Hepatic, and Biliary Health

Musculoskeletal / Rheumatologic Health

Immunological Health

Dental and Oral Health

Skin Health

Respiratory Health

Renal Health

Health Professionals / Health Professional Students”

The IHI webpage can be found at:

<http://uofa.ualberta.ca/integrative-health-institute>

The University of Alberta houses many impressive scholars and researchers who have collectively brought in a large amount of research funding. However, this has happened individually and within various silos. By collaborating there is the potential of building on collective wisdom and synergy to bring in much more research funding for broader integrative projects. Through the IHI, connections are being made that will allow scholars to collaborate on projects, which might include rigorous scientific study, education and patient care. There are plans for the eventual creation of an integrated health care clinic on campus which may be the first such university based clinic in Canada.

### Next Steps:

The IHI staff will use the information gathered at the retreat over the next weeks and months to develop a five-year strategic plan. Faculty associated with the IHI have already put together a large research proposal for the Canadian Institutes of Health Research (CIHR). The specific proposal is for a coalition in Strategies for Patient Oriented Research looking at the use of complementary therapies in cancer management and in mental health.

For hypnotherapy, the authors have been strategizing, regarding future directions within the IHI. This includes exploring further funding opportunities for smoking cessation research and in managing paediatric procedures. In addition we have been exploring some collaboration with interested individuals from engineering regarding some innovative ideas melding engineering, information technology and hypnotherapy for various forms of rehabilitation and physical pain management. We are investigating the possibility of a university-based course in clinical hypnotherapy, which has the potential of creating some accredited standards in hypnotherapy training.

The IHI presents the opportunity for a collective effort in many areas of complementary health care. In the past hypnotherapists have tended to work individually and have

tried to move hypnotherapy forward in this way. Strength in numbers provides a collective wisdom. An interprofessional approach to achieve a common goal has much more energy. Moving toward integrative health with different professionals working as a team is more patient centred and allows for more patient autonomy. The authors very much believe this is the way of a productive future.

Boon H et al. Integrative Healthcare: Arriving at a Working Definition. *Alternative Therapies* 2004; 10(5): 48-56

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