

Healthy Highs 2



The course for complementary therapists to specialise in working with recovering substance misusers

Final Report

January - August 2006



Healthy Highs Year 2 - Final Report

January – August 2006

Contents

Background	3
Building on the structure of HH1	
Attendance	
Course Content	
Staffing	4
Resources	
Placements	
Therapies	5
Student Support	
Evaluation & Feedback	6
Service User s	
Host Organisations	8
Students	10
Enable	11
Diversity of Service delivery	11
Patterns of usage	12
Financial report	13
What next?	14
Appendix	15
Therapy Descriptions	
Case Studies	

HEALTHY HIGHS Year 2 January –August 2006

Background

Complementary therapies (CTs) have been integrated into drug and alcohol services at Double Impact, Compass Adult Service, Priory Clinic Nottingham and Nottinghamshire Probation Service since first being introduced to Double Impact in November 2002. By establishing a course that would prepare complementary therapists to work with people in recovery from substance misuse, not only would we be able to extend the sessions available to service users but we would be able to develop the good practice guidelines initially established by Val Thomas of City Roads Project Islington.

“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.” Val Thomas, Drug link Feb 2003

Thanks to continued support from Double Impact and Nottingham Crime & Drugs Partnership, in association with the Holistic Health Team Ltd and Enable, a new, community-based course has developed. Students can achieve up to a Level 3 Open College Network (OCN) accreditation. Consisting of three units and 40 hands on treatments, the course is called ‘**Healthy Highs**’.

“Really good to experience relaxation without the downside of drug taking”

Service user accessing HH1

Building on the structure of HH1

Healthy Highs 2 (HH2) is a continuation and development of Healthy Highs 1 (HH1)

To avoid duplication, the following information is available in ‘Healthy Highs Year 1 Final report November 2004 – July 2005’, Pip Bateman.

- Further background information (p3)
- Enrolment criteria (p31)
- Confidentiality & Service user agreement (p30)
- Placement Support (p4-5)
- Course Content (p4)
- Resources (p5)
- Therapy Descriptions (p31)

Attendance

3 Units of level 3 OCN form this course. 11 learners enrolled onto the course with one student leaving to work abroad having completed Unit 2. Portfolios were submitted by the end of August with the external moderator signing off acceptable work in September and certificates will be despatched in October 2006. All 10 students who completed all elements on Healthy Highs have achieved a Level 3 OCN accreditation in ‘Professional Support’. This is equivalent to an A’ Level or NVQ 3.

Course Content (Further information available in HH1 final report)

Unit 1. Theory of substance misuse

Unit 2. Treatment delivery

Unit 3. Professional issues and competence including clinical practice of up to 40 treatment sessions

Staffing

Peoples College withdrew support for HH2 due to a change in government funding. Enable provided support for registration, moderation and accreditation enabling HH2 to be operated as a community based course at Double Impact.

Feedback from HH1 students indicated that introducing tutors who were specialists in their field would enhance the course.

Course Coordinator: Pip Bateman
Strategic Manager: Graham Miller
Student Supervisor: Anna Knowles
Administrative support: Mel Blagg

Tutors:

Pip Bateman: Placement preparation/Study group support
Graham Miller : Working professionally within substance misuse agencies
Mick Morgan: Theory of substance misuse/The Therapeutic Relationship
Rosie Humphreys: Harm reduction/Medical issues associated with substance misuse
Julie Todd: Treatment plan management/Contra-indications to treatment
Moira Gibbons: The principals of hepatitis, HIV and infection control

Promotional & Reception duties

Jason Murphy: Thanks to effective promotion and allocation of therapy slots, Jason ensured that were very few 'Failure to attends' during the DI evening & Saturday sessions.

Resources

The new conference area (SAFE) at Double Impact became an ideal base for academic delivery. We continued to utilise space for the therapy delivery at Double Impact delivering an increased number of sessions (9) 6 – 9pm on Thursday evenings. Saturday sessions were initiated providing 12 sessions between 10.30am and 3.30pm.

Placements

The course co-ordinator established links with all the placement organisations where the course was promoted with the aid of a Placement Preparation Pack (Student Guide) & Information for Placement Providers. This ensured that students and mentors alike were well informed in the practice and protocols expected during the placement component of Healthy Highs. An information evening provided the platform for placement mentors to meet with students prior to placements commencing. All students began their hands on experience at each placement in May 2006; HH2 hands on sessions were also available at Double Impact during some Saturdays and Thursday evenings from March 2006

The variety of placement venues available increased this year and included

- Double impact City and County*
- Compass Adult Service
- Chill Out Sound Support
- POW
- John Storer Clinic*
- Porchester Ward, The Wells Road Centre*
- The Priory Clinic*
- Studio House*
- APAS*

* Indicates new placement venue for HH2

Therapies available

Each student arranged suitable times to complete their hands on sessions at their chosen agency, delivering the therapy that they are qualified in. These include:-

- Reflexology
- Onsite Massage*
- T'ai chi*
- Aromatherapy
- Indian Head massage
- Hypnotherapy*
- Emotional Freedom Technique*
- Holistic Facials*

* Indicates new therapy for HH2

See *Therapy Descriptions - **Appendix 1**

Case Study

Each student was required to complete a case study with a client over at least 4 treatment sessions (Ideally). See examples – **Appendix 2**

Student support

Students were encouraged to attend group supervision sessions to discuss issues around the course, studies, clients and their placement. This was facilitated at Double Impact within confidential boundaries. The number of supervision sessions available was increased as a result of feedback from HH1 students.

Each student attended a tutorial session with the course tutor & study groups were facilitated to support key learning points. A buddy system was encouraged: Each student identified one other student who they could contact for support with any arising issues. Tutors also provided on going support by email and sometimes on a one to one basis.

Evaluation

Feedback was collected from:-

- a) Service Users
- b) Placement Host organisations
- c) Students
- d) Enable (Course verifiers)

a) SERVICE USER FEEDBACK

Therapists at each placement asked clients to complete the following short questionnaire.

53 completed forms (13% of total client group) were received at the time of writing this report.

1) Had you tried complementary therapies before you tried them here?

Yes 38% No 32% No comment 30%

2) Which therapy/ies have you received?

Reflexology	36%
Indian Head Massage	53%
Hypnotherapy	8%
Aromatherapy	26%
Onsite Massage	21%
Holistic Face Massage	32%
T'ai Chi	11%

3) Have the treatments helped you to:

'Yes'

Relax	92%
Manage Pain	30%
Improve Sleep Patterns	36%
Boost your appetite	23%
Reduce cravings for drugs/alcohol	21%
Help with withdrawal symptoms	17%
Improve concentration	47%
Improved memory	28%
Manage anger more effectively	28%

Other, please comment:

- Felt like sleeping afterwards
- Felt different – sure of myself
- Found out some 'sore' spots
- Released some grief
- Found it very, very enjoyable. Looked forward to session
- Just to say thank you
- Feel so chilled
- Improved balance
- To let go of worries – relieves my head – takes away stress big time
- Helps me psychologically
- Less stress and definitely something to look forward to
- Revitalising

4) **In one sentence, how would you describe your experience of trying out complementary therapies ?**

- Relaxing (34%)
- Been a big part of my recovery
- Soothing
- Mind blowing
- Very enjoyable
- I wish I'd had them years ago!
- Beneficial
- Wonderful
- Relieved tightness in neck and shoulders
- Very good
- Very relaxing but still feel a little sceptical about how well they work
- Great
- Very positive and uplifting
- Fantastic
- Brilliant
- Very good and relaxing & very gentle – wonderful
- It helps me with my balance in my head
- I'd like to live on the island where it's the law to have it twice daily
- Eye opening and beneficial – would like to take part again
- Very impressed
- Very rewarding
- A beautiful experience
- Time out for me – relax and enjoy
- A pleasurable experience – relaxing, revitalizing
- Alright
- I believe they are extremely helpful and I would like to pursue them further

5) **Have you had any difficulty getting an appointment?**

Yes 8% No 92%

6) **Was the information you received about complementary therapies clear?**

Yes 100%

7) **What other therapies would you like to try out?
please state:**

- All (25%)
- Hypnotherapy (19%)
- Indian Head Massage (11%)
- Aromatherapy
- Holistic Healing
- Acupuncture
- Cognitive behaviour therapy
- Holistic Face Massage
- T'ai Chi

- Onsite Massage
- Back massage
- Reflexology
- Detox
- Reiki
- Shiatsu

8) What ways could the service be improved/extended?

Please tick

A wider choice of therapies	28%
Self – help workshops	25%
More sessions available	58%

Other, please comment:

- Excellent Choice and very good
- Very good service thank you
- Extended sessions
- Really good
- More
- Brilliant

b) HOST ORGANISATIONS FEEDBACK

10 community based organisations provided a placement for 10 students. Following the completion of the placement, they were asked for feedback.

Organisations involved:

- | | | |
|-----------------------|------------------|----------------------------|
| A. Double Impact City | B. Studio House | C. Compass Adult Service |
| D. John Storer Clinic | E. POW | F. Chill Out Sound Support |
| G. Porchester Ward | H. Priory Clinic | I. Double Impact County |
| J. APAS | | |

Had your organisation delivered complementary therapies (CTs) before you hosted a Healthy Highs student?
YES 80% NO 20%

If YES, which therapy/ies have you offered?

- All from the Holistic Health Team (A)
- Auricular Acupuncture, Reflexology, Yoga, Meditation (B)
- Indian Head Massage, Reflexology, Acupressure, Hypnotherapy etc (C)
- Acupuncture, Shiatsu (D)
- Massage (E)
- Reflexology, Aromatherapy, Auricular Acupuncture (F)
- T'ai Chi, Yoga, Acupuncture (G)
- T'ai chi (H)

Was the information & support you received about the course clear?
YES 100%

Was the information you and your service users received about the complementary therapy/ies being offered clear?
YES 90%

Appointments booked quickly, attendance approximately 40 – 45%. This would be seen as reasonably good attendance for clients attending clinic (D)
Excellent attendance (G)

Were the CT sessions well attended? YES 100%

Has the provision of CTs enhanced your service? YES 100%

Has the provision of CTs influenced the following (please tick)

- **Improved retention** ✓40%
- **Increased attendance** ✓30%
- **Positive feedback from service users** ✓100%
- **Enhanced individuals care plans** ✓90%

Have you attracted hard to reach clients by offering CTs as an additional service?

- **Women** ✓60%
- **BME clients** ✓10%
- **Homeless clients** ✓30%
- **Stimulant users** ✓40%

Service user feedback – have service users reported that CTs have helped them to:-

- Relax** ✓100%
- Manage Pain** ✓40%
- Improve Sleep Patterns** ✓100%
- Boost their appetite** ✓40%
- Reduce cravings for drugs/alcohol** ✓50%
- Help with withdrawal symptoms** ✓50%
- Improve concentration** ✓20%
- Improved memory** ✓20%
- Manage anger more effectively** ✓30%
- Other (please state)**

Would your organisation choose to continue with the provision of CTs?

YES ✓100%

Comments:

- Already do 2 X per week (A)
- If finances permitted (D)
- If finances available (G)
- If we could secure funding it would be great to offer these regularly across the county (I)
- Definitely (J)

Would your organisation be interested in supporting another Healthy Highs student?

YES ✓100%

What suggestions or recommendations do you have to enhance the delivery of future courses and placement provision?

- Ongoing discussions with delivering and commissioning services (A)
- If John Storer was to be used as a placement in the future we would need to review booking arrangements to improve attendance. However recognising that at this stage of treatment attendance may not always be reliable (D)
- I think the course was very well organised – I would struggle to suggest improvement (F)
- I think as a placement, Porchester Ward worked very well and reflexology enhanced the quality of care offered to clients on the ward at the time (G)
- Perhaps take a little more responsibility for their client load/placement. Continue to include in team meetings etc to integrate into team (J)

c) STUDENTS' FEEDBACK

7 out of 10 students completed feedback questionnaires. All scores relating to the course content, tutors, placement experience, support and supervision were Good or excellent.

What did they enjoy most about the course?

- Meeting the clients – very rewarding
- I got a great deal from the client group knowing I was making a difference to the quality of life and their appreciation made the experience a memorable, happy one.
- Learning a lot more about drugs and their effects on the person
- Learning so much. Working with the clients and finally finding something that I enjoy. Improving my skills and learning more about myself.
- All of it. It has helped me improve my practice and opened up new avenues of work
- The group settings – meeting other therapists. Placement, although frustrating at first – miss it now.
- The visit from NA was valuable because of the overview of personal journeys by the individuals

What did they enjoy least?

- The portfolio compilation was difficult
- Would have liked another class around the end of the placement, felt a bit lost sometimes. Confused about order of work and cross referencing
- Spending so much time at my placement and having so many 'no shows'
- How far it is away

What are they going to do with the qualification now?

- Find paid work within an agency
- I would like to be working with the client group to gain more experience and also be able to help them in the process
- Increase my business into more agencies; work individually with clients and get more experience in this type of work; in the future I would like to teach hypnotherapists to work with these clients
- To build on it and get lots of interesting work
- Use my skills within the recovery field.

d) ENABLE – Providing Open College Network (OCN) accreditation framework & support

Report by Sharon McAra

Comments: All folders pass at level 3. The work is a high standard and is thorough, including research analysis, reflection and evaluation. The resources from staff are excellent (The Information evening and Placement Preparation Pack are extremely valuable to all learners and show a great support mechanism in place).

Tutor feedback is positive, constructive and encouraging – good use of extra feedback on the learners observation sheets. It has been a great learning curve for me.

Recommendation/Action to be taken: Continue the great work – this course is obviously working well and is extremely worthwhile to learners, staff and clients.

Diversity of service delivery

Clients accessing Healthy Highs were asked to complete a monitoring form at each session. According to student attendance logs 402 sessions were delivered. Monitoring forms have been received for 346 of them.

Gender

Male	201 (58%)
Female	145 (42%)

District of residence

Nottingham City	247
Gedling	37
North Notts	27
Broxtowe	13
Rushcliffe	8
Hucknall	2

Ethnicity

White British	270
White/Black Caribbean	14
White Irish	13
White/Black African	8
White Other	7
White/Asian	6
Black Caribbean	3
Black African	2
Indian	4
Mixed Other	3

Other	13
-------	----

Time of sessions

9am – 1pm	131
12 – 5pm	148
5 – 9pm	67

Not stated	16
------------	----

Session lengths varied from 30 minutes to 1 hour.

Patterns of usage

THERAPY RANGE	Double Impact City	Double Impact County	POW	Chill Out	Compass Adult	John Storer Clinic	APAS	Studio House	Priory	Porchester Ward	Total
Reflexology	39				16		13		1	24	93
Aromatherapy	3	20	6					25	15		69
Reiki					7						7
Hypnotherapy &/or EFT	12					15					27
Onsite Massage	2							3			5
Back Massage			24								24
Indian Head Massage	25	4	4				10	5	7		55
T'ai Chi	15			21							36
Holistic Face Massage	11	1	18								30
Totals	107	25	52	21	23	15	23	33	23	24	346

HEALTHY HIGHS FINANCIAL REPORT

AS OF 2nd OCTOBER 2006

INCOME	£	
Nottingham CDP	27000	00
ENROLMENT FEES (Including 1 concession)	510	00
TOTAL INCOME	18510	00
EXPENDITURE		
PEOPLES COLLEGE (HH1)	9000	00
COORDINATION HH1&2 (Including tutor hours) 1 st May 2005 - 6 th October 2006	13142	00
TUTORS/RECEPTION SUPPORT	1034	00
DATABASE INPUTTING	127	50
ENABLE REGISTRATION	924	00
CRB CHECKS	539	00
ADMINISTRATION	1000	00
WELLBEING EVENT	770	00
TOTAL EXPENDITURE	26536	50
BALANCE OUTSTANDING	463	50

Good Value

Healthy Highs (HHs) has successfully delivered **665** CT sessions within Nottinghamshire's Drug and Alcohol Services. These potentially would have cost **£19,950** (Based on an average unit cost of £30 per session*)

Due to the key learning points of the course, students approached clients with knowledge, understanding and sensitivity. They provided a professional and supportive service.

The added value of the development of a professionally trained workforce of therapists presents Healthy Highs as a cost effective way of meeting the demand for CTs within treatment services.

*The cost of mainstream therapies varies depending on the therapy being delivered. The unit cost of £30 was arrived at as an average between Indian Head Massage at £25 per hour and hypnotherapy at up to £50 per hour.

What next?

There are now 19 therapists in the Nottinghamshire area with this specialised accreditation. The benefits are numerous. They include:

- Competent practitioners in the substance misuse field
- Understanding of treatment services
- Specialised knowledge
- Effective 'Sign posters'
- Enhanced ability to address specific issues around substance misuse
- Enhanced private practice
- Increased employment prospects within treatment field
- Continued professional development points

Funding for Healthy Highs from Nottingham CDP has expired. The tutorial team are hoping to develop the course to reach therapists and treatment services in other areas of the UK.

Thank you to:

Everyone who has tried a therapy
The students
Nottingham CDP
The tutors
Double Impact Team
Placement Hosts
Enable
Nottingham East Midlands OCN
Val Thomas

Report by Pip Bateman/Healthy Highs Coordinator/September 2006

Double Impact: 0115 9505453 www.doubleimpact.org.uk
Nottingham CDP: 0115 9156360
Holistic Health Team: 01623 406272 / 07833 587091 www.holistichealthteam.com

APPENDIX

Appendix 1 – Therapy Descriptions

See HH1 Final Report for descriptions of:

Reflexology
Indian Head Massage
Aromatherapy

New to Healthy Highs in year 2

Onsite Massage

This therapy concentrates on the back, shoulders and neck areas, those often vulnerable to accumulated tension, thus helping to relieve muscle aches and pains. Treatment involves a mixture of massage techniques and pressure point movements to combat stress, boost energy levels and promote feelings of calm and relaxation. Massage can be performed through clothing in a specially designed & supportive chair.

Holistic Face Massage

We store a lot of tension in our face. The muscles supporting our face rarely get the chance to really relax and feel revived. Using a blend of essential oils adapted to suit your individual needs, combined with techniques applied to pressure points, you will be left feeling fresh faced and relaxed. This treatment is great for relaxing clenched teeth and jaws, draining sinuses, easing headaches and stimulating head energy.

Hypnotherapy

Hypnotherapy is a self-induced, natural state of profound relaxation. When relaxed, our minds are much more open and receptive to positive suggestion and visualisation. Hypnosis can be used successfully for most psychological issues including relieving stress and anxiety, increasing self-esteem, overcoming fears and phobias, and breaking addiction, thereby relieving any physical symptoms that these can cause.

Emotional Freedom Technique (EFT)

EFT is a simple meridian balancing technique, which can provide relief from pain, phobias, craving, diseases and emotional issues. Simply stated, it is a unique version of acupuncture except you don't use needles. Instead, you stimulate well-established energy meridian points on your body by tapping them with your fingertips. The process is easy to memorize and is portable so you can do it anywhere.

T'ai Chi

T'ai Chi is practised by an estimated seventy million Chinese every day and is a form of exercise & martial art which uses slow and flowing movement to both discipline and calm the mind, body and spirit. The exercises are intended to centre and direct Qi, the life force. T'ai chi is meditative exercise rather than a vigorous sport and it involves a series of movements that are performed in a specific order. In Chinese Medicine, there is only one cause of illness and that is congestion. The Chinese believe that any practice or method, which increases the flow of life-force energy, also naturally helps relieve congestion and therefore, is beneficial to health. T'ai Chi can be delivered to a group and on a one to one basis.

Appendix 2

Case studies

Case Study 1: Studio House

As the identity of the person used in my case study remains both anonymous and confidential, I will refer to her as R throughout.

R is 38 years old. She is petite, used to dance and is still very flexible, as she demonstrated by doing the splits! Unfortunately, due to her years of addiction to alcohol, her co-ordination is compromised, and she sometimes has problems with fine motor control and balance. This means that she frequently has bruises and aches and pains from falling over and bumping into things. Her thought processes also seemed very chaotic and she kept disappearing off into realms that were very difficult and challenging to follow. (On researching alcohol and nerve damage I came upon references to 'organic brain syndrome' and Korsakoff's syndrome.) R's skin is very loose, but is supple and in good condition. Her face is deeply lined and she looks much older than her 38 years. She has been through detox. twice before, but feels much more confident about the whole process this time. Her main drug of choice was alcohol, although to some extent she also used hallucinatory drugs including cannabis, and uppers.

She is living at Studio House, which is a dry, supported residential setting.

At the time of her initial consultation she had not had a drink for 70 days.

I spoke to the Setting Manager about R during my fifth visit and to her key worker at the team meeting (week 5), regarding asking R to be my case study, and again with R's permission during the last visit of my placement. Both the Manager and key worker were concerned that R might be a difficult choice as a case study as she can be very volatile and extremely challenging in her behaviour.

When I asked R if she would be prepared to be the subject of my case study she said – "oh, so you want me to be your guinea pig... of course I will." and seemed very keen to do anything that might help to promote complementary therapies in this sector. I was extremely relieved at her positive reaction.

Initial consultation

R has carpal tunnel syndrome in both hands, which she has complained about to her key worker since arriving at the setting but has chosen not to do anything about. She suffers from liver, kidney and spleen damage.

R has been using alcohol since the age of 16 (i.e. for 32 years). Since arriving at the setting she has been eating well and has a very healthy diet. Her sleep pattern is 'lousy' and she suffers from back pain. Her energy levels are unpredictable, but she has high levels of stamina. She smokes, but drinks very little caffeine (mainly drinking fruit juices).

Her confidence and self-esteem levels vary and are unpredictable. She described her concentration and memory as 'bollocks – non-existent'. Her ways of dealing with anger varies - usually she manages to 'contain' her anger, but 'goes inwards' and sometimes she smashes stuff up. She tries to avoid anxiety by keeping to safe thought patterns and not getting involved. She finds it hard to relax, is obsessive and describes herself as a workaholic.

Areas of Tension [scoring (1) good – (9) bad]

When it was time to fill in this bit of the form, R made the point (very forcefully) that she didn't want to think 'bad thoughts' just before trying to relax into a massage. She did then go on to catalogue a list of areas of tension, some current and some historic, including being in very abusive and violent relationships in the past. I concentrated on those areas that seemed most relevant to today as she was very aggressive about 'going there' at all. I do appreciate that this was something of a judgement call on my part.

- Backache (8)
- Bills, feelings towards sorting them out (9)
- Sleeping on top of the bed, as stuff piled up on it (7)

Throughout all four sessions R stuck to aromatherapy back massage as her treatment of choice. The oils used at each session varied, depending on her state of mind and emotional well being on the day.

For **session one** I used a blend of oils designed to promote relaxation (lavender and chamomile in sunflower carrier oil). This was because R said she felt very stressed. She gave very positive feedback and seemed to particularly enjoy having some fairly deep treatment to reduce the stiffness in her back.

At **session two** R was quite wound up over various issues. She had been asked to take part in an assessment session on a worker, but didn't feel able to take that responsibility. (This is something that all residents participate in from time to time). She talked about the pain from her carpal tunnel syndrome in her wrists and that it was so bad it felt like she couldn't breathe. She was feeling low because she couldn't use her hands, which combined with feelings of depression, and frustration regarding poor co-ordination.

She also expressed concerns about feelings in the House regarding lack of trust and safety. This was because of another resident who had been drinking yesterday and had been told to leave last night. She suggested that her concerns were all for another resident, but I feel that was a secure way of expressing how unsettled and unsafe she was feeling.

The oils chosen today were sandalwood, to calm her fears and deepen her breathing (reducing levels of anxiety) and bergamot, which is both uplifting and a good 'rebalancer'. She thoroughly enjoyed today's massage and commented that she had felt very relaxed after last week's session.

During **session three** R talked about going through detox and rehab for herself, rather than, as in the past, for others. She knows she has to completely rethink everything to get rid of her feelings of guilt and dependency towards her mother. She has started to do some creative work again.

Today's oils were lavender for relaxation and rosemary to promote clarity of thought. R commented that she is "not a touchy feely person, but having massage involves great trust." Her left shoulder felt less painful after the session.

Although during **session four** R was subdued, she talked about a lot of very important issues. Just how much damage she has done both physically and mentally seems to have suddenly really hit home and she is feeling very low.

She had rosewood oil today on its own in the carrier oil, as she really liked to smell. Rosewood is a good oil for nervous tension and stress related conditions.

Her feedback comments (see treatment plan) suggested that she has got a lot out of the sessions and has benefited from them. She is doing a lot of very 'in-depth' work with her key worker and those around her and I feel that this gives the impression that she is on something of an emotional roller coaster. I have seen her at fortnightly intervals over two months and feel that she has coped in some precarious situations in the setting and is addressing many areas that are very difficult for her to face up to.

After the four sessions we revisited the original areas of tension:

- Backache (8), now (6) – reduction of two
- Bills (9), now (2) – reduction of 7
- Sleeping on top of bed (7), now (1) – reduction of 6

R's completed service users feedback form showed that the treatments had helped with her ability to relax and manage pain, had reduced cravings for alcohol, had helped with withdrawal symptoms, improved concentration and memory and had helped her manage her anger more effectively. She also stated that the treatments had helped her "let go of all worries – relieves my head – takes away stress big time," and in describing her experiences of trying out complimentary therapy said "I'd like to live on the island where it's the law to have it twice daily."

R expressed an interest in trying a wide range of therapies and would wish to receive more sessions.

Conclusion

R thoroughly enjoyed her therapy sessions and appeared to benefit from them, Although during her last session she talked about being 'pissed off' that thoughts around alcohol had 'wheedled their way into her brain, and of feeling rather depressed, she seemed to be finding ways of coping with these tensions rather than hiding again. When I arrived for her last session she had been in the garden and was communicating with other residents, which was a marked difference to how she had behaved during the first session, when she had been aggressive and obstreperous is her approach.

From the comments that R made at the end of her last session (see treatment plan), I feel that using touch therapy as part of the multidisciplinary approach employed at Studio House adds a further dimension to the therapeutic process and offers another layer of support, especially for someone who has suffered from physical abuse and has very definite issues around touch.

By Anina Fox

Case Study 2: John Storer Clinic

John Storer had so many people agree to the sessions that it was made difficult to see any clients more than twice, so my case study is made up of two sessions, but work I did outside of the placement was included in my study.

Client Profile

For this case study my client will be known as AB, his identity remains anonymous for confidentiality purposes but client AB was happy to be used as my case study.

AB is a 34-year-old white, British, well-kept, average build male who has intermittent work and lives with his parents. Although he has some family issues he feels that his parents, friends and key worker at John Storer, give him good support.

He starting using Heroin when a girlfriend at the time introduced it to him and this was the main drug used. He had not been using for about a year and previously to that he was on and off it for about eight years. For the first four years he was smoking but eventually went on to injecting into his arms. He thought within this time he had tried every drug including Crack and Ecstasy but couldn't be certain of how many he had tried and for how long.

He was currently being prescribed 60ml of Methadone, which he was hoping to reduce in the near future and also Sleeping Tablets but was unaware of the name of them. He confirmed that he was not taking them regularly as he felt they were making him feel slightly depressed which he was seeing the onsite doctor for. AB also suffered from OCD but this was 'normal' to him, as he had suffered from it from his early teenage years. His OCD was checking and rechecking, counting everything, obsessively clean and clothes that had to be colour coded in his wardrobe. His diet was good and he enjoyed playing golf twice a week, he is a moderate cigarette smoker (smoking about ten a day) and drank tea but not too much a day.

AB felt that his confidence was very poor with no self-esteem, poor concentration and memory but his ability to relax where quiet good. His biggest worry was his sleep pattern, which had gotten worse within the last two years but had always been poor.

*1) OCD – Obsessive Compulsive Disorder is the name given to a condition in which people experience repetitive upsetting thoughts and/or behaviours. OCD has two main features: obsessions and compulsion.

It is common for people to carry out a compulsion in order to reduce the anxiety they feel from an obsession. Common compulsions include excessive washing and cleaning, checking, repetitive actions such as counting, arranging and ordering.

*2) Methadone – An Opiate that clinics and other agencies prescribe it as a substitute for heroin, then usually try to reduce the dose down to zero, the goal being abstinence.

Initial consultation

AB was more than two hours late for his session but because of a no-show I was prepared to see him for treatment. During this first session we discussed the Healthy Highs course, the treatment he was going to have and confidentiality. He was clear that I would only break confidentiality with his key worker, if I felt he was a risk to himself or another (especially a child), if he was posing a threat as a terrorist and under my hypnotherapy association agreement, if I had a court summons either civil or coroners. I confirmed that I would discuss breaking confidentiality with him first and he was happy with this.

Area of Tension Score 1-9 (9 being bad)

Sleep 9

OCD 3-4 but doesn't understand why it's a problem

Confidence and Self Esteem 7

He had no contra-indications for treatment and he was happy to participate but he felt that he liked control and was not sure if he could go into a hypnotic trance. I confirmed that I was just using relaxation techniques and he did not need to worry as he would not feel out of control or have any bad memories come up.

Treatment

I used a long slow induction for relaxation, which AB did not close his eyes for but shortly into I noticed his eyes were becoming heavy and he was fighting the relaxation. Before I had finished, I noticed he was deep in trance and very relaxed. I then continued with a Calm/Anxiety release script finishing off with a confidence booster. During this time I noticed that he was very fidgety, his arms, hands, fingers, head and legs all moved and jolted. His breathing was steady and deep but during this relaxation, I noticed that he stopped breathing for about 7-8 seconds, during this time I stopped speaking (slowly panicked) and he came round with a extremely violet jolt, almost as if he had had an electric shock through him. His eyes opened but immediately he closed them again and relaxed, this did not happen again.

When I brought him back out of trance he said that he had enjoyed it and would have liked to stay longer under, he did not realize that he had been fidgety and would try again another time. I asked him more about his sleep pattern, where he confirmed that he woke up about eight times a night and on each occasion needed something sweet to get back to sleep. He remembered a girlfriend of eight years back complaining that he was a 'troubled sleeper' but hadn't thought of it since.

He agreed that I could speak to his key worker about it, which I did. The key worker was going to contact the onsite doctor regarding this matter.

After this session, I contacted the British snoring association regarding AB's problem*3, and they suggested that it could be 'Sleep Apnoea' *4. Sleep Apnoea are arousals into a lighter stage of sleep, which the patient knows nothing about. It causes excessive daytime sleepiness, snoring and usually the cessations of breathing occur more than 10 times per hour of sleep with each episode lasting more than 10 seconds. This sleep deprivation can cause a high carbohydrate diet.

Second Treatment

The key worker had contacted the doctor regarding AB's sleep pattern and the doctor was going to contact a sleep study within the Queen's Medical Centre to see if AB could be tested.

Again AB was late for his session but I happily saw him within my lunch break. As he arrived he was very agitated as he was in pain and discomfort. He thought he might have a kidney infection. We spoke about the importance of drinking plenty of water and AB confirmed that he did not drink very much other than tea. We discussed that tea was a dehydrate and that he needed a glass of water for each tea he drank and although he was worried about tap water, was interested in purchasing a water filter, to help in the long term cost implication of bottled water.

He had enjoyed the last session and had slept better than normal for a few nights but felt that he was in too much pain to relax that day. I suggested we use EFT (Emotional Freedom Technique) to help him with the pain and also his sleep. Pain was assessed at 8 (9 being the highest) and we brought this down to a more manageable 5.5. We then used positive affirmation regarding his sleep and again used the EFT technique, he was happy to use this himself at home.

Within this session I encouraged AB to use affirmations at home, which he'd never used in the past. The affirmation was Emile Coule words 'everyday in everyway I'm getting better and better', AB was going to saying this 3 times every morning for a month and see if it was any help. He asked me if I could produce a relaxation CD as he felt that this helped and had enjoyed it. I would give this to his key worker if I did not see him again.

During this session, I asked AB if any of his tension scales had gone down.

Area of Tension Score 1-9 (9 being bad)

Sleep 9 went down to 7 but again increased

OCD 3-4 but doesn't understand why it's a problem – 2-3 hadn't worried about it but still felt it was a problem.

Confidence and Self Esteem 7 – improved to a 6

Conclusion

AB was an extremely interesting client that I feel if I had more sessions with him, would have improved some of his tensions. He was visibly more relaxed after the sessions and I think that he would have seen more response as the weeks had gone by.

He enjoyed the hypnotherapy and although was nervous in the first place, wanted more sessions. I was disappointed that he only had two sessions, but no other appointments were available. I think a self-hypnosis course would really benefit client AB. I learnt a lot regarding Sleep apnoea and although I do not think that client AB is suffering from this, feel that a sleep study could unearth some sleep problem.

By Angela Page

Case Study 3: Porchester Ward, The Wells Road Centre

The client is a 28-year-old male. He was referred to the Porchester ward via the John Storer clinic. He is well educated, having attended a Steiner school and had been employed in a call centre prior to admission on the ward.

He has been using heroin for six years and is a polydrug user. His drug of choice is heroin. He also takes crack cocaine, alcohol and cannabis on a regular basis. He normally takes crack cocaine and heroin together (snowball) as this is how it is sold to him. He started smoking marijuana at school with friends when he was 14 and graduated to heroin to help come down after attending raves. He feels he is easily influenced by others.

He has recently split up with his long-term girlfriend due to his drug use. His life has spiralled out of control and he says he has recently hit rock bottom and can no longer go on with life as it was. He has now given up his job in order to undertake the de-toxification programme. He has further committed himself to a period of one year in rehabilitation with a lay community and is taking up his place immediately after completion of his de-toxification programme.

He is likeable and seems quite relaxed on the ward and says he is not having too much trouble with the programme. He appears confident, but is anxious that he will be able to remain drug free. He doesn't appear to be too worried by the prospect of going into rehab. He likes most sport but hasn't done much since his drug use spiralled out of control. He appears to have a good relationship with and support from his family.

He suffers from eczema and is constipated. He is taking subutex to help with the withdrawal process. He was on his 6th day of the detox when I first saw him and had just tested free of heroin. There are no contra indications or cautions to treating with reflexology.

First treatment

I am treating J with reflexology. His main areas of tension are general lethargy, sleeping badly and suffering from cravings.

His feet are very dry and cracked and feel generally congested. He seemed quite tense and found it difficult to relax at first. His feet and legs were shaking with built up tension. After a few minutes he visibly relaxed, he reported that he had felt a massive release of tension, particularly in his left

foot, which had been hurting for years. He said he had missed his vein whilst injecting and it had hurt ever since. He said the pain had gone. I gave him a very light relaxing treatment; he seemed to release a lot of tension. He was keen to talk about himself and his life. He seemed very motivated to rebuild his life, we talked about going to rehab and that it would be an interesting and exciting journey for him.

He responded extremely well to the treatment and said he felt absolutely wonderful afterwards. I showed him a few breathing techniques to help with sleeping, also to drink lots of water and to keep his shoes off whenever possible to let some air to his feet.

Second treatment

J reported he had had the best nights sleep he had had for years and felt much more relaxed generally. He had no aches and pains and his foot felt completely better. He is convinced the reflexology has helped him enormously.

Today his lower back was hurting and he also had a cough. He reported that he had taken my advice and had been drinking lots of water rather than tea and coffee to help him detox.

During the treatment his legs were shaking again, this seems to be a release of tension. His chest area felt congested.

He opened up really well and once again was very keen to talk. He told me about his ex girlfriend and that his best friend had died from a drug overdose and he felt very guilty about both of these people. We talked about personal responsibility. We also talked about the future and what he might do when he had recovered, he would like to be a drugs counsellor and help people like himself. I feel it is very good for him to have a positive vision of the future. We also talked about him taking up other interests; he is very keen to try tai chi, yoga and meditation.

After the treatment he said he felt very chilled out, relaxed and sleepy. Felt very balanced and in a much better state of mind. He thinks reflexology should be made available in this sort of environment every day. He said he felt better all over and had not been suffering from cravings. I showed him some relaxation points and told him to carry on drinking lots of water. I feel we have a very good empathic, therapeutic relationship going. He is also very encouraging of my skills as a reflexologist and as some one who is easy to talk to. He says he feels able to talk about anything with me without feeling judged or patronised. He also reported lots of pleasant physical sensations during treatment, such as tingling and lights in his head. I think he is releasing a lot of blocked energy.

Third Treatment

A week had passed since I last saw J. Today he presented feeling very de-motivated and seemed quite upset and wound up. He is sleeping badly again. He is nearing the end of his treatment and is due to leave for re-hab the day after tomorrow. It transpires that he had tried to arrange to leave the ward a day early so he could go and watch the Champions League football with his brother (a non user). He felt that this would be a good opportunity for him to put things right with his brother who had fallen out with him over his drug use. A member of staff had overheard him planning this and put a complete stop to it. J was upset as the staff had accused him of wanting to go out and use before he went to rehab. J maintained this not the case and was upset by the lack of trust.. He was feeling very well and strong in himself, but now felt knocked back. Much of the session was spent putting this in perspective and discussing it from the point of view of the staff. Whether the staff were correct in their assumption or not that he intended to use, his place on the re-hab would be jeopardised if he should succumb to temptation. He came round to the point of view that

he only had to stick it out one more day. I also pointed out that he may have to get used to having a few restrictions and rules imposed on his life for the next year if he was committed to his rehabilitation and to treat it as a lesson and that there would inevitably be times when he was tempted to use or do other things but would have to develop strategies to get through those. Gradually he relaxed and seemed to have a miraculous about turn and said he could always watch the football on the TV. (I think it possible that he did have it at the back of his mind that he was going to have a 'final fling' and suddenly realised it was not a good idea and not going to happen).

He said he felt very healed by receiving reflexology and had felt a lot of heat coming from my hands and also tingling sensations in his head. He also said that being able to talk things through with me had made him feel much better and got things in perspective. I was relieved that he was much happier, philosophical and realistic and that his recovery was truly of utmost importance to him. I also advised him to contact his key worker who he also trusts to talk it through with her if necessary.

He warned me that there was a slight possibility that he would be taken out for a walk to Derbyshire tomorrow and may not be back in time for his final treatment but he wanted me to know that if this happened that he felt that his relationship with me had been extremely important to his recovery and he was very grateful for my support and advice. He had enjoyed receiving reflexology very much. He hoped he would be back in time to see me, but if not was feeling very positive now. I recommended some reading material for him with some tai chi type philosophy behind it, which I felt he would be able to identify with to read in re-hab. He was relaxed and cheerful when he left.

I also said I would recommend a supervised trip out for him tomorrow if at all possible to the OT. The following day J did not appear for treatment but had gone to Derbyshire. He sent me a message saying sorry to have missed me. Whilst I was sorry that I didn't get to see him one final time before he went to the next stage of his recovery, I thought that a day out in the countryside would be very enjoyable and beneficial for him. I felt he had good motivation for change and that he stood a very good chance of recovery. I received a message the following week to say he had made it safely to his place at re-hab.

Post Treatment

After each days treatment I usually spent some time debriefing with the Occupational Therapist on the ward which gave me an opportunity to share any useful information I had obtained from the clients that may help with their recovery (in line with the trusts policy on confidentiality) and also gave me an opportunity to share any distressing information I may have been told.

I had a very good relationship with the Occupational Therapist who was pleased to have me around to discuss various ideas with and also helped take some of the load off him. The nurses had reported that on the days I visited, there was often a calmer atmosphere on the ward.

I felt that my time on the ward had been very successful and my confidence in my practice and in myself has increased greatly. I had some excellent results, with most clients saying that they had never realised it was possible to feel so relaxed without taking drugs. All the clients without exception seemed to find me easy to talk to. I also found it very rewarding being able to touch peoples lives in such a positive manner at such an important moment in their lives even if it was only briefly.

By Jude Smith