

Introducing Therapeutic Touch to rural NSW

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Increasingly, Australians are considering complementary therapy when making choices regarding their health care. This is placing pressure on health care professionals to offer a variety of approaches to meet these needs. In rural areas there is a hunger for knowledge and skills in the use of complementary therapies. Therapeutic Touch is helping to meet that need. It is being applied in aged care in rural NSW, and is extending into the local communities.

WHAT IS THERAPEUTIC TOUCH?

Therapeutic Touch is a non-invasive complementary therapy in which the practitioner uses the intentionally directed process of energy exchange to facilitate the body to relax and be in the best possible position to facilitate its own natural healing responses.

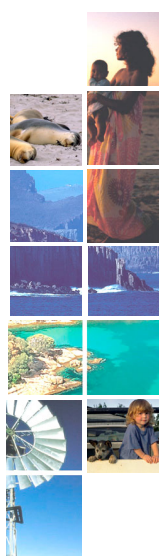
Therapeutic Touch has been derived from the ancient practice of the laying on of hands. It is based on the fundamental assumption that there is a universal life energy that sustains all living organisms. Although the idea of subtle vital energy is only just beginning to be accepted in Western medicine it has been a feature of Eastern therapeutic systems (Macrae, 1992). In eastern cultures, for example, energy is described in terms such as Chi, Qi, Ki and prana.

In the process of Therapeutic Touch the practitioner centres, or quietens the mind to give full attention to the client, un-distracted by other thoughts. Rhythmical movements of the hands in a downward motion, are used to consciously convey compassion and acceptance. It is not necessary to touch the body.

Therapeutic Touch is simple to learn, quick to administer, with intervention time ranging from 5–15 minutes. The client remains fully clothed, and lying down or seated.

Therapeutic Touch has been practiced in health care settings in the USA since the early 1970s. Scientific research has found Therapeutic Touch to be of benefit in critical care (Cox, 1999), increasing well-being in person with cancer (Giasson, 1998), relieving pain (Gordon, et al, 1998; Hoffmeyer, 2000; Keller and Bzdek, 1986; Meehan, 1993; Wright, 1987) decreasing anxiety (Gagne, 1994; Heidt, 1981), stress reduction in persons with AIDS (Garrard 1995; Ireland, 1998), drug addiction (Hagemaster, 2000), post partum (Kieman, 2002), and reducing the time for wound healing (Wirth, 1991, 1996).

The use of Therapeutic Touch ranges from neonates and midwifery to the elderly. Benefits for the elderly have included pain and stress reduction (Lin and Taylor, 1998), improving functional mobility (Peck, 1998), reducing anxiety (Simington and Laing, 1993), reducing agitated behaviour in dementia (Woods, 1996) and improving sleep (Braun, 1986).



CROSS CULTURAL

As a result of the research work and pioneering efforts of Dr. Dolores Krieger (Krieger,1983), Professor Emeritus at New York University and Dora Kunz, a natural healer, Krieger Kunz Therapeutic Touch has been introduced in over 80 countries (and many cultures), as an adjunct to support regular medical care.

Within Australia, it is recognised by the Royal College of Nursing as a treatment within the scope of regular nursing practice. It is also an accepted treatment in the Residential Care Scale in the Aged Care Sector, attracting funding where Therapeutic Touch is used as an intervention for managing difficult behaviour, pain management, sleep difficulties, wound care, and to support the dying in a peaceful transition.

The principles of healing upon which Therapeutic Touch is based can transcend the boundaries of cultural belief systems, making it an accessible support to regular medical care.

In Tasmania, for example, Therapeutic Touch has been introduced to the Tasmanian Aboriginal Community where it has created a bonding and sense of togetherness amongst people. Elders are now expressing interest in learning Therapeutic Touch so they can use it with their families (Gregory, 2002).

NETWORKING AND COMMUNITY KNOW-HOW

Therapeutic Touch was introduced to women health practitioners in rural communities in NSW in a pilot project "Therapeutic Touch in Aged Care". The focus was on the introduction of Therapeutic Touch to elderly people in health care facilities and to the local communities. Networking and community know-how in spreading Therapeutic Touch in rural regions form the story of this paper.

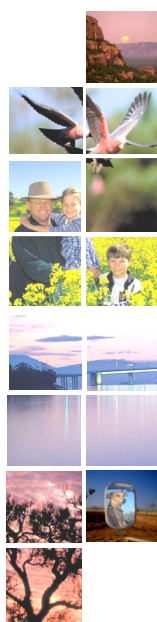
Networking began in hospitals and aged care facilities with Directors of Nursing, Diversional Therapists, Carers and community links in rural health following a presentation on Therapeutic Touch at the 2002 National Diversional Therapy Conference.

Aided by newspaper articles, phone calls, and friends telling friends, 32 people enrolled in the pilot training program.

PILOT TRAINING PROGRAM IN THERAPEUTIC TOUCH

Nurses, diversional therapists, activities staff, CAPS workers, trainee AINs, volunteers and individuals from the lay community undertook the initial 3-day Basic Therapeutic Touch in Aged Care training. In the experiential style of learning, the participants gave each other Therapeutic Touch, restoring their own energies as care givers and shedding feelings of burnout. The participants reported a sense of calm and relaxation during the training. Some said that they had not experienced such a stress free feelings for years.

During the training, firm bonds were established between participants who decided to meet on an ongoing basis to practice Therapeutic Touch. A Therapeutic Touch Support



Group was established. Participants, who completed the training, continue to meet together to learn and give each other treatments for stress relief, emotional support and physical relief associated with pain. This support is networking at its best – care for the caregiver by care givers.

To track the outcomes of the pilot program, contact with recipients was maintained and case studies were collected from course participants.

THE OUTCOMES

The outcomes for elderly clients, patients and residents

Case studies from the participants in the Therapeutic Touch (TT) training demonstrated interesting results. Samples from these case studies reported in nursing notes in aged care facilities are as follows. Therapeutic Touch was administered for time periods ranging from 5–15 minutes duration:

Dementia – TT administered immediately after tea due to potential of sun downing beginning at this time. Outcome: Normal pattern of sun downing did not occur. Normal relaxed conversation. Resident remained settled for the rest of the evening. No wandering, crying or repetitive questions. [Note: sun downing is the term used for wandering, agitated behaviour exhibited by some people with dementia.]

Resident objecting to going to the shower. Struggling and swearing, “You are not going to get me in there” (shower). Outcome: Resident calmed down and said, “We might as well get it over” and stood quietly while she was showered. Still quiet while being dressed but then started swearing again once dressed.

Pressure areas/broken skin on buttocks, groaning, eyes screwed up, complaining of pain, rolled up in foetal position. Outcome: Relaxed, rolled over and asleep by end of treatment. Slept 2 hours.

Bilateral hip replacement – now displaced. Severe pain. Outcome: Pain reduced from 5/10 to 0/10. ... Stated it made his leg muscles relax. Breathing deeper than before treatment.

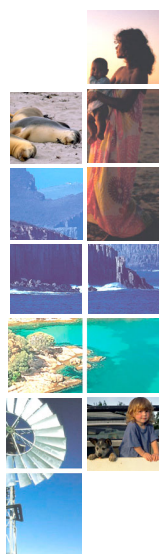
Neck pain. Resident said neck was extremely painful and she was having trouble moving it. Outcome: Pain reportedly reduced from 7/10 to 0/10. Resident smiling and no longer holding body parts.

Interestingly, these anecdotes reflect the findings of 121 case studies in other rural areas where data was collected from aged care facilities in Tasmania (Gregory, 2002).

Outcomes for caregivers and health staff practising Therapeutic Touch

Not only did the recipients find Therapeutic Touch helpful. The practitioners found that giving Therapeutic Touch enhanced their level of calm and eased work stress.

There was evidence in the case studies that staff are giving each other Therapeutic Touch in the work setting. One case study included the following comments: “Therapeutic Touch administered for stress/ headache to a colleague. Outcome: Verbal rating scale: Pain level: Pre TT – 8/10 ... Post TT – 1/10, Anxiety level: Pre TT – 5/10 ... Post TT – 1/10.”



There also appear to be fundamental changes occurring in the practitioner of Therapeutic Touch who administers it frequently to others. One husband of a health care professional wrote:

I don't know what it is about TT but my wife is able to cope with her busy life style with a greater sense of calm and organisation. I was concerned for my wife as she was loading herself up with a lot of pressure and I was afraid that she would break down from sheer exhaustion. Therapeutic Touch has interrupted the cycle of work, work, work to find time to relax and take time out to smell the roses.

These anecdotal stories are in keeping with the findings of Krieger (1987) who found that lifestyle changes occur for people who practice Therapeutic Touch frequently. This may be because the practitioner experiences a sense of calm and peace while administering Therapeutic Touch (Krieger, 1979).

Comments in case studies also suggested that Therapeutic Touch added another dimension to care giving that satisfies a sense of deep reward in being able to care in an intimate and meaningful way.

I am very sensitive to the client and feel my hands are becoming sensitive to the body and its need to be whole. I have great satisfaction in helping others to cope with the physical and mental stresses within their daily living.

Another practitioner wrote

I really enjoyed doing the TT course, meeting new people and being able to experience a sense of calm and peace within ones self. Doing TT with residents and seeing the change from agitation to a restfulness and calm and sleep makes me feel that I can make difference.

Outcomes for families

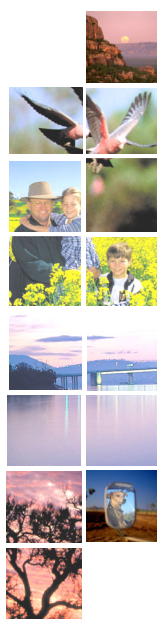
Anecdotal stories from the initial pilot training also found Therapeutic Touch being administered in family contexts. Terry, the family member of one Therapeutic Touch practitioner reported:

I suffer from chronic back pain and TT gives me the greatest relief reducing pain from 8/10 on the pain scale to approx 4/10. I lay down for the treatments and then rest to allow the treatment to help me. TT seems to clear the pain and I am able to cope with the reduced level of pain when all others alternatives do not assist

In the area of palliative care, family involvement is an important consideration. Thelma Williams, Health Service Manager described the use of Therapeutic Touch for the dying in this way,

Therapeutic Touch may assist in many ways, such as development of calmness and tranquillity, complement pain management, reduce involuntary movement, allow deep, comfortable sleep. Relatives may be taught the Hand Heart Connection [a method used in Therapeutic Touch] which allows them to be directly involved in the care of their loved one.

The knowledge that there is something a family can do together can create bonds of closeness and lessen feelings of helplessness.



With local training, networking is far greater and there are ultimate benefits to the client and ourselves. Through networking we sustain professional skills and maintain ongoing links and friendships.

RECOMMENDATIONS

The long-term goal is to train locally based Therapeutic Touch Teachers so that health care workers and their clients can more easily access the benefits of Therapeutic Touch. Such an ambition requires both formal, as well as the informal, networking described in this paper. The recommendation is that funding be provided to introduce Therapeutic Touch more extensively to rural communities.

SUMMARY

The delivery of this pilot program of Therapeutic Touch in rural NSW lead to unexpected benefits of networking and support for the local health community that went well beyond the initial intention of introducing Therapeutic Touch in aged care.

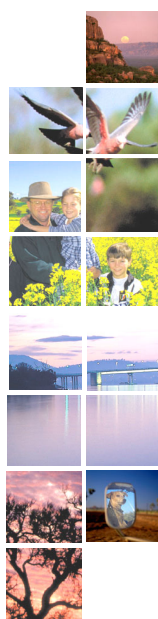
There are opportunities to research the effects of introducing Therapeutic Touch to local community health programs. There would appear to be a number of benefits that include:

- improved quality of care for clients, patients and residents
- increased care for the care giver
- professional networking and support that reaches beyond supportive conversation to compassionate care for each other
- reduced costs for training due to minimisation of travel expenses
- provision of complementary services that meet the growing demand of consumers wanting health care choices.

Therapeutic Touch is a versatile complementary therapy, which is simple to learn, and quick to administer.

Therapeutic Touch can have far ranging affects for the caregiver as well as the client – whether they be in care facilities, hospital settings or community health care. Therapeutic Touch can also have far ranging effects for families and communities within regional Australia. The main benefits are to improve health, promote healing, gain a sense of wholeness, reduce stress, reduce costs within medical services and maintain caregiver health, despite external stresses and environmental challenges.

The stories in this paper suggest that Therapeutic Touch can help people to meet physical, emotional, social and spiritual needs for well-being.



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PRESENTERS

Sue Gregory is an accredited occupational therapist, psychotherapist and a Qualified Therapeutic Touch Teacher and Mentor recognised by Nurse Healers Professional Associates International.

Sue has 25 years' experience consulting in the fields of occupational and personal health. Her initiatives to improve quality of life for people with lifestyles affected by health led to nomination as an expert adviser to the World Health Organization. She has held national and international university appointments and is a Fellow of the Tasmanian Association of Vocational Rehabilitation Providers. She recently received a Women in Business grant from the Department of State Development, Tasmania to assist in the development of her work in offering health services to rural communities.

Margaret Graham is a qualified Enrolled Nurse with 24 years' experience in regional health care in both state hospitals and the aged care sector. In 2001 Margaret completed Diversional Therapy studies and in 2002 she completed a diploma of Aged Care within the National Modules. In 2002 she has also co-ordinated Therapeutic Touch training seminars in the regional areas in which she lives, and also in the Goulburn Valley region of Victoria. Margaret is pleased to have brought Therapeutic Touch to regional areas and continues to work with Sue Gregory to bring this particular health service to other areas.

