



# Complementary Therapy in the Care Continuum

*By Valerie Hartman, RN,  
CHPN, CTRN*

**C**omplementary therapy—be that music, art, aroma, or touch—offers hospice and palliative care professionals many options in the management of exacerbated physical symptoms, psychological stress and behavioral changes that are uniquely observed in end-of-life care. For example:

A registered nurse might refer for reflexology when a patient has intractable nausea and vomiting which does not respond to any antiemetic. Reflexology will address the stress component of the symptom that contributes to the physical disease which, in turn, contributes to the nausea.

A social worker might refer for an art therapist when the young child of a patient cannot express or process

inner feelings (or stresses) through words, but can through art.

A spiritual caregiver might refer for, or get certified, in harp therapy when a patient is in spiritual distress. The instrument's tones and vibrations can calm the patient's nervous system and bring about a feeling of peace.

Because dying is an integral "body-mind-spirit" experience, it benefits interdisciplinary team members—like the nurse, the social worker and the spiritual caregiver—to have access to the sensory therapies that affect the whole being. In fact, while hospice programs function as an interdisciplinary team, there are times when the practice can still feel compartmentalized by discipline. Complementary therapy is actually a "cornerstone therapy" of

interdisciplinary care— and discussions concerning complementary therapy modalities can often bridge this ‘disconnection’ and the misunderstandings which occur between disciplines.

In this article, I discuss some of the administrative aspects of starting a complementary therapy program and how programs can introduce massage therapy into hospice care. My colleagues, Katie Cyre and Tandra Chandler of Hospice & Palliative CareCenter in Winston-Salem, NC, then share their experience in developing a complementary therapy program and integrating touch therapies into the CNA’s practice.

### **Administering a CT Program**

It is the complementary therapy (CT) program coordinator who oversees the integration of massage and bodywork therapies into the patient’s plan of care (i.e., on a program-wide basis). Volunteer program coordinators, on the other hand, oversee volunteer CT programs, or work in unison with the CT program coordinator to oversee provision of volunteer-based services. A program can begin with access to a few massage

therapists in a volunteer program, and gradually expand into any number of creative programs that enhance interdisciplinary care.

One of the predominant challenges facing all CT programs—whether they are volunteer-based, hired access, or dually certified IDT programs—is a lack of therapists to meet the demand for services. If a hospice program has an average daily census of 250, and can provide six massage sessions each week through a volunteer-based CT program, who on census should receive the session? At our NCHPP Allied Therapist Section meetings, which are held during NHPCO’s national conferences, this concern is frequently raised and, in response, CT program coordinators have generated possible solutions. Here are a few of them:

- Send IDT members for dual certification in complementary therapy when you want a more integrative experience for your program (e.g., CTRN Program, MSW Legacy Program, CNA with Massage Therapy Certification, Pastoral Care

### **Understanding Some Commonly Used Terms**

Holistic therapy can be either alternative, complementary or integrative therapy:

#### **Alternative Therapy**

This is used instead of traditional healthcare practices.

#### **Complementary Therapy**

This is used alongside traditional healthcare practices.

#### **Integrative Therapy**

This is used when evidence-based research, guidelines, policies, and professional education drive the use of holistic therapy in the plan of care.

Aromatherapy Spiritual Ministries Program).

- Train the hospice team in simple relaxation techniques that are safe and effective, such as lavender essential oil hand massage, short guided imagery, and 10-minute light touch/Healing Touch techniques.
- Grow the volunteer program.
- Hire hospice-prepared therapists for predictable, regular access to the complementary therapies needed in the program.

### Introducing Massage Therapy into Hospice Care

Massage therapy is known for its stress-reducing health benefits. Swedish massage is one of the most familiar forms of massage used for preventative and restorative health. This traditional one-hour circulatory massage provides a smooth, even flow of applied hand pressures and techniques that ease muscle tension to the face, head and neck, back, and extremities. Swedish massage can be applied as a whole-body session with pressure (circulatory massage) or adapted to shorter versions applied to local-tension areas (i.e., non-circulatory massage).

Hospice massage is a specialty practice that not only requires a working knowledge of adapting massage technique safely and effectively, but also requires the practitioner to understand hospice care, the dying process, and working integrally as a member of the interdisciplinary team. In hospice and palliative care, massage therapy is adapted to lighter forms of touch, often non-circulatory, and session times are shorter—30 minutes versus a full hour. A hospice-experienced massage therapist might integrate the use of acupressure points, light-pressure reflexology points on the hands or the feet, or Healing Touch level 1 techniques into a session to help restore and relax a patient or caregiver. Techniques can be applied over or around clothing to keep the recipient warm and dignified, while the strokes can be slow to communicate care and attention, with respect for the patient or caregiver's fragile state.

Massage therapy, as with all forms of light pressure bodywork therapy, will shift the nervous system from a sympathetic nervous system response (fight or flight state) into a parasympathetic nervous system response (rest and digest relaxation state). In hospice care, this means relief from high sustained

stresses that cause significant physical, musculoskeletal, gastrointestinal, respiratory, and/or nervous system symptoms (such as anxiety), and can often eliminate the need for pharmacological treatment.

*Valerie Hartman has 23 years of holistic hospice nursing experience and, for the past 12 years, has included the integration of massage and bodywork therapy into her practice. Since 2002, she has coordinated the complementary therapies program of Holy Redeemer Hospice (Philadelphia, PA). She also serves as the Allied Therapist Section leader for the National Council of Hospice and Palliative Professionals.*

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# The Evolution of Hospice & Palliative CareCenter's CT Program

*By Katie Cyre, MS, MT-BC*

**T**he past few years have seen the evolution of our Complementary Therapies Program, driven by an increasing demand for services and the need to work creatively with limited staff resources. With a program manager in place and music therapy service provision under way, attention turned to the inclusion of touch and energy therapies in patient care.

As specialized volunteers and contractors helped us to learn more about this blending of therapies within hospice care, a conversation around touch naturally unfolded. What is it that makes touch such a fundamental part of our

interaction with, and care of, hospice patients and families? We explored this in various ways, often within the scope of each interdisciplinary team member's practice.

In our program, and more specifically within the context of what we term "Gentle Touch" therapies, touch is the primary mode of communication between the therapist and the patient. Our practitioners of massage therapy, reflexology, Healing Touch, and Reiki often rely upon touch to understand the patient's needs and to respond with the goal of increasing comfort and promoting a sense of wholeness and balance.

Our practitioners work from the premise that loving touch is a fundamental need of human beings. Consider the ways in which a patient's needs change over the course of an illness: their experience with touch may also change. Perhaps that comes in the form of a CNA who assumes the role of bathing the patient, or it may be that the spouse who used to share a certain language of touch with a patient shifts into the daily tasks of caregiving, possibly losing some of the points of connection they once shared. Gentle Touch therapies

## Some of the Modalities in Hospice CT Programs:

- Acupressure
- Aromatherapy
- Art Therapy
- Healing Touch
- Horticulture Therapy
- Meditation/Guided Imagery
- Massage
- Music Therapy
- Pet Therapy
- Physical Therapy
- Reflexology
- Reiki

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help to restore touch to patient care while simultaneously addressing patient-care goals. We have seen time and again that this nurturing touch can be deeply meaningful to our patients and their families, and furthers the goals of the interdisciplinary team.

While our program focuses upon the provision of Gentle Touch therapies by trained and credentialed therapists, we know that touch can be a critical component of care by any member of the interdisciplinary team. Each discipline's scope of practice may influence how touch is incorporated into sessions. Fundamentally, however, we are reaching out to our

patients, patting them on the back, holding their hands, and providing hugs of support. The opportunity is great to create a sense of meaning around this concept of touch: to purposefully incorporate touch, not only into the care provided by trained therapists, but also into the care of each member of the interdisciplinary team. This heightened awareness and practice only enhances the commitment that we all hold in nurturing the mind, body and spirit.

*Katie Cyre is a board-certified music therapist and the complementary therapies program manager for Hospice & Palliative CareCenter (Winston-Salem, NC).*

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# Integrating Touch Therapies into the CNA's Practice

by Tandra Chandler, CNAII, CHPNA



Introducing light, comforting touch therapies into the hospice CNA's practice is a natural extension of the care which they already provide. Dignified, purposeful touch is what CNAs are certified to do and learning some principles of therapeutic massage can take a bed bath to the next level. In fact, when full bathing is not required on a visit, a brief touch therapy session can be added to the plan of care as part of a CNA's services. The patient benefits, in the form of added relaxation, but the CNA benefits too; administering touch therapy can foster better, deeper connections with the patient and can help CNAs feel that their role is growing to include more than the tasks of personal care. Families also benefit in knowing—and seeing—that their loved ones are in gentle, caring hands. Having CNAs on staff who are certified in touch therapies also reflects well on the organization—and its commitment to compassionate care.

The integration of touch therapies into the plan of care can help create trust—and bonds—between patients, families and their professional caregivers. We serve patients

CNAs who are certified in touch therapies reflect well on the organization and its commitment to compassionate care





with all types of diagnoses. Some patients may be depressed, frightened, or feel like no one cares about them because of their illness. We may have a patient who is non-verbal. Touch therapy that is provided as part of personal care communicates intention. It reassures patients that they are still important and that someone does care. It can also help CNAs develop their skills in picking up a patient's non-verbal cues by helping them stay sensitive to the patient's expression, body language, and response to touch.

More than words, touch opens up trust between health providers and patients, and

may be the reason why the CNA is the team member who often is told personal information that has not been told to anyone else. Touch opens the door to dialogue. By implementing touch therapies, the CNA can give patients a new kind of quality care.

*Tandra Chandler has been a certified nursing assistant for over 30 years. For the past 16 years she has worked for the Hospice and Palliative CareCenter, where she is currently a CNA team leader. Tandra also serves as the CNA Section leader for the National Council of Hospice and Palliative Professionals.*

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