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Is There a Place for Complementary and Integrative Therapies in Long-term Psychiatry?

by KATHLEEN LEHMANN RN-BC, PMH, EdD(c), EdS, MEd, BSN, BA

As our long-term psychiatric facility established an integrative medicine committee and opened its first serenity garden area for staff and patients, the time had come for western medicine to make way for eastern treatments. While some might think psychiatry to be radical, it is actually quite traditional. Clients meet with their primary provider or therapist, but inpatients work with a treatment team. This team of interdisciplinary professionals share in the assessment, planning, goal-setting and interventions. For this reason, I had to first educate and convince colleagues of the merit and possibilities of implementing a new holistic treatment group on the inpatient ward. I did this by sharing current research and finding the niche that would allow such a group to be implemented – chronic pain issues were impeding discharge planning for clients. This set the tone for nursing to lead the treatment team in pain assessment and non-pharmacological intervention, generally reserved for psychology service.

Our inpatient unit observed an ever-increasing number

of residents with complex pain issues, and the opportunity presented itself to introduce new therapies from a cadre of holistic methodologies. Because of the conservative inpatient setting, I obtained permission from treatment team members and identified a list of eligible residents for this closed group to be held one evening each week. Members were limited to those identified, cleared by the treatment team, and invited because of their pain issues. This afforded better monitoring of attendance, participation and results of the intervention over time. I established a written protocol and documentation template and identified a co-facilitator for this group. Having spent years expanding my professional toolkit to encompass complementary and integrative therapies, I looked forward to this opportunity to incorporate a more holistic approach in a mental health setting.

Engaging the Staff

Before implementation, I encouraged each staff member to have

an individual session with me. I presented them with a holistic treatment of their choosing so they could fully understand the experience that clients would share in the group sessions. This was to help staff connect with their own internal healing presence and to enlist their support, aligning with how Van Sant and Patterson (2013) describe the nurse's role to promote healing in psychiatric nursing:

Healing is an experiential, energy requiring process In psychiatric nursing, one way that the nurse promotes healing is, first, by realizing the power the nurse holds in one's body and mind and then by offering the patient oneself. (p.36)

Staff sessions included polarity therapy, Reiki, reflexology, and therapeutic touch, and were conducted in the same milieu (or therapeutic setting) in which each weekly group session would occur. This step was instrumental in reassuring participants of the gentle, but powerful, nature of these healing treatments.

Setting the Stage for Holistic Group Sessions

Residents were introduced to the concept of this new group ahead of time, drawing on the coincidental introduction of some of these basic therapies within the hospital. This helped to spark their interest, excitement, and sense of being part of a new treatment program.

The group was held in a conference room normally off-limits to residents, which could easily be set up in advance and afforded additional relaxation time after group for those desiring a longer session. The following enhancements helped to establish a calming and therapeutic environment for the group participants:

- A selection of New Age relaxation music set the tone before and after the group.
- Since the overhead lights were on a single switch, battery-operated camping lanterns were instead dispersed throughout the room to give a comforting ambience.
- Two soothing, colored-light wave devices were available for clients to focus on as desired.
- An electric aromatherapy device was used to enhance the overall quality of the residents' experience. In a recent study, Fung, Tsang, and Chung reported that "Compared with antipsychotic medication, aromatherapy had a better influence on the quality of life of patients with dementia" (p.380).
- Individual micro-bead bolster pillows were offered if clients wished to rest their head on the table in front of them; these were sanitized between sessions.
- A variety of squeeze toys and relaxation squeeze balls were made available to help clients maintain focus.

Holistic Group Sessions for Clients with Chronic Pain

The primary group experience was selected from a variety of guided imagery exercises. During each session, I also invited a group member to lie on a stretcher and have a simple "hands-on" treatment. Here the client was covered in soft colorful blankets while resting on micro-bead bolster cushions and using a scented eye pillow if desired. The only contact I had with these clients was to remove their shoes and physically hold their heels as a basic grounding technique. By the end of the session, the individual would often report warm positive feelings – a "buzzing" in their feet. In more than three years of conducting this group, I never had anyone feel it necessary to disrupt or end their grounding session prematurely.

Each individual was also instructed in basic mantram repetition, and encouraged to choose a personal mantra to focus their mind upon while lying quietly on the stretcher. A recent study by Borman, Thorp, Wetherell, Golsham and Lang (2013) describes the added benefits of using a personal mantra during meditation by those with posttraumatic stress disorder. Clients in the holistic group sessions also reported enhanced positive effect from the mantram repetition.

I ended each group asking if there were any special requests for a snack (i.e., strawberries) for the following week. Non-participants were invited without prejudice to participate in this wrap-up portion of the group, but generally declined.

Attendance was initially good but soon fell off as residents who were well-practiced in relying on medications only for their pain management began to resist participation. I committed to regularly inviting them each week to the group – and documented this for one year!

Inviting Residents with Chronic Schizophrenia

As the core group dwindled, I began to invite members of the resident community without diagnosed pain issues. These were predominantly long-term residents with chronic schizophrenia. It was exciting to introduce seriously mentally ill persons to this new world of holistic modalities. They reacted wonderfully to the experience and looked forward to attending each week. When offered, a small handful requested and used their own sample of the music to help them relax or sleep.

The basic rule for this group was to leave any negative feelings or conflicts outside of the room. On rare occasions, an individual was too agitated to participate, or it became necessary to ask a disruptive member to leave for the benefit of those remaining. I was then able to monitor the level of attention and relaxation. Often this was measured in baby steps – in increments of mere minutes. Occasionally a severely psychotic member would be unable to stop self-dialoguing, or another would use the squeeze balls to bounce on the floor, table, or against the wall. Still, progress was measurable by the ability of clients to tolerate and participate in this activity over time.

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Recommendations for Future Trials

Sadly, after a number of physical relocations with attempts to recreate the experience, none of the new environs could adequately support the group as it had existed. The first hindrance was the inability to offer an individual grounding session within the group. In the end, the greatest obstacle proved to be the lack of electrical outlets or the ability to darken the window light of those rooms available for use. Attempts were made to adapt large spaces for this group, but proved to draw disruptive traffic as well as generally being unsuitable for sound, light, and aromatherapy. Solli and Rolvsjord (2014) observed that inpatients with serious mental illness exposed to music therapy consistently reported a general improvement in their well-being, rather than any reduction in their specific symptoms. These findings reinforced those of Bloch et al (2010) who reported a positive effect on anxiety, depression, insomnia and quality of life as measured by a variety of scales.

We now continue to have more classic relaxation groups, using autogenic and differential relaxation techniques in broad daylight settings. I'm thrilled and honored to have had the opportunity to introduce my seriously mentally ill clients to new treatment modalities and encourage anyone considering it to further explore the healing benefits of holistic group sessions with other impaired and chronically ill populations.

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Upon her return to the United States, she served as co-chair of a hospital-wide integrative medicine committee introducing these concepts to staff and residents. She has presented posters about her work at national nursing conferences.

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