

# Healthy Highs Year 1 - Final Report

## November 2004 – July 2005

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## HEALTHY HIGHS Year 1 : November 2004 – August 2005

### **Background**

Complementary therapies (CTs) have been integrated into drug and alcohol services at Double Impact, Compass (Changes One) and Nottinghamshire Probation since first being introduced to Double Impact in November 2002.

### **Service users report the following benefits and effects:-**

Relaxation                      Pain Management                      Improved Sleep Patterns

Boosted appetite      Reduce cravings for drugs/alcohol

Help with withdrawal symptoms      Improve concentration      Improved memory

Effective anger management

### **When asked how they would describe their experience of complementary therapies, service users have stated:-**

'They have been a major aid in my alcohol recovery'  
'It has helped me be more focused'  
'Surprisingly effective and relaxing'  
'I find these therapies very helpful to my recovery'  
'Feel happy light and content. Beats taking drugs – Feel more relaxed and more at ease with myself.'  
'I have been feeling ill for over a week. I forgot I was ill!! Feel much lighter and relaxed – chilled.'

Service users who had gone through structured day care were expressing an interest in continuing with CTs as they had been an integral part of their recovery. They were disappointed to discover that private consultations usually cost around £30. Individuals who had moved on into education and/or employment were reporting that they could not afford these prices.

In February 2003 Pip read an article in 'Druglink' by Val Thomas, a pioneer of complementary therapies at London's City Roads Project, a crisis intervention project for drug users - based in Islington. In the article 'Best Foot Forward' – **See Reference guide**  
Val states:-

"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."

In November 2003, Pip visited City Roads with Christine Clayton (Social Inclusion Manager, Peoples College). Val was happy to share her knowledge and supported our desire to utilize the same Open College Network (OCN) units.

Thanks to continued support from Double Impact and Nottingham City Drug & Alcohol Action Team, in association with Peoples College Nottingham, a new, community-based course was developed as a result of this visit. Students can achieve up to a level 3 OCN. Consisting of three units and 40 hands on treatments, the course is called '**Healthy Highs**'.

### **Enrolment criteria**

Healthy Highs is open to applications from complementary therapists with appropriate qualifications and insurance. Co-ordinator involved in the selection procedure to ensure that therapists fulfill the entrance criteria. **Appendix 3**

### **Attendance**

3 Units of level 3 OCN (Open College Network) form this course. Eight learners enrolled onto the course with no dropouts – all students completed the course. 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 2005.

### **Course Content**

#### **Unit 1.Theory of Substance Misuse**

- ❖ The main drugs and their effects
- ❖ Understanding of the main physiological and psychological processes occurring during detoxification and early recovery
- ❖ Understanding the possible medical issues associated with substance misuse

#### **Unit 2. Substance Misuse Treatments**

- ❖ Identify treatments appropriate for detoxification and early recovery
- ❖ Understand the principles of Hepatitis, HIV and infection control
- ❖ Able to identify treatments which meet the requirements imposed by common drug-related medical issues
- ❖ Have a clear understanding of contra-indications for complementary health care with substance misusers

#### **Unit 3. Professional issues and competence**

- ❖ Be able to work professionally in substance misuse agencies
- ❖ Be able to work effectively and competently with substance misusers.
- ❖ To complete a placement within a substance misuse agency

Unit 3 combined theory with clinical practice. 40 hands on sessions were required to complete the course. Whilst on placement, students delivered their treatments within a variety of community based drug services in Nottingham. Due to 'failure to attend' at some placements, it was agreed that students were required to attend 40 sessions and complete over 30 consultations to fulfil the learning points.

## **Staffing**

The People's College, in line with their policies and procedures, employed academic Staff.

### **Academic staff in place are –**

Christine Clayton: Tutor and Internal Moderator

Pip Bateman: Tutor/Tutorial support/Reception duties

Rosie Humphreys: Tutor

## **Support staff in place**

### **Double Impact**

Graham Miller: Strategic Manager – Continuous overview/support of Healthy Highs service delivery

Anna Knowles: Group Supervision – Anna delivered 4 x group supervision sessions

Double Impact staff team: Effective promotion of CT sessions and enthusiasm to book all available sessions

Jason Murphy: Volunteer - providing reception duties

## **Funding Support**

Funding to the amount of £27,000 was received from **Nottingham City DAAT** to support a part time co-ordinators post for 3 years.

Katie Humber (Jan – May 2005) / Pip Bateman (May 2005 – present)

## **Resources**

The rooms for academic delivery and subsequently for complementary therapy sessions were at Double Impact. The therapy space consisted of 2 interview rooms and the training room. This enabled up to 3 therapists to deliver their treatments at any one time. Consequently, up to 6 therapy sessions were available between 6 – 8.30pm each Thursday evening. Receptionists greeted clients in the lounge area prior to treatment sessions. Consumable and course specific requirements were established within the Sector 5 (Department of Science and Maths) budget of Peoples College. These were minimal and consisted of photocopying, stationary and paperroll.

## **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. This ensured that students and supervisors alike were well informed in the practise and protocols expected during the placement component of Healthy Highs.

This included information about:-

- Health and Safety issues
- Contact information
- Abbreviations / jargon
- Treatment Delivery
- Criminal Records checks
- Students expectations
- Professional standards

- The pre-visit & Induction
- Attendance log
- Assessment procedures

Each student was supervised by a member of staff at each placement organisation; each student had their own preparation pack which explained key issues such as:-

- Induction
- Placement opportunities
- Professional standards Check list
- The pre-visit
- The induction
- Portfolios
- Treatment delivery
- Double impact sessions

All students began their hands on experience at each placement in March/April 2005, Healthy Hands on sessions were available at Double Impact on Thursday evenings from beginning of March – End of July 2005.

Students were given a choice of the following placements:

- Double impact
- Probation
- Compass Day Programme ( Changes One)
- Compass Adult
- Health shop
- POW

APAS were offered 2 sessions per week at Double Impact and a referral protocol was established.

### **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:-

- Shiatsu
- Reflexology
- Seated Acupressure
- Aromatherapy
- Indian Head massage

See Therapy Descriptions - **Appendix 4**

Each student was required to complete a case study with a client over at least 4 treatment sessions. **Appendix 1**

## **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.

Each student attended 2 tutorial sessions with the course tutor to support key learning points. A buddy system was introduced: Each student identified one other student who they could contact for support with any arising issues.

## **Confidentiality & Service User Agreement**

Students, tutors and support staff abided by a confidentiality statement whilst delivering and co-ordinating CTs during Healthy Highs. Clients accessing the service were asked to abide by and sign the Service User Agreement – **Appendix 2**

## **Evaluation**

Feedback was gathered from:-

- a) Service Users
- b) Placement Host organisations
- c) Students

### **a) Service User Feedback**

Therapists at each placement asked clients to complete the following short questionnaire. 37 completed forms were received at the time of writing this report

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

Yes 13      No 24

#### **2) Which therapy/ies have you received?**

Reflexology	23
Indian Head Massage	22
Shiatsu	22
Aromatherapy	19
Seated Acupressure Massage	23

#### **3) Have the treatments helped you to:**

	<b>'Yes'</b>
Relax	100%
Manage Pain	65%
Improve Sleep Patterns	73%
Boost your appetite	54%
Reduce cravings for drugs/alcohol	57%
Help with withdrawal symptoms	49%
Improve concentration	51%
Improved memory	35%
Manage anger more effectively	70%

#### **Other, please comment:**

Feel more in control and alive  
Gives me something to look forward to  
Reflexology had the greatest effect  
Keeps me relaxed  
Gave me an energy boost  
Energised me and emotionally lifted me  
Generally feel better

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

Helpful to stay drug-free  
Really good to experience relaxation without the downside of drug taking  
Great, really helps  
Interesting and relaxing

Good experience with good results for myself  
A great experience. Would not have thought of it!  
Excellent. Feel calmer and chilled out after  
Enjoyable, helps you out. Takes away stiffness  
Nice experience, would like it to continue  
Perfection – finds the points that's needed  
Reflexology really helped with the pain in my feet  
Very relaxing. Thoughts and feelings disappeared for an hour  
Absolutely fantastic, brilliant great  
Very good and helps with my arthritis  
In a word – excellent  
Beneficial  
Really improved my stress levels  
It's nice to have some one 2 one therapies  
I've found them emotionally and physically indispensable  
Peaceful  
It's a good alternative and helps me feel more centred  
They are the best thing that is happening at DTTO  
Love it! Would do them every day  
Relaxing and educational  
Help me to relax and take away some of the pain in my feet  
They seem to make me more relaxed and focused  
Very relaxing and overall sense of well being  
They are great, a real help

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

Yes 30% No 70%

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

Yes 3% No 97%

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

What other therapies?

All (7)

Everything

Any going (2)

I would like it to carry on, really appreciate the hard work

Possibly – keep an open mind

Acupuncture

As many as possible (2)

Reiki (2)

Yoga (2)

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

### Please tick

A wider choice of therapies	35%
Self – help workshops	30%
More sessions available	86%

### Other, please comment:

I recognised feeling unwell and stressed when I wasn't receiving treatments  
Keep it up  
Should be more available  
Only attended one session – so didn't receive the full benefits that I'd hoped for  
MORE  
Come back soon  
Thanks (2)

## b) Host Organisations – Evaluation & Feedback

6 community based organisations provided a placement for 8 students. Following the completion of the placement, they were asked for feedback.

Here are the results:-

### Organisations involved:

- |                         |             |                         |
|-------------------------|-------------|-------------------------|
| ① Double Impact         | ② Changes 1 | ③ Compass Adult Service |
| ④ Substance Misuse Team | ⑤ POW       | ⑥ The Health Shop       |

### Had your organisation delivered complementary therapies (CTs) before you hosted a Healthy Highs student? YES ✓6

#### If YES, which therapy/ies have you offered?

Through the Holistic Health Team, a wide variety: shiatsu, Indian Head Massage, Reflexology, Acupressure, Aromatherapy, Thai Yoga Massage, Reiki ①

A variety through Holistic Health Team ②

Auricular acupuncture. Weekly service ongoing/ One-off hand massages several years ago ③

Shiatsu; Reflexology; Indian Head Massage; Aromatherapy ④

IHM; Reiki; Thai Yoga; Auricular acupuncture now and again from Compass ⑤

Auricular Acupuncture ⑥

### Was the information & support you received about the course clear? YES ✓6

#### If NO, how could this be improved?

Ensure correct paperwork is used – Folder with all stationary was lost! ②

Want more ③

Posters great – preparation of the room excellent ⑤

### Was the information you and your service users received about the complementary therapy/ies being offered clear? YES ✓5 NO ✓1

#### If NO, how could this be improved?

Better leaflet information for service users would have helped ①

Didn't have to 'sell' therapies – on offer anyway.

Information was clear ③

Posters good – very informative; Julie had time to talk and explain ⑤

Could be a more attractive & clearer leaflet ⑥

**Were the CT sessions well attended? YES ✓6**

**If NO, how could this be improved?**

Only had 2 or 3 vacancies. Better than expected ③

Percentage of attendance was what would be normally expected of this client group ④

**Has the provision of CTs enhanced your service? YES ✓6**

Absolutely ②

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

- **Improved retention** ✓6
- **Increased attendance** ✓6
- **Positive feedback from service users** ✓6
- **Enhanced individuals care plans** ✓5
- **Other ( please state)**

Benefited clients ①

Worked well with other appointments ②

Have used CTs to boost the confidence of one particular woman who has alopecia. "I Feel as excited about Tuesdays (long art session and complementary therapy) as I do about pay day" ②

People have been given the opportunity to try alternative ways to relax. I.e. Cannabis users – has opened new doors to people. Service users have said they would pay for service. ③

Complemented more chaotic clients; Clients stayed longer in the service – once had their therapy, stayed to relax ⑤

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

- **Women** ✓5
- **BME clients** ✓2
- **Homeless clients** ✓5
- **Stimulant users** ✓5
- **Single parent** ✓1

Have offered service to clients of a broad background. Mainly with existing clients ③

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

- Relax** ✓6
- Manage Pain** ✓4
- Improve Sleep Patterns** ✓6
- Boost their appetite** ✓1
- Reduce cravings for drugs/alcohol** ✓5
- Help with withdrawal symptoms** ✓3
- Improve concentration** ✓2
- Improved memory** ✓1
- Manage anger more effectively** ✓3
- Other ( please state)**

Improved self-esteem; Less likely to use; The relaxation takes away the stress ②  
Improved self-esteem ③

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

**YES** ✓6

**Comments:**

Already do through Holistic Health Team ①  
Absolutely – would like to be able to offer CTs every day. Is now a reward for attendance. ②  
No Budget – open to volunteers ③  
Definitely longer massages to be more targeted to individuals needs. ⑤

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






**YES** ✓5 **NO** ✓1 (No Room ⑥)






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

As previously said, clearer informative brochures for both service users and host agencies. ①  
Students became more and more confident. The students were very understanding around client group. Great to be able to offer therapies frequently—very positive experiences ②  
So long as student is prepared and a clear line of communication is present. Sessions should last longer/offer different treatments. Has been a really positive experience and has worked well. ③  
Students brought a fresh face to bring new energy to the service. Healthy Highs provided a new experience for the person on placement. One student would be preferable. Commence placement with a one-off session of tasters to engage people. We would recommend attendance at intermittent meetings for students to feedback and give anecdotal evidence/research. This would have brought the team into the project more. ④  
Thought it was brilliant. Julie had the time to talk and build up trust with clients. Therapies were very popular – Thursday being the most popular day. ⑤  
Julie mixed in well, built up very healthy relationships with clients. Would like her to return. ⑤  
More space needed – a purpose built CT suite ⑥

**c) Students Evaluation & Feedback**


























Students were asked to complete the following evaluation to enable us to develop and improve the course for the next intake. This information was given anonymously.

<b>COURSE CONTENT – The information you were given to support the unit</b>	<b>Please tick and comment</b>				
<b>Unit 1 – Theory of substance misuse</b>	 <b>Excellent</b>	 <b>Good</b> <b>( 3 )</b>	 <b>OK</b> <b>( 3 )</b>	 <b>Not Good</b>	 <b>Poor</b> <b>( 1 )</b>
<b>How could this have been done differently/improved?</b>  <b>What went well/worked?</b> <b>Any other comments?</b>	<ul style="list-style-type: none"> <li>• I would have liked fuller explanations and more class time on physiological/psychological effects – although these were covered – I’d have liked to know more.</li> <li>• More visual input – video film showing substance misuse</li> </ul>				

	<p>issues. What about input from ex-users?</p> <ul style="list-style-type: none"> <li>• Generally well organised</li> <li>• The class work was good. Talking things through and doing most of the work in class meant less to research at home</li> <li>• It would have been good to have more speakers in from the various agencies to talk about real case studies</li> <li>• I felt as though we were being trained as drug workers at times – although it all came together at the end of the course</li> <li>• Ask specialists to run sessions</li> <li>• Interesting and informative</li> <li>• Handouts good an informative, but felt like a little rushed through. Certain things presumed we would know, so not explained clearly.</li> <li>• Some sessions were dry and hard to keep focused – sometimes felt a bit 'spoonfed', other times at a loss for info.</li> <li>• Liked the group work, idea gathering, active stuff</li> <li>• Get specialists in – more active exercises.</li> <li>• More dynamic, greater detail required</li> </ul>
<p><b>Unit 2 – Treatment delivery</b></p>	<p>                          </p> <p> <b>Excellent</b>      <b>Good</b>      <b>OK</b>      <b>Not Good</b>      <b>Poor</b> </p> <p> (3)      (4) </p>
<p><b>How could this have been done differently/improved?</b></p> <p><b>What went well/worked?</b></p> <p><b>Any other comments?</b></p>	<ul style="list-style-type: none"> <li>• Maybe a visit to John Storer Clinic as it is difficult to see how all services fit together and what JS' role is compared to other drug services</li> <li>• Using case studies &amp; assignments geared towards <u>us</u> not drug workers could make it more appropriate</li> <li>• Numbering of elements very confusing</li> <li>• Case studies obviously taken from another course</li> <li>• Unit 2; 4.1 – Contra-indications – worked well</li> <li>• Sufficient time for questions and comments – worked well. It often seemed clear on the night and then confusing later at home</li> <li>• More in depth information regarding physiological and psychological effects would have been great. Felt sometimes like we were learning on a superficial level.</li> <li>• Feel that something was missing – not sure what. Would have liked to have understood more about recovery.</li> <li>• Good to go over things again like confidentiality and ethics</li> <li>• What about visits to different agencies to see first hand how clients are treated?</li> <li>• Medical interventions as this wasn't really touched upon – I only understood the effects of subutex &amp; naltraxone during a group supervision session.</li> </ul>

<b>Unit 3 – Professional issues and competence</b>	😊😊 <b>Excellent</b> (1)	😊 <b>Good</b> (5)	😐 <b>OK</b> (1)	😞 <b>Not Good</b>	😞😞 <b>Poor</b>
<b>How could this have been done differently/improved?</b>  <b>What went well/worked?</b> <b>Any other comments?</b>	<ul style="list-style-type: none"> <li>Felt that we were being addressed as therapists and our specific requirements and skills were being recognised.</li> <li>A difficult subject to talk about – a little tiresome late at night.</li> <li>What about shadowing drug workers in this field to gain knowledge and experience</li> <li>Found this unit easier than the others as it was all about the case study and placement and gave lots of great information on working in an agency and dealing with particular client group</li> <li>Scary numbering!</li> <li>All planned and delivered well</li> </ul>				
<b>COURSE LAYOUT – The numbering of units and elements</b>	😊😊 <b>Excellent</b>	😊 <b>Good</b>	😐 <b>OK</b> (1)	😞 <b>Not Good</b> (1)	😞😞 <b>Poor</b> (5)
<b>How could this have been done differently/improved?</b>  <b>What went well/worked?</b> <b>Any other comments?</b>	<ul style="list-style-type: none"> <li>Very confusing – to this day, I have no idea what I have done!</li> <li>Just did my head in – try Unit 1: A; B; C</li> <li>Very confusing – too many numbers. Maybe a combination of numbers and letters would work better.</li> <li>Names of units were unclear – could be more relevant</li> <li>The course layout is AWFUL and caused unnecessary confusion. All the different units/Elements takes a lot of getting used to. Now coming to the end I am getting to understand it, but it doesn't encourage students that have been out of academia for a while.</li> <li>Difficult to know at times where we were in the course</li> <li>Confusing numbering. Unsure of what components still need to be done</li> </ul>				
<b>TRAINING VENUE – Some questions about Double Impact</b>					
<b>Accessibility</b>	😊😊 <b>Excellent</b> (6)	😊 <b>Good</b> (1)	😐 <b>OK</b>	😞 <b>Not Good</b>	😞😞 <b>Poor</b>
<b>Suitability for course theory</b>	😊😊 <b>Excellent</b> (6)	😊 <b>Good</b> (1)	😐 <b>OK</b>	😞 <b>Not Good</b>	😞😞 <b>Poor</b>
<b>Suitability for hands on sessions</b>	😊😊 <b>Excellent</b> (5)	😊 <b>Good</b> (2)	😐 <b>OK</b>	😞 <b>Not Good</b>	😞😞 <b>Poor</b>
<b>How could this have been done differently/improved?</b>	<ul style="list-style-type: none"> <li>Cooler</li> <li>Really nice relaxed atmosphere</li> <li>More stereos, soft lighting</li> </ul>				

<b>What went well/worked?</b> <b>Any other comments?</b>	<ul style="list-style-type: none"> <li>• Enjoyed working in such a dynamic and supportive atmosphere</li> <li>• A sink to wash hands nearer the treatment area</li> <li>• Great organisation of clients and plenty of them</li> <li>• No further comments necessary – Double Impact is a great venue</li> <li>• Generally no problems at all. In the future perhaps, better rooms available for treatments; i.e. bigger, quieter</li> <li>• Reception monitoring worked well</li> <li>• Individual rooms offered private and confidential space</li> </ul>
<b>HANDS ON EXPERIENCE – how this was supported</b>	
<b>Preparation – how prepared were you for working with this client group?</b>	 <b>Excellent (5)</b> <b>Good (2)</b> <b>OK</b> <b>Not Good</b> <b>Poor</b>
<b>How could this have been done differently/improved?</b>  <b>What went well/worked?</b> <b>Any other comments?</b>	<ul style="list-style-type: none"> <li>• No changes, everything was in place – ran well!</li> <li>• Booking system ran fairly smoothly</li> <li>• Can't rely on clients turning up – the only problem with trying to assess a certain number for the course</li> <li>• The physical signs and symptoms of drug use &amp; withdrawal &amp; psychological information was very useful</li> <li>• I already had experience working within my chosen agency. If I hadn't It would have been good to look around the organisation and sit with therapist already working with the client group.</li> </ul>
<b>Case note paperwork – i.e Health Questionnaire etc</b>	 <b>Excellent (4)</b> <b>Good (3)</b> <b>OK</b> <b>Not Good</b> <b>Poor</b>
<b>How could this have been done differently/improved?</b>  <b>What went well/worked?</b> <b>Any other comments?</b>	<ul style="list-style-type: none"> <li>• There was some confusion over paperwork at my placement as a result of some communication problems between administrators and agency.</li> <li>• Generally few problems, most clients who were interested turned up on time and appreciated the service we were offering. They were happy to talk and give relevant information that could be documented.</li> <li>• Very logical progression – all necessary information in a systematic manner.</li> <li>• Worked well – wouldn't change things</li> <li>• Good to work through template in class first</li> </ul>
<b>Double Impact Rota</b>	 <b>Excellent (3)</b> <b>Good (4)</b> <b>OK</b> <b>Not Good</b> <b>Poor</b>
<b>How could this have been done differently/improved?</b>  <b>What went well/worked?</b>	<ul style="list-style-type: none"> <li>• Taking into account it had to accommodate so many people I felt it worked really well</li> <li>• Well co-ordinated</li> <li>• No 2 Reflexology sessions on same night ( Equipment</li> </ul>

<b>Any other comments?</b>	problem) <ul style="list-style-type: none"> <li>Rota was fine – everything ran smoothly</li> <li>Tickets were given to clients so they knew exactly when their treatment was</li> <li>Double Impact staff worked well to fill all the sessions</li> <li>Excellent attendance as a result of good team work</li> </ul>				
<b>Placement preparation pack</b>	 <b>Excellent</b> (6)	 <b>Good</b> (1)	 <b>OK</b>	 <b>Not Good</b>	 <b>Poor</b>
<b>How could this have been done differently/improved?</b>  <b>What went well/worked?</b> <b>Any other comments?</b>	<ul style="list-style-type: none"> <li>No changes – very thorough</li> <li>Very informative, helpful</li> <li>Clear for both placement staff and student</li> <li>Clear and concise information offered</li> <li>A good framework to refer to</li> </ul>				
<b>SUPPORT – How well have you been supported during the course?</b>					
<b>Group Supervision</b>	 <b>Excellent</b> (6)	 <b>Good</b> (1)	 <b>OK</b>	 <b>Not Good</b>	 <b>Poor</b>
<b>Tutorials</b>	 <b>Excellent</b> (6)	 <b>Good</b> (1)	 <b>OK</b>	 <b>Not Good</b>	 <b>Poor</b>
<b>Buddy system</b>	 <b>Excellent</b> (2)	 <b>Good</b> (4)	 <b>OK</b>	 <b>Not Good</b> (1)	 <b>Poor</b>
<b>Placement supervisor</b>	 Excellent (2)	 Good (4)	 OK	 Not Good	 Poor (1)
<b>How could this have been done differently/improved?</b>  <b>What went well/worked?</b> <b>Any other comments?</b>	<ul style="list-style-type: none"> <li>? Allocation of buddies? My own fault!</li> <li>Always felt I could approach Pip or Anna if need arose</li> <li>The support network was very good. The group supervision sessions were more than I would have expected and although I didn't have any problems to report, I still went along and found them very welcome</li> <li>Staff were excellent during supervision – many thanks for time and effort given</li> <li>Group supervision times were difficult for some of us to attend due to 'work commitments'. Perhaps need re-scheduling next year to get 100% attendance.</li> <li>Very accessible supervisor – Good supervision</li> </ul>				
<b>What have you enjoyed most about the course?</b>	<ul style="list-style-type: none"> <li>Delivering the hands on therapy</li> <li>Increased awareness of drug and alcohol issues</li> <li>The group, the support, group tutorials, Good venue</li> <li>Being with a group of therapists</li> <li>Carrying out the therapies/placement</li> <li>Writing up the case study</li> </ul>				

	<ul style="list-style-type: none"> <li>• Working and learning with such a diverse and dynamic bunch of therapists</li> <li>• Learning more about the challenges that my main client group face.</li> <li>• Working with like-minded co-students</li> </ul>
<b>What have you enjoyed least about the course?</b>	<ul style="list-style-type: none"> <li>• Homework</li> <li>• The fact that you put yourself out to go to the placement and the clients, on occasion did not turn up! But this is the nature of this field of work.</li> <li>• Long theory sessions seeming to be more relevant to drug workers than therapists, although this was only a couple of sessions.</li> <li>• Bureaucracy; Too much paperwork; Too many sections (confusing)</li> <li>• Heavy commitment!</li> <li>• The numbering system</li> <li>• OCN numbering system – very confusing indeed!</li> </ul>
<b>If the course cost £350 would you think it value for money?</b>	<p>YES 5 NO <input type="checkbox"/></p> <p><b>Suggested cost</b> £350 - £500 (1)</p> <p>Comments:</p> <ul style="list-style-type: none"> <li>• As long as there was positive help to secure relevant work afterwards</li> <li>• Although it depends what the qualification leads to and the availability of using it in paid work</li> <li>• I got a lot out of it, but if there is a chance it could be cheaper??</li> <li>• I think it might prevent some people but I can see where the costs go.</li> </ul>
<b>We may change the time of the course. Which of these would you consider preferable?</b>	<p><b>Evenings</b> (4)      <b>Weekends</b> (1)      <b>Daytime</b> (2)</p> <p>Other suggestions: Weekends may be better for some students. Could get a lot done in 2 days</p>
<b>Other comments and suggestions. There may be something we have missed. Please make your comments here.</b>	<ul style="list-style-type: none"> <li>• On all units, it would have been beneficial to have group study time so as to learn from each other – felt a bit isolated between group tutorials. I suppose that's what my buddy was for – sometimes it is easier to talk in a group than one person.</li> <li>• Big thanks for all the setting up and maintaining the enthusiasm throughout the course. It was well worth it!</li> <li>• The course has been very enjoyable and it is good to have a specialism in this area of therapy work.</li> <li>• I am now only eager to continue work with this client group but am aware that at present this is limited</li> <li>• I am proud and grateful to have been given the opportunity to be among the first to gain this qualification</li> </ul>

	<ul style="list-style-type: none"><li>• As we are guinea pigs to this course, I am sure it will only improve year on year.</li><li>• Could this course be linked with Danos?</li><li>• I think this has worked really well – but support/standards from Peoples has been poor</li></ul>
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## Statistics

### **Statistics of Healthy Highs Diversity Monitoring Forms 03/03/05 – 31/07/05**

Clients accessing Healthy Highs are asked to complete the diversity monitoring form at each session. Students sent them to the co-ordinator for inputting onto a database.

	<b>Double Impact</b>	<b>Probation</b>	<b>POW</b>	<b>Health Shop</b>	<b>Compass Adult</b>	<b>Changes One</b>	
<b>Reflexology</b>	38	9		7		5	59
<b>Aromatherapy</b>	12			23		14	49
<b>Shiatsu</b>	16	18					34
<b>Acupressure</b>	12		35			22	69
<b>IHM</b>	11	16			22	3	52
<b>Totals</b>	89	43	35	30	22	44	<b>263</b>

#### **Gender**

Male	162
Female	101

#### **Ethnicity**

White British	220
White Irish	8
Black Caribbean	6
Chinese British	4
Black African	2
Black Other	1
Pakistani	1
White Other	11
White Asian	2
Asian Other	1
Mixed Other	3
Not stated	4

#### **District of residence**

Nottingham City	228
Rushcliffe	2
Broxtowe	11
Gedling	2
Hucknall	10
North Notts	5
No Fixed Abode	2
Other	3

#### **Time of sessions**

10am – 1pm	35
1 – 5pm	154
5 – 9pm	74

**Session lengths** varied from 30 minutes to 1 hour. Data submitted was incomplete so we are unable to show true statistics in this report.

## **Conclusion and action points**

### **To summarise the feedback from all parties involved:-**

- Healthy Highs has successfully delivered **263** CT sessions within Nottingham City's Drug and Alcohol Services. These potentially would have cost **£7890** ( Based on an average unit cost of £30 per session\*)
- **8 Students** stand to collect their OCN awards in October having successfully completed all components of the course
- **7 agencies** have benefited from therapies delivered during the placements
- All agencies involved reported positively about the experience and want future involvement
- Agencies report improved attendance and retention as a direct result of offering CTs
- Double Impact provided excellent support and accommodation
- Rota for referral to Double Impact worked well
- Improved communications required between agencies and co-ordinator
- More informative leaflets and posters required to promote CTs and course
- Longer sessions requested by some agencies to deliver person-centred sessions
- Space to deliver CTs comfortably is an issue at one of the agencies
- Introduction of 'Specialists' and speakers to enhance Theory of substance misuse/Treatment delivery components
- Visual resources requested to support key learning points
- Use more dynamic approaches to learning
- Link course to Danos
- Introduce visits to other agencies to put services into context for learners
- Use of case studies geared to complementary therapists, not drug workers
- More group study time
- Explore possibility of delivering Reiki Treatments on next course – Service User request.
- Numbering of OCN elements to be reviewed and made more user friendly
- Extra equipment and facilities at Double Impact would enhance service delivery – e.g Therapy couches, Stereos, soft lighting, hand-washing facilities
- Improve allocation of Buddys – some people missed out.

- To continue with evening lectures/Session delivery with some input at weekends to cater for all students needs.
- Improve data collection procedures to show complete and improved diversity monitoring statistics

\* The cost of therapies in mainstream life varies depending on the therapy being delivered. The unit cost of £30 was arrived at as an average between Indian Head Massage at £20 per hour and Shiatsu at up to £45 per hour.

# **APPENDIX**

## **Appendix 1 - Case Studies**

### **Case Study 1 – Double Impact**

#### **Client X**

#### **Background**

Mr X was referred to Double Impact from APAS by his Keyworkers. He has always been a drinker, but had been drinking “seriously” for the past 10 years, due to marital problems he spent more and more time in the pub so as not to have to go home, as the marital problems worsened so did his drinking. Mr X had been abstinent for 4 days at this time.

Mr X is 56 years old. He suffers from high blood pressure, but had it checked with his Dr 4 weeks ago and was told it was back to normal. He is not on any prescribed medication. He broke his arm over a year ago and occasionally gets some discomfort in the upper arm and shoulder area. Although I will not be massaging him, I will be aware of working on that area through his feet.

He suffers from Peripheral Neuropathy, which is a condition that causes heightened sensitivity but loss of feeling of pressure in his feet, due to poor circulation. The Doctor has told him there is not medication or cure for this problem, but he would see an improvement when he has been abstinent from drinking for a while.

Mr X also wanted help with feelings of anxiety and depression. He finds it difficult to motivate himself and is unable to focus his attention on anything for long. His diet is poor and he does not exercise, although he used to enjoy swimming. He also suffers from aches and pains in his neck and shoulders. Also his sleep patterns are poor, getting about 4 hours disturbed sleep a night. Mr X smokes about 15 roll ups per day and is currently unemployed. He finds it hard to relax.

#### **Contra-Indications**

None. From the consultation, I didn't see any reason why I could not treat Mr X. In fact I could see that it would be of great benefit for him. I was certain that it would help with his relaxation, then hopefully his anxiety – at least immediately after the treatment and possibly the following day or two. I also felt that it may be of some help to his sleep patterns. Reflexology would also increase his circulation to his feet, which I hoped would help his Neuropathy.

#### **1<sup>st</sup> Treatment**

Upon consultation, Mr X chose sleeping as his main area of tension for us to work on. Second was his eating habits and diet and thirdly his general fitness. I was optimistic that Reflexology could help Mr X to sleep easier by reducing his stress and feeling of anxiety. It could also help with general fitness as it works by stimulating all the organs and systems of the body to heal. I would also talk to him about exercising more.

Although Mr X received other therapies, I saw him on several occasions to give him Reflexology. He had not tried any complimentary therapies before being referred from APAS for 'Healthy Highs'. At first I was worried about the treatment because of his Peripheral Neuropathy. I have never treated anyone with this condition and was unsure how well he would respond to it. I told Mr X that although he may not be able to benefit from the feeling of the treatment, the treatment would still benefit him. Reflexology will still have the same effect on his body and mind even if he couldn't feel it.

At first glance at his feet, they felt cold and clammy, though there was no pain. They also looked white through lack of blood flow. To help, I used essential oils of Lavender and Ginger on his feet. Lavender is good for all stress related problems and also anxiety, it helps to induce sleep too. Ginger is a warming oil and great for the circulation.

The initial treatment showed high stress levels and also a possible hormone imbalance, which is common with problems of stress and anxiety. The head, heart and lung area also stood out as areas to work on. His kidney reflex showed weakness and I advised him to drink more fluids, alternating his cups of tea with water, fruit juice or squash. Mr X kept his feet rigid throughout the treatment, which shows tension and an inability to relax. I hoped this would improve with the following sessions.

I was pleased to see the colour return to Mr X feet during the session. Reflexology is a great treatment for circulatory problems and by the end of the session they were a very healthy pink in colour. Mr X was very impressed he said he really enjoyed the Reflexology and felt a lot more calm and relaxed. He drank a glass of water before and after the session.

I advised him that he could help himself by giving his feet a massage morning or night. I showed him the Solar Plexus point, which is great for relieving stress and anxiety, and also told him to rub his big toe, which is the head/brain area. This would also help to increase the circulation and relax him. I also showed him some breathing techniques for relaxation.

### **Following Treatments**

I was pleased to see Mr X return for several more sessions. At the second session he told me that he had seen some Reflexology insoles for his shoes and had bought some. I had a look at them and was impressed. They were made of a soft floppy plastic with raised areas to stimulate the head, lower back, heart and lungs. They also had magnets moulded into them to improve circulation and general health. The state of his feet was positively improved, his feet were full of colour even before the treatment began. I was very happy with Mr X for showing such an interest and helping himself, although he had not practised the relaxation techniques. He told me his head felt a lot clearer after the last session and he slept much better. He also seemed a lot brighter and more positive than before.

The same areas showed again, hormones, head area and also the kidney and spleen. He also told me that he went away for the weekend and had a few bottles of beer. He felt disappointed with himself, but had been away with a friend and found it difficult being in a bar and not having a drink, but wanted to put it behind him.

We had a chat about his diet and although he is an excellent cake maker, he needs to concentrate on eating healthier during the day, more fruit and veg and drinking more water. Mr X also has an allotment, which although he doesn't use it, is very keen to get started with it. It would be great exercise for him and would be a wonderful opportunity for him to grow his own vegetables, which would help him to enjoy them more.

Mr X does still get anxious, but tells me that the Reflexology has been of great benefit to him and is his favourite treatment. He has told me that it has greatly improved his sleep, though this is usually the night of the treatment and the following night after which he is back to his normal self. He still gets anxious but again feels a lot better after Reflexology.

Mr X told me that he would like to be more motivated, there is a lot he wants to do to get his life back on track, but he just fails to make the effort. I suggested to him not to get angry with himself as this won't help, and to try making a list of the jobs he needs to do, either for that day or for the week. Then to tick things off the list as and when he completes that task. That way he can be more focused on the jobs he needs to complete rather than clogging up his brain and forgetting. Ticking them off will then give him a sense of satisfaction as he completes his task and sees the list getting smaller. Also the more he does this, the more he will see positive changes in his life that will make him feel better about doing other things.

## **Overview**

One week Mr X failed to show for his appointment. This happens on occasion with all clients but it didn't seem right that Mr X would not show. He had always been early for his appointments and looked forward to them. I decided to ring APAS to let them know and also to make sure he was well. I was told that he had to go away at short notice. When I next saw Mr X he said he felt touched that I had rang to check on him and was very apologetic.

Mr X added that coming for the therapies had been really good for helping him stay off alcohol. He said he did not want to come for a therapy and have to say he had been drinking. The therapies gave him something to work towards and look forward to. They had been a great support for him and he was going to miss it.

I was a little sorry that I would not be seeing Mr X again, as it had been a very positive experience for me as a therapist. Although he relapsed quite quickly after quitting he soon overcame it. He is still using the insoles, which have helped his circulation, his feet are a lot warmer and more flush and he also feels more sensation. I urged Mr X to continue with treatments when he can. I was aware that the Health Shop do treatments and anyone can drop in, so I asked him to pop in to see them or ask APAS to inquire for him. I think it would be a shame for Mr X to lose this great service as he obviously got a lot out of it. Not only improving his Neuropathy, but also

his anxiety, his sleep and also as a point of contact for support and someone to talk to.

**Sarah Lewin/Healthy Highs Student/July 2005**

## **Case Study 2 - POW**

### **Client A**

The client is a 24-year-old female who is under a doctor for a methadone script after using heroin for 9 years on and off. Client A came for a treatment on the encouragement of Mo, like most of the clients there. On entering the room she was very quiet, seemed low in confidence and unsure of the situation. Her speech was unclear and she seemed a little 'out of it' which is often a side effect of taking methadone.

As soon as we began the health questionnaire I learnt that Client A is being monitored for Deep Vein Thrombosis (DVT). I was very concerned about this as it is a contra-indication for most treatments, apart from shiatsu, so I asked for more details. This condition started as a result of regular injecting in the groin area. It last occurred at Christmas 2004 and resulted in an operation. Client A seemed fully aware of all the issues I was concerned about. She was positive that it has healed really well and is no longer a problem. I described the importance of informing her doctor or the nurse here at POW and she agreed to discuss it with them. I decided to go ahead with the treatment as I felt Client A would really benefit from a course of massages to help raise her self esteem and support her withdrawal from drugs.

The initial treatment was very gentle and I regularly asked for feedback on the pressure. The client told me that she regularly suffers from lower back pain so I spent extra time on this area. Her breathing became deep and audible and I felt she was really relaxing and sinking into the chair. Afterwards my client seemed calmer, gave me a smile and assured me she would return for more.

Later, as I was writing up my notes, I heard singing and was delighted to discover that it was this same client who was in the kitchen making tea. She came into the treatment room to ask me did I want some. This seemed such a difference to the person I saw about an hour previous.

The second time I met Client A she told me she had felt a little spaced out after the treatment. I was now more aware of the effects of methadone and knew that this was probably contributing to this state. She was more talkative and even excited at the prospect of moving into a flat in Mansfield. Her lower back was aching again so I repeated the techniques that ease this area. Afterwards Client A felt sleepy and her legs felt like jelly, though she said this was a lovely feeling. She left the room much brighter, saying "I'm off the drugs and off the bad stuff".

It was two weeks before I saw Client A again. She came in looking happy, wearing bright clothes and a pink hat. Both her eyes and skin were clearer. She was very proud to tell me that she had given her first clean sample this week, which means she is only taking methadone. This was fantastic news. She also told me that she had had her DVT assessment and there is no evidence of any problem. Her back had improved and she generally felt better all over and more in control of her life.

I felt confident to apply a little more pressure during the treatment today. Afterwards, my client said she felt she benefited more as this was the first time there was nothing else in her system. She felt sleepy again and I recommended she drank some water before going out. My client was excited to tell me that she is planning to start college soon and wants to take her GCSEs and maybe go into drug training. It was wonderful to hear her discussing her future and believing that she could achieve her goals. I suggested she make contact with Compass, who run training and access courses, as they may have similar services in Mansfield

Client A arrived a week later with a slight limp. Her left foot was causing her a lot of pain and she had no idea why. She had spent yesterday in Accident and Emergency where the staff did an X-ray and gave her painkillers. There were no DVT or breaks and she was told to rest. My client was happy for the treatment to go ahead and said she was really looking forward to it. I told her I would avoid the leg area and helped her sit on the chair in a position that supported her foot.

During the treatment Client A opened up a little more, as she has done every session and I learnt that she has 3 children who don't live with her. Twin girls aged 9 and a son. She gave birth when she was in her mid teens and now seemed quite acceptant of the fact that they were not with her. I didn't pursue the issue as I felt that it was her choice whether to talk or not.

Afterwards Client A said she would like to continue with the treatments and we talked about finding services that may offer therapies nearer her home in Mansfield. The staff at POW may know of agencies or be able to provide contacts for further information. Now that Client A is interested in making positive life changes, I talked about the importance of including fresh fruit and vegetables in her diet and drinking lots of water every day. This will assist in repairing her body, in particular helping to clear her skin and support the immune system, which are areas that show her stress.

## **Summary**

I feel that the sessions have been extremely valuable to my client. It has been a pleasure to see the difference, from the first session to the fourth, in her positivity, self-esteem and overall demeanour. Each week she allowed herself to trust me to a greater extent, which meant that she gained more from each treatment. I encouraged her to keep up the positivity and to maintain links with POW to support her withdrawal.

**Julie Todd/Healthy Highs Student/ July 2005**

## **Case Study 3 – Substance Misuse Team, Nottinghamshire Probation**

### **Client Profile - Bill**

For this study, my case study client will be known as Bill. This is not his real name. His identity remains anonymous for confidentiality purposes.

Bill is a 36 year old male who is currently attending an 18 month DTTO which is due to finish in November of this year.

He used Heroin for 5 years stating that he only smoked it as he thought that injecting was 'scary'. He has also taken 'speed' ( amphetamines) and ecstasy in the past.

When I first started seeing Bill he was prescribed Methadone 38mg daily and was on a reduction programme of 2mg per fortnight.

### **Initial consultation**

Bill presented with no contra-indications to treatment at consultation. He reported having a drinking problem and had consumed 2 cans of lager earlier that day. He did not appear to be inebriated. He was sweating profusely, which could have been a side effect from the Methadone or the cocktail of mixing Methadone and alcohol.

Bill had jumped at the chance to try complementary therapies, as he 'needed to learn how to relax and improve his sleep', which was poor. He spoke very openly about his problem with alcohol and admitted that he had replaced heroin with drink. He didn't want this to continue and was determined to do something about it. He had been registered with APAS (Alcohol Problems Advisory Service) for the past 3 months which he found supportive but he said he was his own worst enemy and was not doing very well at cutting down.

He opened up well and told me that he experienced low moods and often felt depressed – drugs had ruined his life. At the time he wasn't seeing his children and he spent many hours each day worrying. Alcohol helped him relax – but he needed to find other ways to do so. We talked about alcohol being a depressant and not mixing well with Methadone (Also a depressant) – he was aware of this and had discussed issues with Drug Worker.

### **Areas of Tension ( Scoring 1 Good – 9 Bad)**

Bill identified 4 areas of tension:-

- Drinking Alcohol (4)
- Feeling healthy (5)
- Sleep Broken (5)
- Shoulder tension (7)

His chosen therapy was Indian Head Massage (IHM). I agreed that this would be a good choice, as it would help to lift his mood and improve his sense of wellbeing and would be able to address his shoulder tension. He reported after the first session that when he received IHM that he slept much better and 'it stops me drinking'.

**On the first session**, Bill presented with shoulder and neck tension and said that he had been feeling 'down'. He chose to receive the treatment with lavender (in Olive Oil base) to promote relaxation. We spoke about drinking alcohol before his session and I advised him that he would feel improved benefits if he arrived sober. There was also a chance that he would feel nauseous due to the effects of the alcohol combined with massage. Bill agreed to try to arrive sober for next session in one week's time.

**At session 2** he reported very positive effects from the IHM. His mood had lifted and he hadn't needed to drink much after the session. He had tried to attend sober but had drunk one can of lager 45 minutes before the session as he had started to shake and sweat. Is trying not to drink so much. Talked about needing a 'buzz' and we explored the idea of joining a gym – seemed interested in this. Could access one at local YMCA through Double Impact (DI) a project aimed at supporting people in recovery from substance misuse. Gave him information about DI. I used

more stimulating massage techniques around his scalp to promote an increased 'uplifted' feeling or 'buzz'. Have also suggested that he receives his therapy session later in the day next time to help him remain abstinent.

**At session 3** he reported that he had been able to avoid alcohol all week until the previous evening. Having difficulty dealing with stress – still uses alcohol to relax. Focused on his reduced habit overall. Drank too much and was aware of the 'downer' he was experiencing that day. He had attended an AA meeting, which had helped. Methadone dose was now reduced to 36mg. He had attended a court review that week, which had been very positive. His regular attendance at Healthy Highs had added to his improved attendance overall. He was very pleased with this and saw it as a real step in the right direction.

**At session 4** Bill reported that he was doing really well with his alcohol reduction and he was feeling much healthier. Had received some bad family news and had not turned to alcohol for support. He was now arriving for his IHM sober and reported that on the day of his therapy he would not touch alcohol. He had purchased some lavender essential oil and was putting some on his pillow at night, which seemed to be helping. He was also trying some breathing techniques to reduce anxiety and help him relax at night.

The assessment was completed and he reported an improved tension scoring in all 4 areas. He was particularly pleased that he wasn't drinking so much.

### **Areas of Tension ( Scoring 1 Good – 9 Bad) After 4 treatments**

- Drinking Alcohol (2) Reduction of 2
- Feeling healthy (3) Reduction of 2
- Sleep Broken (4) Reduction of 1
- Shoulder tension (3) Reduction of 5

Bill completed **Service User Feedback** and reported that the IHM had helped him to relax, improve sleep patterns, reduce cravings for drugs and alcohol, help with withdrawal symptoms and manage anger more effectively.

He quoted "**Therapies have helped me relax and reduce my drinking**"

He showed an interest in trying reflexology and was interested in trying a wider choice of therapies and receiving more sessions.

### **Conclusion**

Bill embraced the therapy service offered by Healthy Highs. He usually attended on time and spoke well of the benefits he experienced. His alcohol consumption had reduced ++ and looks healthier, is sweating less and appears much more positive in mood generally. His physical tension in his shoulders had reduced ++

I had been able to feed back regularly to members of his team, which had assisted in providing a consistent and 'joined up' approach. I had been able to understand a more Holistic view of Bill's care plan, where attending therapies were included as an identified action with positive progressive results.

I believe that Bill was able to reduce his alcohol consumption more easily because he was being supported by an additional service – i.e. complementary therapies. He really looked forward to his therapy session. His Probation Officer and Drug Worker reported an improved attendance and more positive approach to his treatment.

I was able to build a positive professional relationship which was very focused on Bill's well being. This enhanced the multi-disciplinary approach already offered by his team. I learned a lot from Bill as he was very forthcoming with information, providing me with an insight into his life as a user and in recovery. He wanted to change so made attendance at his therapy sessions a priority.

I recommended that Bill continue to receive complementary therapies in support of his continued recovery.

Throughout my placement, I found my supervisor to be very supportive and informative. The team within which I worked helped me gain essential knowledge into substance misuse and my buddy was there when I needed to discuss sensitive issues. There were no issues around disclosure with Bill.

**Pip Bateman/Healthy Highs Student/July 2005**

## **Appendix 2 – Confidentiality Statement and Service User Agreement**

### **HEALTHY HIGHS CONFIDENTIALITY STATEMENT**

#### **Confidentiality within Healthy Highs implies that:-**

Any information given to any student or team member from or about a particular service user may be discussed within the student/staff team, but will not be passed onto a third party without that persons explicit consent or agreement. Supervision sessions comply with a similar confidentiality framework and no identities are disclosed.

#### **Exceptions:**

What you tell us is private unless:

- 1) You have murdered someone or carried out an extremely violent attack
- 2) You, or someone else, is sexually or physically abusing a child
- 3) If there is an immediate risk of death or serious harm to you or any other persons
- 4) You, or someone else is posing a terrorist threat.

### **HEALTHY HIGHS SERVICE USER AGREEMENT**

Healthy Highs is committed to providing a safe environment for Service Users and Students/Staff.

Therapists are bound by policies which ensure confidentiality and safety for all parties when they are accepted onto the course.

Likewise Service Users are expected to demonstrate a corresponding Commitment and agreement.

All parties are asked to respect a persons religious, political, cultural and other beliefs and refrain from imposing their own beliefs on them.

Students and staff expect to offer their services free from verbal, physical or sexual harassment. Unacceptable behaviour may result in withdrawal of the service and further action may be considered.

I have read and agree to abide by the above statement

Name (Print).....

Signed.....

Date:.....

## **Appendix 3 – Enrolment criteria**

There are a multitude of courses available to train as a complementary therapist. In order To enrol on Healthy Highs, students must fulfil the following criteria:-

- Hold a qualification in a complementary therapy, which required over 6 months study and included study of Anatomy and Physiology and involved presenting case studies.
- Valid and current public liability insurance
- 2 References – one relevant to working as a Complementary Therapist
- CRB clearance (For Healthy Highs 2, this will be included in course charges)

The course is not open to Reiki Practitioners who have **only** completed training in Reiki.

Therapists will not be accepted if they have only attended a short introductory course. The Decision to accept students will be at the discretion of the management team.

## **Appendix 4 – Therapy Descriptions**

### **Shiatsu**

Shiatsu massage was developed in Japan early in the 20th Century. Although influenced by Western Medicine, it has its basis in Traditional Chinese Medicine and follows the same principles of energy and meridians as acupuncture. The practitioner uses fingers, thumbs, elbows, knees and even feet in a combination of massage techniques, applying pressure to key points to influence and stimulate energy flow in the body. Treatment is received fully clothed on a futon mattress on the floor or seated if preferred.

### **Reflexology**

Often referred to as compression massage of the feet. Reflexology is a relaxation and re-balancing therapy, which has been used for thousands of years. It is based on the belief that each part of the foot corresponds to a specific part of the body. The reflexologist is able to stimulate circulation and improve nerve pathways to specific parts of the body. Reflexology helps the body to become balanced by clearing energy blocks & removing toxins, therefore giving the receiver a feeling of well-being.

### **Indian Head Massage**

Indian Head Massage combines a blend of traditional Indian Massage techniques and the Ayurvedic Healing System. The massage, which is received fully clothed and seated in a chair, concentrates on easing upper body tension. Massage techniques are applied to the head, neck, shoulders and upper back. The receiver benefits from improved circulation, joint mobility, muscle tone, relaxation and a feeling of peace and well being. Particular oils may be used to enhance the effect of the massage - this is optional.

## Seated Acupressure

Described as acupuncture without needles, acupressure probably predates its better-known sister therapy. Part of Traditional Chinese Medicine, it is based on the theory of 'qi' or 'life energy' flowing through channels in the body known as meridians. Finger and thumb pressure is applied to acupoints to relieve ailments and promote harmony and health. This treatment is received through clothing in a specially designed ergonomic chair.

## Aromatherapy

Herbal oils have been used for centuries in many cultures to treat illness and promote well-being and beauty. The main principle of Aromatherapy is to surround the body with fragrances that make you feel comfortable, relaxed and at peace with yourself. The fragrances themselves come from the concentrated essences of plants, which are individually blended into base oils by qualified practitioners and applied through techniques such as massage and vaporisation. Oils relating to individual needs are blended to tailor-make each treatment

## Reference and contact information

Val Thomas; Best Foot Forward; Druglink; February 2003.

Useful links and contacts: The Association for Complementary Healthcare Practice with Substance Misusers. [www.achpsm.org.uk](http://www.achpsm.org.uk)

Double Impact:	0115 9567600 XT 315	<a href="http://www.doubleimpact.org.uk">www.doubleimpact.org.uk</a>
Nottingham City DAAT	0115 915 1958	
Holistic Health Team	01623 406272	<a href="http://www.holistichealthteam.com">www.holistichealthteam.com</a>

**Report by Pip Bateman/Healthy Highs Co-ordinator/September 2005**