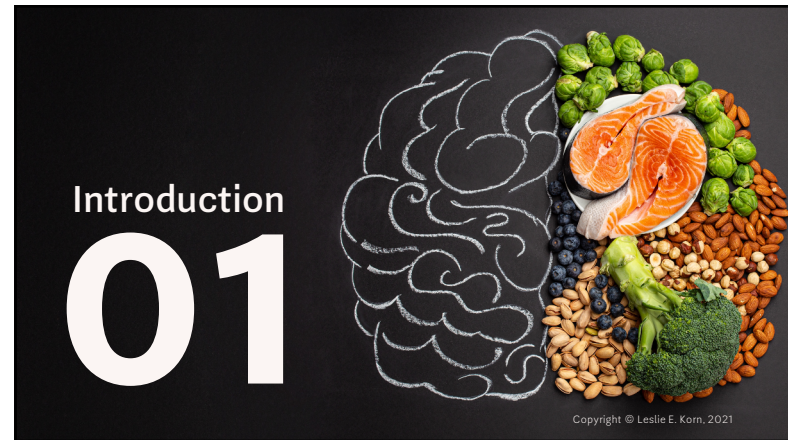
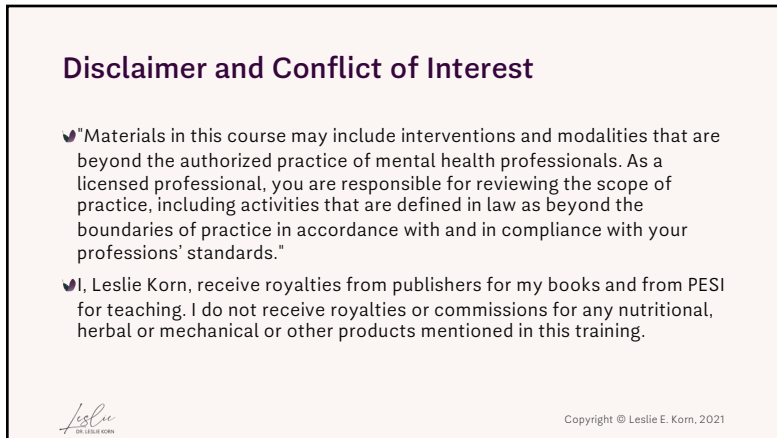


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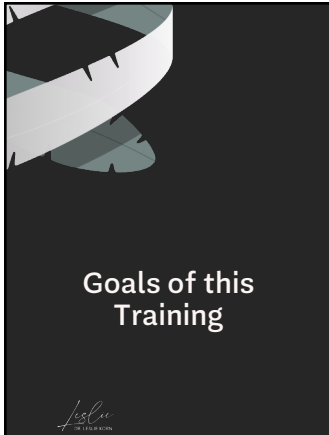
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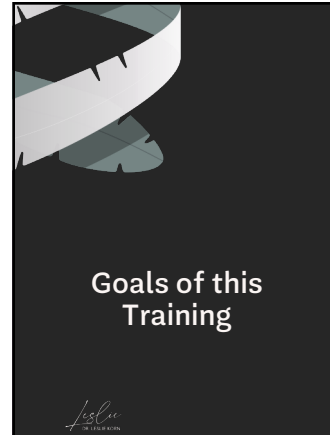
## Goals of this Training

- ✔ Trauma is the quintessential mind/body/spirit dis-ease
- ✔ Requires effective & diverse mind/body/spirit interventions
- ✔ Define state-of-the-art methods that can be integrated into any practice for prevention, management & treatment
- ✔ Principles that can be applied to chronic illness
- ✔ Provide actionable interventions

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## Goals of this Training

- ✔ Language across disciplines
- ✔ Empirical, Indigenous & evidence-based research & clinical skills & tools
- ✔ Culture-specific tools
- ✔ Biological & psychological resilience
- ✔ Reduce, eliminate, or enhance medications
- ✔ Enhance adherence to self-care
- ✔ Enhance clinician satisfaction, tools to prevent burn-out

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## The Dis-ease of Disguise

- ✔ Traumatic stress is underdiagnosed & misdiagnosed
- ✔ Over 7.7 million Americans have PTSD
- ✔ Common causes (non-military) motor vehicle & physical assault
- ✔ PTSD & Complex Trauma is often "disguised" in other symptoms
- ✔ People often seek help for somatic complaints w/o knowing the cause(s)
- ✔ Unaware of the connections among their symptoms
- ✔ If you don't ask about trauma, you may not be told
- ✔ Requires comprehensive & ongoing assessment

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## Adverse Childhood Events

- ✔ 61% of adults (25 states) reported at least one type of ACE
- ✔ 1 in 4 reported 3+ types
- ✔ 1 in 6 reported they had experienced 4+ types of ACEs
- ✔ ACEs may not develop into PTSD
  - ✔ develop into depression, anxiety, autoimmune CVD, addictions, chronic health problems & more

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## Complex Trauma

- ✔ Prolonged physical or emotional captivity – long term sequelae
- ✔ Adverse alterations on the normal development of the nervous system
- ✔ Decreases effectiveness of the stress response, desensitization
- ✔ Chronic dissociativity
- ✔ Inability to self-regulate emotion
- ✔ Chronic physical & emotional problems; psycho-somatic
- ✔ Chronic attachment challenges → interpersonal reactivity

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## Trauma as Dissociative Dis-order

- ✔ Dissociation is part of a symptom matrix
  - ✔ somatization
  - ✔ self-injurious behavior
  - ✔ self-medicating behaviors, addictions
- ✔ Elective surgeries, eating disorders
- ✔ Unresolved physical complaints for which there is no apparent cause
- ✔ Dissociation also involves the capacity for enhanced self-regulation & pain control

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## DSM5 PTSD: Dissociative Subtype

- ✔ Meets full criteria for PTSD, dissociative symptoms
  - ✔ depersonalization or derealization, emotional detachment
- ✔ Addition to the two dissociative symptoms in the core diagnostic
- ✔ Dissociative flashbacks & dissociative amnesia
- ✔ PTSD, more than fear & anxiety
- ✔ Multiple domains; neurological pathways, suicidality

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## Dissociative Spectrum

- ✔ Dissociation occurs along a spectrum
- ✔ We all dissociate
  - ✔ driving to the store, religiosity, shamanism, ketamine, drugs, alcohol
- ✔ Integrative Medicine for trauma, 2 types of integration
  - ✔ methods that are integrated
  - ✔ help the individual integrate, within themselves
- ✔ Methods that help gain control over dissociation

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## Complex Trauma, PTSD, & Health Sequelae

- ♥ Adverse Childhood Events
- ♥ Veteran status
- ♥ Interpersonal violence
- ♥ Clergy & clinical abuse, medical, migration
- ♥ Chronic health problems are co-morbid
- ♥ Difficult to treat b/c of dissociation & compartmentalization of care
  - ♥ pain, depression, GERD, IBS, tobacco, substances, liver disease, obesity, elective surgeries, chronic pain, autoimmune, GB surgery, headaches
- ♥ Often a dis-ease of hopelessness, disconnection, loss of meaning

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## Trauma as Attachment Dis-order

- ♥ Trust, betrayal, second guessing, numbness
- ♥ Hyper & hypo-reactive
- ♥ Secondary trauma & our responses to exposure....
- ♥ The clinical relationship
  - ♥ challenges in transference & countertransference
  - ♥ "borderline" diagnosis critique

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## Adherence to Self-Care Plans

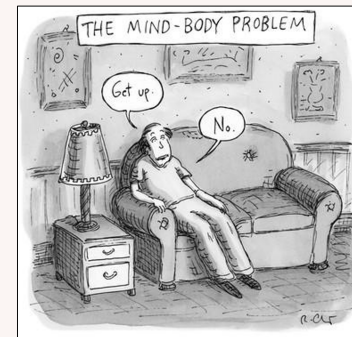
- ♥ "The best laid plans..."
- ♥ Adherence challenges
  - ♥ learning self-care, often for the first time
  - ♥ learned helplessness
- ♥ Seligman's research
  - ♥ serve as therapists, guides, role models, coaches, walk-while-we-talk therapists, have coaches on staff, name our availability

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## The Mind-Body Problem



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## Therapeutic Goals

- ✔ Manage symptoms, bring relief
  - ✔ anxiety, insomnia, hyperactivity, pain
- ✔ Restoration of rhythms of life
  - ✔ circadian rhythm, sleep, cortisol
  - ✔ ultradian rhythm
  - ✔ rhythms of digestion, peristalsis, HRV, breathing
- ✔ stress response: Hypothalamic -Pituitary-Adrenal-Thyroid (HPAT)
  - ✔ enhance resilience
  - ✔ capacity for (autonomic) self-regulation



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## Therapeutic Goals

- ✔ Enhance self-capacity to self-nourish the brain, body & mind
- ✔ Reduce & gain control dissociativity
  - ✔ decondition body held memory & SDMLB
- ✔ Enhance mitochondrial, neurological function w/ nutrition & exercise
- ✔ Reduce or eliminate pharmaceuticals
- ✔ Identify & address mild traumatic brain injury (mTBI), a hidden epidemic
- ✔ Restoration of capacity for attachment & connection
- ✔ Restorative clinical connection & care
- ✔ Support meaning & purpose



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## Principles for Effective Integrative Treatment

- ✔ Human connection
- ✔ Role model
- ✔ Matching the stage of trauma to the intervention
- ✔ True integration, not just adding "stuff" in
- ✔ Options for methods
- ✔ Do not overwhelm, less is often more
- ✔ Organize treatment needs according to metaphor & patient's narrative
- ✔ Describe & define, revisit the priorities



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## Clinical Applications

- ✔ Nutritional deficiencies
  - ✔ effects of drugs on nutrition status
    - ✔ anti-psychotic drugs & some antidepressants: metabolic syndrome
    - ✔ statins deplete the body of coenzyme Q10, affects heart & energy
- ✔ Alternatives to pharmaceuticals or reducing dose w/ nutrition
- ✔ Identify & reduce risk factors
- ✔ Family engagement & health, caregiver health
- ✔ Genomics
- ✔ Toxic exposures: war, home, the fields
- ✔ Culture & SES
- ✔ Individualized treatment plans



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## Your Clinical Opportunities

- ♥ Very few clinicians are trained in the “full picture”
- ♥ Success w/ complex cases
- ♥ Develop integrative mind-body trauma groups
- ♥ Success w/ people & communities where stigma persists
- ♥ Growing trauma (war, refugees, migration, aging veterans)
- ♥ Understand the story of the body when working in therapies
- ♥ Waiting list for alternatives to pharma
- ♥ Establish new bi-directions for referrals & collaboration
- ♥ Course content ranges from beginner to advanced
  - ♥ return to study the content again & again as needed



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## Embrace Our Work

- ♥ “Medicine”
  - ♥ Sanskrit: *mā*, meaning “mother” & “to measure”
  - ♥ *manya* “to move back & forth; to align in the middle”
- ♥ Medicine is finding balance
- ♥ *Therapeutikos*
  - ♥ Greek word meaning “to attend, treat, serve”

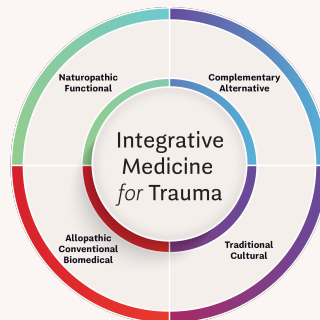


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## Integrative Medicine for Trauma

- ♥ Practices & interventions from CAM
- ♥ W/ psychotherapies & allopathic medicine
- ♥ Traditional Medicine bridges cultural
  - ♥ the foundation of what we call CAM or integrative



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- ♥ “The sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.”

World Health Organization

## Traditional Medicine



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## Terms of Reference

- ♥ Complementary & Integrative Health (NIH)
  - ♥ practice used *together w/* conventional medicine, it's "complementary"
  - ♥ practice used *in place of* conventional medicine, it's "alternative"
- ♥ Functional Medicine
  - ♥ systems, biology-based approach
  - ♥ addresses root causes
- ♥ Naturopathic Medicine
  - ♥ the healing power of nature



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## Terms of Reference

- ♥ Clinical Systems Biology
  - ♥ considers the immune, endocrine & nervous systems as part of an integrated whole
- ♥ Nutrigenomics & Personalized/Precision Nutrition
  - ♥ genetic, phenotypic, medical, nutritional needs
- ♥ Lifestyle Medicine
  - ♥ whole-foods, exercise, restorative sleep, stress management, avoidance of risky substances, positive social connection as primary
- ♥ Integrative Medicine
  - ♥ partnership model; integrate all factors & be open to conventional & alternatives



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## Why Do We Need CAM & Integrative Methods?

- ♥ Body-mind integration
- ♥ Mental health stigma
- ♥ Body is the "back door" to the home of mental health
- ♥ Veterans, culture, stigma
- ♥ Diversity of methods
- ♥ Stages of life
- ♥ Research:
  - ♥ single course of trauma-focused monotherapy not well tolerated
  - ♥ trauma-focused psychotherapies are efficacious only in approximately 50% of patients treated



American Psychological Association, 2017; Steenkamp et al., 2015

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## Why Do We Need CAM & Integrative Methods?

- ♥ Talk therapy, meditation & medication work about equally
- ♥ Limited success w/ treating chronic pain & preventing suicide
- ♥ Limited success w/ military personnel & veterans
- ♥ Findings:
  - ♥ provide personalized, responsive care isomorphic to the individual



American Psychological Association, 2017; Steenkamp et al., 2015

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## Nationwide Use of CAM

- ♥ The consumer is demanding these methods
- ♥ 2012 National Health Interview Survey
  - ♥ 33.2% adults, 11.6% children (age 4-17) used some form of complementary health
- ♥ CAM use among individuals w/ PTSD
  - ♥ 39% general population, 41% service members & veterans
- ♥ Used by survivors of torture & refugees worldwide
- ♥ People of diverse ethnic backgrounds, widely practiced worldwide
  - ♥ similarities to traditional medicine & cultural practices
  - ♥ Cambodian refugees: 34% relied on complementary & alternative medicine



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## Call to Action

- ♥ The Veterans Administration's (VA) "Whole Health" program
  - ♥ the mission of complementary & integrative health & medicine (CIH)
- ♥ Care that is
  - ♥ relationship-centered
  - ♥ whole person
  - ♥ interdisciplinary
  - ♥ promotes optimal health & healing
- ♥ Integral health has a particular responsibility to implement *trauma-informed care*



Bokhour et al., 2020; Hansen et al., 2021

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## Veteran Engagement & Suicide Prevention

- ♥ Veterans: 7.9% of the population, 13.5% of all deaths by suicide
- ♥ Lack of engagement, stigma is barrier
- ♥ Complex trauma histories
- ♥ Good evidence: CBT, ACT & DBT, "misses real-world application"
- ♥ Critical for alternative treatment modalities, build resilience, overall wellness
  - ♥ physical activity, diet, nutrition, creative expression, acupuncture, sleep hygiene, stress management



Vitale et al., 2021

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## Veteran Engagement & Suicide Prevention

- ♥ Goals: reduce symptoms, suicide risk factors are pain & isolation
- ♥ Study outcomes
  - ♥ high levels of engagement w/ CAM & whole health approach
  - ♥ reduction: suicidal ideation, depression, hopelessness (not sleep quality & diet)
  - ♥ improved: pain, PTSD, anxiety, coping



Vitale et al., 2021

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## Veterans

- ♥ Iraq, Afghanistan veterans, 11–23% have mTBI
  - ♥ persistent insomnia, memory loss, poor concentration, & problem-solving
  - ♥ depression irritability, anxiety, headache, dizziness, exercise intolerance, fatigue, noise, & light sensitivity, PTSD & depression
- ♥ Limited success w/ conventional approaches
- ♥ Research: veterans w/ symptoms associated w/ mTBI or PTSD, more accepting of CAM approaches
- ♥ Biological markers
  - ♥ systemic inflammation, intestinal permeability, & microbial diversity & composition
  - ♥ nutrition & integrative methods are the key for effective treatment!

Brenner et al., 2020

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## VA Statement on Best Practices for Pain (2010)

**Build a Full Spectrum of Best Practices for the Continuum of Acute & Chronic Pain, Based on a Foundation of Best Available Evidence**

Incorporate integrative & alternative therapeutic modalities into a patient centered plan of care.

Leverage embedded osteopathic & physical therapy resources in the provision of manipulation therapies for musculoskeletal pain.

Integrate pain management into primary care, consistent w/ the Patient Centered Medical Home Model.

Adopt the VHA Stepped Care Model to ensure timely access to collaborative care, reduce pain & suffering, & improve quality of life for Warriors & their families.

Integrate the prevention, early identification, & treatment of injuries as a component of the comprehensive pain management strategy.

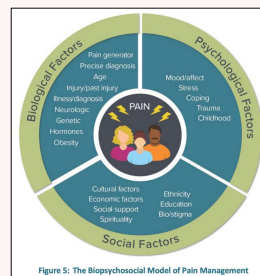
<https://donaunishairmail.com/wp-content/Flyer-Files/Other/2010-05-Pain-Management-Task-Force-PDF>



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## VA Statement on Best Practices for Pain (2010)

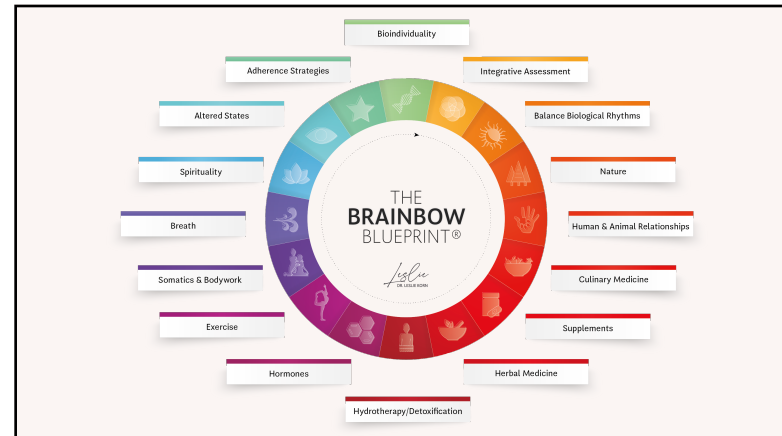


Tick & Nielsen, 2019

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## Integrative & Nutritional Methods

- ♥ Bioindividuality
  - ♥ culture & ethnicity
- ♥ Integrative Assessment
  - ♥ testing & labs
- ♥ Biological Rhythms
- ♥ Nature
- ♥ Human & Animal Relationships
- ♥ Diet, Nutrients, Herbs, Glandulars
  - ♥ drug-nutrient-herb interactions
  - ♥ neurotransmitters, amino acids
- ♥ Hydrotherapy & Detoxification
- ♥ Bio-Identical Hormones
- ♥ Exercise & Yoga
- ♥ Massage & Bodywork Therapies
  - ♥ acupuncture, electro-medicine
- ♥ Spirituality
- ♥ Altered States & Psychedelics
- ♥ Adherence
- ♥ Resources



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## Therapeutic Goals Nutritional Therapies

- ♥ Address cause(s) of dis-ease, imbalances
- ♥ Inflammation & oxidative stress
- ♥ Manage stress response (HPA-T)
- ♥ Enhance mitochondrial function
- ♥ Nutrients for brain chemistry
- ♥ Microbiome balance
- ♥ Balance circadian/ultradian rhythm
- ♥ Enhance neuronal communication
- ♥ Eliminate toxins, enhance biotransformation
- ♥ Address genetics & epigenetics, e.g., APOE, MTHFR
  - ♥ how foods & nutrients can alter gene expression



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## Therapeutic Goals Nutritional Therapies

- ♥ Reduce, stabilize & control blood glucose levels
- ♥ Enhance insulin function
- ♥ Reduce arterial & venous inflammation
- ♥ Improve arterial strength
- ♥ Improve circulation to extremities & the brain
- ♥ Reduce pain



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## Targets of Integrative Therapies

- ♥ Evidence exists that imbalances in these may predispose to development of PTSD
  - ♥ inflammation
  - ♥ neurotransmitter
  - ♥ microbiome
  - ♥ fatty acids
  - ♥ mitochondria
  - ♥ HPA-T
  - ♥ metabolism

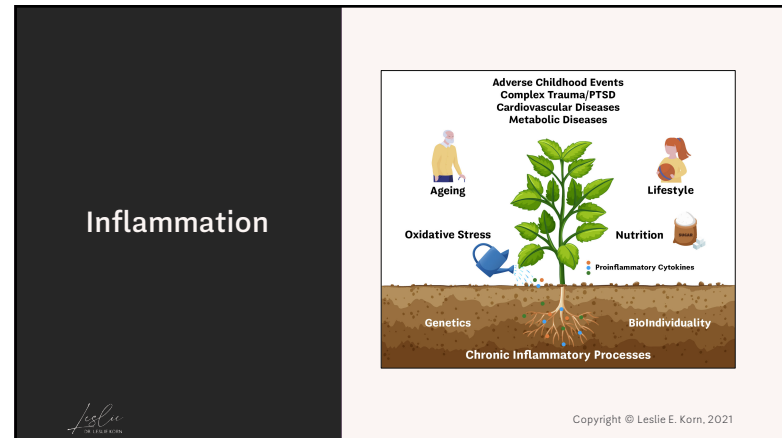


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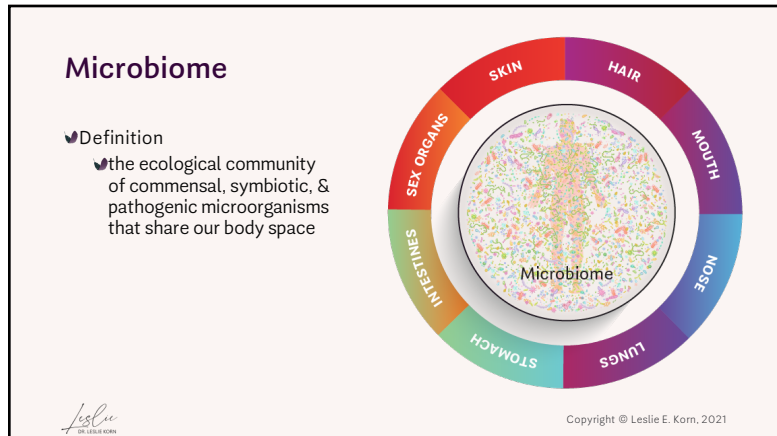
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Neurotransmitters & Precursors © Leslie Korn, 2021				
NT'S	Amino Acids/Nutrients	Botanicals	Foods	Entheogens
<b>GABA</b>	Glutamine, taurine, glycine milk-derived neuropeptides lithium orotate	Valerian, hops, skullcap, green tea, kava	Walnuts, oats, spinach, beans, liver, mackerel	Muscimol/ Amanita Muscaria
<b>Serotonin</b>	Tryptophan, 5 HTP, B-vitamins, (B-12, B-6,) niacinamide, L-methylfolate	St. John's wort, bacopa, Areca catechu nut	Salmon, beef, lamb, figs, bananas, root vegetables, brown rice	LSD, Psilocybin, DMT, Ibogaine, Ayahuasca
<b>Dopamine</b>	B-12, B-6 Tyrosine, DL- Phenylalanine	Ginseng, fenugreek	Coffee, tea, eggs, pork, dark chocolate, ricotta cheese	MDMA/MDE Mescaline
<b>Norepinephrine</b>	Tyrosine, L-methylfolate	St John's wort, holy basil, licorice	Meats, fishes, cheese	MDMA/MDE Mescaline
<b>Acetylcholine</b>	GPC choline, phosphatidylcholine, acetyl-L-carnitine, huperzine	Sage, bacopa, Melissa, ginkgo, ashwagandha	Eggs, liver, salmon shrimp, nut butter, lecithin, coffee	Scopolamine (contraindicated)
<b>Glutamate</b>	Glutamine, lysine	Gotu kola, kava, passionflower	Caffeine, fermented foods, chicken, eggs, dairy	Ketamine Ibogaine
<b>Endogenous opioids</b>	Milk biopeptides	Papaver somniferum	Casein (milk), gluten (grains), spinach, fat, fasting	Ibogaine, Salvia divinorum
<b>Cannabinoids</b>	Fish oil, lactobacilli	Cannabis, hops	Hemp seeds/hemp oil	Cannabis

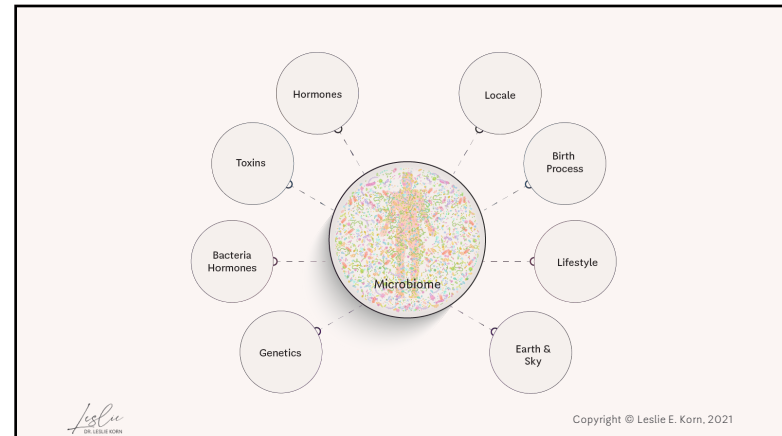
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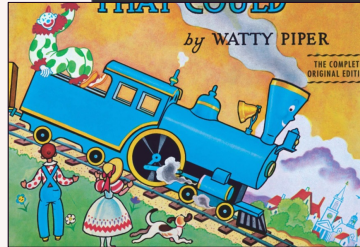
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## Mitochondria

- ♥ The little engines that could!
- ♥ Mitochondria make (& break) our Mental Health
- ♥ Neurons relay information by firing
- ♥ Mitochondria provide the energy



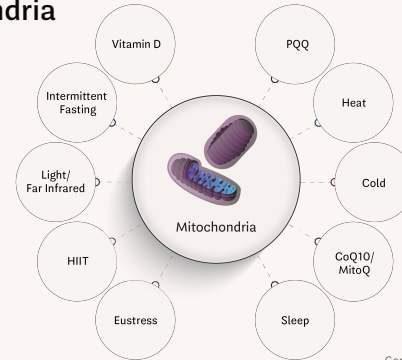
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## Mitochondria



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## Cardiometabolic Disease is a Major Risk

### Cardiometabolic Risk

#### Markers and Risk Factors

- |                |                            |
|----------------|----------------------------|
| Age            | Telomere status            |
| Gender         | Heart Rate Variability     |
| Blood pressure | Inflammation               |
| Blood sugar    | Insulin resistance         |
| Lipids         | Depression                 |
| APOE           | Hormone and vitamin status |
|                | Blood viscosity/hematocrit |

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## Requisites for Optimal Therapeutic Results

- ♥ True partnership model
- ♥ Deconstruct the pill, surgery, or expert will "fix it"
- ♥ Treat the individual, not the disease
- ♥ First: improve sleep
- ♥ Reduce pro-inflammatory foods; w/o it there are limits
- ♥ Get the body moving; w/o it there are limits
- ♥ Integrate & educate on how the mind-body work together
- ♥ Educate about rhythms & methods to regulate
- ♥ Enhance hope for improvement
- ♥ Engage the wounded healer

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## Interrelated Rhythms to Restore

- ♥ The innate capacities within the individual
  - ♥ psychophysiological & biological self-regulation
- ♥ Rhythms exchanged in relationships
  - ♥ between people, animal friends
- ♥ Somatic empathy
  - ♥ practitioner & client
- ♥ Rhythms & resources regulated by nature
  - ♥ light/dark, air, color spectrum, sounds

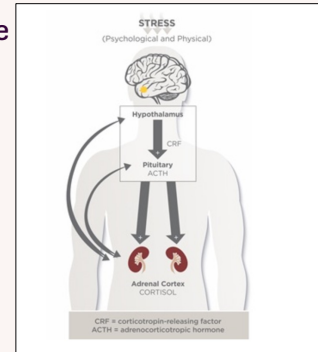
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## HPA-T Rhythms & Resilience

- ♥ Resilience
  - ♥ biological
  - ♥ psychological
  - ♥ spiritual
  - ♥ balancing neurohormones



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## Tend & Befriend Behaviors

- ♥ Women (& other female animals) respond to stress by
  - ♥ engaging in activities of care & connection
  - ♥ support social connection
  - ♥ affiliation & attachment
- ♥ Oxytocin mediator
  - ♥ main neurohormone responsible for social behaviors & empathy
- ♥ Research suggests both men & women can have this response
- ♥ May be influenced by attachment styles

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## Prescription & Self-Medication Drug Use

- ♥ Increases risk of liver disease, dementia, early mortality
- ♥ Statistically significant associations of dementia risk
  - ♥ nearly 50% increase in odds
  - ♥ anticholinergic antidepressants
  - ♥ anti-Parkinson's drugs
  - ♥ antipsychotic drugs
  - ♥ bladder antimuscarinics
  - ♥ antiepileptic drugs
- ♥ Long-term use of metformin
  - ♥ doubles the risk for Alzheimer's & Parkinson's
- ♥ Anesthetic agents are also associated w/ increased dementia risk
  - ♥ Benzos, SSRI's PPI's

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## Integrating IM w/ other Methods

- ♥ Polyvagal
  - ♥ integrative methods including ancient techniques access the vagal nerve
- ♥ Internal Family Systems (IFS)
  - ♥ addresses challenges to self-care & adherence & engaging the whole self
  - ♥ the triggers that drive the internal dialogue
    - ♥ anticipation of loss of control
    - ♥ negative self-evaluations
    - ♥ self-blaming, self-shaming
    - ♥ ambivalence of self-care behaviors



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## Integrating IM w/ other Methods

- ♥ EMDR
  - ♥ rooted in ancient Tibetan yoga & advances in eye brain connections, yoga eye movement, peripheral vision
- ♥ Post-trauma therapy
  - ♥ stage based; enhancing whole self-care & linking many forms of nourishment & meaning making



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## Principles of Effective Treatment

- ♥ Isomorphic to the individual's belief system
- ♥ Identify the substitutions for self-medicating behaviors
- ♥ Do what will affect change first
- ♥ Plan for the obstacles
- ♥ Identify adherence strategies
- ♥ Engage self-care, overcome learned helplessness
- ♥ Identify & engage social supports
- ♥ Trauma recovery is a social issue
- ♥ Nature works slowly, but surely
  - ♥ nature will take longer than synthetic approaches but fewer side effects
- ♥ Clinician is truly integrative



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## Trauma-Informed Nutritional & Integrative Methods

- ♥ Not directive
- ♥ Not shaming people about their self-care behaviors
- ♥ Understand learned helplessness & positive psychology
- ♥ Awareness around disability, identity, body positivity
- ♥ Awareness of the social, political contributions to trauma & access to resources



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## Thinking/Feeling/Being Integrative

- ♥ How do we as clinicians
  - ♥ overcome compartmentalization
    - ♥ conventional, reductive education
  - ♥ overcome social dissociation that a "pill" will make it go away
  - ♥ just adding an herb or nutrient isn't integrative
  - ♥ understand our own personalities as they intersect how we work
  - ♥ overcome concerns about "acceptance", "proof", "evidence"
  - ♥ experience our own healing as a path to help others
  - ♥ what sustains us for the long term?
  - ♥ create a practice that nourishes us, as we support others



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## How We Know About Symptoms: Evidence for their Existence, Causes, Meanings, & Properties

System of medicine	Existence of symptoms	Verifications of causes of symptoms	Verification of symptom properties
Western (allopathic) medicine	Symptoms correspond to causes that have material existence	Causes of symptoms can be observed or measured using established empirical methods	Observation by independent researchers provide consistently reliable descriptions of properties of symptoms
Biomedical psychiatry	The cause or meanings of symptoms are established kinds of neurobiological or psychological mechanisms	The causes or meanings of symptoms can be inferred from empirical findings & are consistent w/ conventional neurobiological or psychobiological models	Patient interviews, laboratory studies, brain scans, & other biomedical assessment findings adequately characterize the cause(s) or meaning(s) of symptoms Causal chains are inferred between observed or reported symptoms, & presumed neurobiological processes
Non-Western system of medicine	The existence of symptoms is implicit in the "energetic," or spiritual state of the person who experiences them Empirical verification of existence of a symptom is not relevant	Verification of the causes of symptoms is often impossible using conventional empirical means, but causes can be confirmed by "energetic" or intuitive means regarded as valid within the parent system of medicine Empirical verification of causes of symptoms is not relevant	Reliable empirical data are seldom available. The non-Western practitioner infers or intuitu properties of symptoms in the context of the parent system of medicine Empirical verification symptom properties is relevant

Adapted from: James H. Lake, M.D., An Integrative Paradigm for Mental Health Care: Ideas and Methods Shaping the Future 2019, Springer.

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**Zora Neale Hurston**

“Research is formalized curiosity. It is poking and prying with a purpose.”



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## Challenges w/ Research on Nutrition

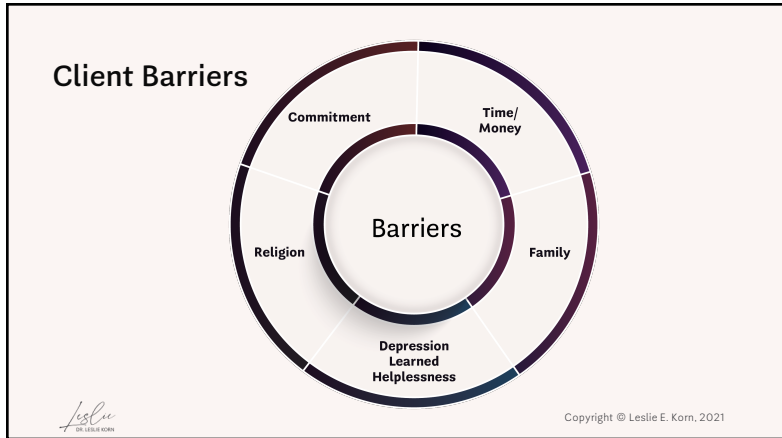
- ♥ The science of nutrition: "contentious & territorial"
- ♥ Conducted by healthcare professionals w/ little to no formal training in nutrition
- ♥ No training in nutrition in medical school
- ♥ Examples:
  - ♥ folic acid vs methylfolate
  - ♥ vitamin B12 (cyanocobalamin, hydroxocobalamin, adenosylcobalamin & methylcobalamin)
  - ♥ vitamin D ergocalciferol or cholecalciferol (lab ranges are not keeping up w/ research)
  - ♥ vitamin E, fish oil synthetic or broad spectrum
- ♥ Metabolic differences: some people need more magnesium some less

Vasquez & Pizzorno, 2019



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- ### Opportunities to Develop a Niche Practice
- ♥ Individuals, families
  - ♥ Communities & schools
  - ♥ Clinical care in every disease category
  - ♥ Collaborative
  - ♥ Culturally competent care
  - ♥ Integrative private practices
  - ♥ Health Agencies & Managed Care
  - ♥ Non-Profit Agencies
  - ♥ Insurance coverage
  - ♥ Federal Agencies DoD/VA
  - ♥ Research
  - ♥ Public Health
  - ♥ International Work
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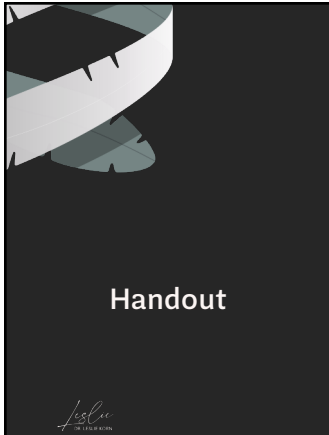
- ### Modules in this Course
- ♥ Ethics & Scope of Practice
  - ♥ Psychology of Trauma
  - ♥ Trauma, Biology & the Body
  - ♥ Culture & Identity
  - ♥ Circadian & Ultradian Rhythm & Hormones
  - ♥ Bioindividuality, Digestion & Diet
  - ♥ Integrative Assessment, Tests & Evaluation
  - ♥ Culinary & Spice Medicine
  - ♥ Nutritional Supplementation
  - ♥ Herbal Medicine
  - ♥ Detoxification & Hydrotherapy Strategies
  - ♥ Exercise, Yoga, Breath, & Sound
  - ♥ Somatics, Bodywork, & Energy Therapies
  - ♥ Nature & Human/Animal Bond
  - ♥ Entheogens and Psychedelic Medicine
  - ♥ Spirituality, Post-Traumatic Growth, & the Transformation of Trauma
  - ♥ Developing a Roadmap to Health
  - ♥ Protocols in Action
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- ### Summary
- ♥ Why we need IM & nutritional methods
  - ♥ Definitions & terms of reference
  - ♥ A broad range of methods
  - ♥ Benefits of Integrative Medicine
  - ♥ Risks & rewards
  - ♥ Positioned to support motivation & adherence
  - ♥ Thinking integratively
  - ♥ Developing an integrative approach
  - ♥ Principles of effective treatment
  - ♥ Range of clinical practice opportunities
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Integrative Medicine & Nutrition for Post-Traumatic Stress & Complex Trauma, Leslie Korn, PhD, MPH

Handout

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Thank You!

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