

Best Foot Forward

accredited training for complementary healthcare with drug users

Complimentary medicine is increasingly popular among drug treatment clients, despite a lack of clinical evidence to prove it works. City Roads trainer **Val Thomas** places a new course in the wider context of quality standards in treatment.

COMPLEMENTARY healthcare is enjoying much popularity. With no substitute medication available for drugs like crack and amphetamines, complementary therapies often offer the only help available. At City Roads in London, we are increasingly under pressure to offer new and effective

ways of meeting client's needs.

American research shows treatments such as acupuncture can successfully ameliorate some of the distressing symptoms of dependence. Anecdotal evidence too suggests a range of complementary therapies for the treatment of anxiety, agitation and paranoia can work.

COMPLIMENT THE DEMAND

However, the increase in the use of complementary therapies has not been matched by any development in professionalisation. There are no mechanisms for the formal transmission of knowledge from more experienced practitioners to novices, professional standards are not set and no formal means of assessing standards of professional competence exist.

Until very recently City Roads' experience of complementary healthcare provision mirrored that of other agencies. Therapies were an established part of the treatment programme delivered by both experienced senior practitioners and volunteers.

In 2001, however, a review of complementary healthcare provision indicated that the in-house training of novice voluntary therapists required further development. The increasing numbers of both crack cocaine and polydrug use admissions presented the agency with new medical challenges.

OPEN HOUSE

The first thought was to restrict training to our in-house voluntary therapists. But on reflection we felt that because of City Roads' experience over twenty five years of frontline service, the agency was ideally positioned to deliver a professional training programme for any complementary therapists wishing to enter the drug use field.

With this wider aim in mind, an accredited training placement scheme was developed. This involved rigorous external scrutiny of the proposed learning programme and ongoing external moderation to ensure standardisation of

assessment. The London Open College Network (responsible for ACCESS to Higher Education in London) was chosen as the accreditation body. It offered the flexibility to develop customised learning programmes crucial to developing innovative courses.

The complementary healthcare team then spent a challenging six months analysing the training needs of complementary therapists new to the drugs field. Our aim was to build a solid knowledge base, to ensure that treatments were appropriate to clients' drug history and to develop professional competence.

The main body of learning takes place through sixty hours of client treatments spread over six months. Formal theory is taught by medical staff while clinical group supervision is delivered by senior complementary practitioners.

A combination of written work (case study, theory-questionnaires and case notes), verbal presentation of client treatments and tutor observation is used to assess students. Particularly useful are tutor-observed client treatments. These give clear insight into the practitioners' approach to the client and their levels of competency.

Our first cohort of students was recruited in April 2002 through a careful selection process. We enrolled five shiatsu and reflexology candidates ranging from final year students through to experienced practitioners.

FLYING COLOURS

All the students graduated from the course. Two have since found professional work in substance use agencies. In November 2002 we began our second programme, incorporating some modifications suggested by an in depth evaluation of the programme from the perspective of both students and staff:

From the tutors' perspective the main points were:

- At entry level the students' knowledge of substance use and associated medical issues was slight, confirming our belief that the course needs to focus on building up a solid knowledge base.
- It is important to provide clinical group supervision as a forum for peer discussion of professional and treatment issues, and also to pass on knowledge and expertise from senior practitioners.
- Direct observation of the treatment is key to assessing competence.

From the students' point of view:

A sustained high level of staff input is critical for developing clinical expertise.

Clinical supervision helps adapt generic practice to this specific client group, in particular, working short term with clients. Complementary therapies such as shiatsu and reflexology tend to offer a course of treatments rather than short sessions.

· Treatment should suit each stage of recovery. For example, it is important not to stimulate healing reactions or an emotional release during detoxification so as not to overwhelm the client.

Skills for working with clients in an agitated or highly stressed state are important, particularly with crack risers. They felt that the psychological aspects of their treatments had become more emphasised.

Initially the training was inspired by our belief in the value of complementary healthcare as an effective intervention for substance users and our commitment to improving the quality of service delivery to clients.

THE PROFESSIONALS

In the current drive towards raising standards and professionalisation, there was a danger that complementary healthcare would be sidelined. Despite the undeveloped evidence base for this intervention, anecdotal evidence has long supported the important role it plays in empowering clients to use non-pharmacological means to alleviate withdrawal and manage recovery.

Our accredited training seeks to establish a professional entry route for complementary practitioners wishing to enter the drugs field and that it helps set standards for developing competency.

This may be the first step towards national regulation and standardisation of complementary medicine, bringing it into line with core treatment provision in the drugs field.

The final programme comprised these units

1. THEORY OF SUBSTANCE USE

We decided to create a new theory of use to meet the specific needs of our learners, with particular emphasis on the physiological and psychological effects of substance use and cessation.

2. TREATMENT DELIVERY

Practitioners are trained to create and evaluate treatments appropriate to the client's drug history and related health needs. Competency in infection control policies is a must.

3. PROFESSIONAL ISSUES AND COMPETENCE

Practitioners are expected to reach a high level of competency and effectiveness with clients and within a multi-disciplinary team. Particular emphasis is placed on developing and maintaining empathy with the client. Evidence strongly suggests that the quality of the therapeutic relationship is a significant determinant of positive outcome.

SHIATSU is a form of bodywork that has its origins in traditional Chinese medicine and the historical massage techniques of Japan. The theory underpinning this therapy is based on the idea that there are well-defined pathways or meridians through which energy moves in the body. The practitioner applies pressure on various points of the body, combined with stretches and joint manipulation, in order to balance the energy flows. It is very effective for stress-reduction and the alleviation of a wide range of physical symptoms such as: back pain, headaches, shoulder and neck problems, constipation, cramps etc.

REFLEXOLOGY is based on the principle that the anatomy of the body is reflected in miniature on reflex zones in the feet. By using specific techniques of holds and pressures on these regions, healing is both initiated and accelerated in the corresponding area of the body. A wide spectrum of physical conditions can be treated with reflexology and the treatments can bring about a deep sense of relaxation.