Recent findings indicate that complementary and alternative medicine (CAM) therapies are used by two-thirds of Americans. Large surveys and clinical observations indicate that issues related to mental health are among the most common reasons people in the general population seek complementary therapies. Their reasons are anxiety, depression, substance abuse, chronic pain and affect disorders. Researchers conclude that complementary and alternative therapies are used more than conventional therapies by people who have self-defined problems of anxiety and depression. Most people visiting conventional mental health providers for these problems also use CAM therapies.

It is clear that CAM therapies enjoy interest and use across a wide spectrum of mental health problems; the evidence indicates that some of these therapies contribute positively to mental health outcomes. This is especially noticed in the reduction of symptoms related to anxiety.
and depression, and the receiving of a generalized feeling of relaxation.

Evolution Of Community Mental Health Services

Community mental health practices in the United States historically have been based on a combination of psychosocial interventions and, when appropriate, pharmacological medications. This combination is considered, in a limited sense, to be an integrative approach to patient care. The problem with this system of care is that it is too narrow in its understanding, not only of the effects on persons with chronic psychiatric disability, but also of their needs. In an acute crisis, treating the social problems and the symptoms of the illness are not enough. According to Patricia Deegan, a leader for Consumer Recovery Movement in Mental Health, “The effects of chronic psychiatric disability have a dehumanizing effect on a person, transforming an individual from a person to an illness,” she says.

The mental health system of care must concern itself with the effects of long-term disabilities and assist in alleviating them. Deegan says that service providers need to start creating hope-filled treatment environments. People who come for help need to experience themselves as more than their problems. If they feel nurtured and are given appropriate opportunities, they will learn ways to become responsible for their own health care and well-being. Mary Ellen Copeland is a self-identified consumer of mental health services and an author of articles on how to recover from psychiatric disabilities. “A long-term psychiatric disability leaves a person disconnected from themselves, others, their environment and from the meaning and purpose of life,” she says. “Recovery is the process in which people begin to rebuild and further develop important connections, while gaining a sense of empowerment. People have to relarn new feelings and beliefs. It is a process of self-discovery, self-renewal and transformation.” The transformation in recovery is away from a focus on illness to one of wholeness and health.

One Mental Health Center’s Experience In Creating An Expanded Model Of Integrative Care

Counseling Services, Inc. (CSI), is a comprehensive community mental health center in southern Maine. The service area is largely rural, and the clientele is primarily low income. Ninety percent of the clientele have severe, chronic, mental health disabilities. More than half have reported a history of traumatic life experiences, such as physical abuse, sexual abuse and domestic violence.

The decision to offer CAM therapies began in the spring of 2000, as a result of a convergence of factors. The CM philosophy is that CAM therapies can promote the concept of recovery by offering a wide range of health opportunities. People can choose what would benefit their healing process.

The opportunity to choose from a menu of health-related treatments can enhance feelings of personal empowerment and generate an interest in self-care. Without the menu option, many clients would not be able to afford CAM therapies due to their limited income. Research has provided evidence that traumatic life experiences affect the body, as well as the mind and emotions. Full recovery depends on a person’s ability to experience a sense of physical safety, as well as a need to release the traumatic memories that are stored at the cellular level.

The clinical staff also was experiencing frustration at the slow clinical progress of clients who were receiving psychotherapy. Other factors that precipitated the development of this program included inquiries by clients as to whether CAM therapies would be helpful, and the exploration of CAM therapies by several clients on their own initiative (massage, reiki and acupuncture).

Complementary Treatment Modalities

The modalities selected were massage therapy and several energy treatments, such as reiki, healing touch, energy medicine and acupuncture. The most frequently requested treatment was massage therapy (65 percent). All modalities were chosen due to the virtue of their noninvasive nature, lack of risk of side effects, availability of licensed practitioners and client interest. The belief in the program is supported by research and experience. The effectiveness of these therapies in meeting the needs of our clients has resulted in the following:

• Decreased symptoms of anxiety and depression.
• Encouraged a general feeling of relaxation with additional feelings of calmness and contentment.
• Provided a nurturing environment where a person could feel cared for.
• The opportunity to experience touch and physical closeness without fear of being hurt (trust).
• Awareness of how the body feels to be in a safe place and experience pleasure.
• The ability to have positive emotional experiences, which help build an inventory of personal resources for managing life-stressors.

Treatment Protocols

Intervention consists of 10 sessions of massage therapy and any other of the energy therapies, with the exception of acupuncture where the client has up to eight sessions. The maximum number of sessions is based on the agency’s ability to pay. Assignment is determined by the client’s interest and willingness to receive a certain modality, the intuitive and clinical judgment of the client’s individual psychotherapist and the director of the program, and the availability of practitioners. All clients receive printed information about the risks and benefits of the CAM therapies. The client’s psychotherapist attends the first meeting with the CAM therapies provider so that the three parties can discuss the client’s needs and ensure an environment of safety. On an as-needed basis, the psychotherapist attends other CAM therapy sessions to further support the client. Between sessions, the psychotherapist and the CAM therapy provider communicate with each other about client progress and
needs. At the end of the session, a written evaluation is done by the CAM therapist and shared with the client and psychotherapist.

It is important to have a choice between the hands-on techniques, such as massage and energy-based touch therapies, which can be done “off body” (i.e., in the energy field surrounding the body with no actual physical contact). By using these modalities, a client who has been physically abused can be helped without direct physical contact unless, or until, they feel ready to receive massage therapy.

**Staffing**

The CAM therapy providers function as independent contractors with the agency. Prospective providers were carefully screened by the program director, who then made selections based on experience, maturity, knowledge of the work and willingness to work in a close, collaborative relationship with the agency and mental health staff.

The providers perform four primary functions. First, they receive referrals from the mental health clinician. This involves an initial face-to-face meeting between the mental health clinician and the client. The purpose of this meeting is to provide more information about what the client can expect from the treatment and to hear concerns that the client may have prior to the actual therapy. The next step is to provide the actual CAM therapy. Providers must maintain communication with the mental health clinician regarding the client’s progress during the course of treatment. At the end of the services, each provider must complete paperwork that includes progress notes and an evaluation.

These researchers have found that with the responsibilities described above, it is critical that the CAM therapy provider maintain a high level of commitment to the program and to the concept of collaboration with mental health center staff. To support the CAM therapy staff, the researchers periodically hold retreats in which both they and agency staff participate for the purpose of team building and continuing education. The program director is always available to provide support and ongoing consultation to all CAM therapists.

**Findings To Date**

Self-report questionnaires are completed by the client and the referring clinician both before and after CAM therapy. The questionnaires look at the expectation of the treatment outcomes and the perceived helpfulness of the session. The results fall into two major categories: psycho-emotional and somatic-related.

Psycho-emotional reasons that have been given by clients include to relax and feel peaceful; to feel less depressed, anxious or fearful; to have more energy; to be able to cry again or feel sad feelings; to enjoy the moment; to have a greater sense of control over their lives; and to feel better about themselves.

Somatic-related reasons expressed by clients have included, to be able to feel their physical body; to feel less pain in their body; to experience nonhurtful touch; to like their body better, and to have more control over their body.

**People have to relearn new feelings and beliefs. It is a process of self-discovery, self-renewal and transformation.**
MAGGIE’S STORY
Maggie is 58 years old. She says she was physically and sexually abused for more than half of her life. Maggie has been receiving individual and group counseling for 20 years, which has helped her understand that the abuse was not her fault. Counseling helps her work through her problems; she claims that without her counselor’s support, she would have killed herself.

After all her years in counseling, Maggie still could not look at her body. “I hate it,” she told her therapist, “and when I really feel down, I abuse my body.”

Her counselor suggested that Maggie learn new ways to experience touch and care for her body. She suggested Maggie see a massage therapist. “I was scared at the thought of this,” Maggie admits.

After discussing this for weeks, Maggie agreed to see a massage therapist. She thought she could accept foot and hand massage. Her first visit she was fearful, but hopeful. She could not believe that the massage therapist asked her where she felt comfortable being touched. This had never happened to her before. “[The massage therapist] gave me a lot of choices I didn’t know something was happening to me, that was different.”

Maggie has continued receiving massage therapy as part of her mental health treatment over the last four years. She now receives full body treatments and no longer abuses her body. During the winter she feels more isolated and alone, but uses acupuncture to help with her depressions. “I am learning to be open to try many things that help me heal.”

Maggie appreciates how CAM therapies have helped her. “I have learned to relax and feel safe; this helps me not only be aware of when my body and emotions feel pain, but also when I feel good.”

In our experience, clients often know that massage or energy therapies can help them overcome emotional issues associated with physical trauma or body image.

Clients who have completed CAM therapy report that their expectations have been met 86 percent of the time. In our experience, clients often know that massage or energy therapies can help them overcome emotional issues associated with physical trauma or body image. Clients who have completed CAM therapy report that their expectations have been met 86 percent of the time. Areas of particular interest included a sense of interpersonal presence in the presence of the CAM therapist and having more awareness of their body sensation, such as less pain, relaxation and tightness. During the course of therapy, they report more comfort in telling their therapist where to touch and where not to touch their body (interpersonal boundary setting). Lastly, many reported feeling less shame about their bodies.

More than 100 people have completed the program, and there have been more than 100 referrals. Some people start the program and cannot complete it for various reasons (e.g., moving away, transportation difficulties, physical illness or no longer receiving mental health treatment).

Discussions
Counseling Services may be the first comprehensive mental health center to have a CAM therapies program. The center is interested in providing information and collaboration with interested organizations.

Fund the program requires innovation and support on the part of all staff, management and the board of directors. Clients are not billed for the services. The program is funded by private donations, the agency annual appeal and small grants, which have included grants from the American Massage Therapy Association and the United Way of York County, Maine.

Recently CSI has established a formal data collection regime to evaluate the outcomes, as well as to substantiate the effectiveness of various CAM therapies in helping the recovery of persons with psychiatric disabilities. This data will be critical to future fundraising efforts.

These researchers’ experience in the program shows that it is feasible to apply an integrative approach in community mental health with creative program planning and collaborative relationships with community-based practitioners. It has been instructive for mental health clinicians to learn from CAM therapy providers about somatic and energetic paradigms of intervention.

CAM therapy providers have benefited from the insights of mental health practitioners about the psychological and emotional aspects of trauma and psychiatric illness. Both groups have expanded their thinking and deepened their understanding of what kinds of interventions can benefit people with mental health concerns.

These researchers have also found that many CAM therapy providers feel an increased sense of commitment to community well-being and are eager to participate in cross-disciplinary collaboration.

References
Ethics Is A Verb: Are You Doing It?

Looking at ethics on paper is one thing, but do you know how to put them into action when the challenge arises?

Before I write about a subject, I consult with dictionaries and resource materials to help me clarify my perspective so that I can better explain it to my readers. Because I wanted to describe more about what ethics actually means for us as massage and bodywork therapists, I looked for the word “ethics” in every dictionary I own. It is typically summarized by the following statements.

Ethics is:
• The study of moral standards and how they affect conduct. A system of moral principles governing the appropriate conduct for an individual or group. [www.encarta.msn.com]
• The study of right and wrong human conduct. A set of guiding moral principles that govern one’s course of action. (The New International Webster’s Comprehensive Dictionary of the English Language, 1996).

The words that are repeatedly used in these definitions are colorless and action. While ethics is grammatically categorized as a noun, these definitions make it clear that ethics manifests in behavior. It is not about how one thinks or what one believes that determines ethicalness; it is about what one does.

It is easy to say that you are committed to ethics, but do your actions support your commitment? This writing presents a sort of ethical litmus test. Using the American Massage Therapy Association Code of Ethics as a guide, you are invited to answer questions that help you assess if your behavior substantiates that you are ethical.

Codes Of Ethics

Human nature is wonderfully complicated and diverse. Our differences are necessary and valuable, but they can also cause great difficulty and conflict. People disagree, sometimes to the point of marital divorce, on issues such as religion, how to celebrate holidays, the importance of material possessions and how to raise children. How, then, can a group of people be expected to come together and automatically agree on the priorities, beliefs and values for the group? A written code of ethics attempts to solve this disparity.

Through its code of ethics, a professional organization attempts to ensure the ethicalness of its members by asking them to agree to what it declares is true, right and appropriate conduct for the organization. As presented on this page, the AMTA has stated its expectations for ethical conduct. It is followed by questions I have created for your reflection and response. You do not need to be a member of the AMTA to consider its code in order to gain clarity on your ethicalness. AMTA statements declare essential, commonly held beliefs and standards that are reflected in the codes of ethics of many other health professional and massage and bodywork organizations.

Let’s Get Honest

Each of the statements in the AMTA Code of Ethics will be restated below, followed by questions for you to answer. You may simply think about your answers or write them down, but at the very least, take a few moments to truly reflect on what comes to your mind in response to what is stated and asked. If you find that you don’t have definitive answers to the questions, strive to be as specific as possible.

Demonstrate commitment to provide the highest quality massage therapy/bodywork to those who seek their professional service.
• What does the term “highest quality” of massage therapy/bodywork mean to you?
• If you were a client, how would you know if the therapist was providing high-quality service?
• What would a therapy session look like if the therapist gave low-quality service?
• List three specific things that you would say to a friend who was referring to your massage therapist to prove to your friend that the therapist provided the highest quality service.
• Considering your responses to the above questions, what specific changes can you make in your practice to ensure that you offer the highest quality service to your clients?

Accept responsibility to do no harm to the physical, mental and emotional well-being of self, clients, and associates.

This code of ethics is a summary statement of the standards by which massage therapists agree to conduct their practices and is a declaration of the general principles of acceptable, ethical, professional behavior.

MASSAGE THERAPISTS SHALL:
• Demonstrate commitment to provide the highest quality massage therapy/bodywork to those who seek their professional service.
• Acknowledge the inherent worth and individuality of each person by not discriminating or behaving in any prejudicial manner with clients and/or colleagues.
• Demonstrate professional excellence through regular self-assessment of strengths, limitations, and effectiveness by continued education and training.
• Acknowledge the confidential nature of the professional relationship with clients and respect each client’s right to privacy.
• Conduct all business and professional activities within their scope of practice, the law of the land, and project a professional image.
• Refrain from engaging in any sexual conduct or sexual activities involving their clients.

AMTA CODE OF ETHICS

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• Acknowledge the confidential nature of the professional relationship with clients and respect each client’s right to privacy.
• Conduct all business and professional activities within their scope of practice, the law of the land, and project a professional image.
• Refrain from engaging in any sexual conduct or sexual activities involving their clients.

Accept responsibility to do no harm to the physical, mental and emotional well-being of self, clients, and associates.
Ethically Speaking

Ethical statements can be ambiguous. You can see how their effectiveness depends upon personal interpretation and clarification. Behavioral compliance in ethical matters depends upon individual understanding and perspective.

mean to you, and how might it show up in a massage therapist/client relationship?
Do you think treating a client with more special considerations than other clients is a form of discrimination? Why or why not? (Example: You would make room in your overbooked schedule only for particular clients.)
• Do you think working exclusively with one population of clients is a form of discrimination? Why or why not? (Example: Your clientele is exclusively female.)
• What does the term “prejudice” mean to you, and how might it show up in your relationship with clients?
• Do you think there is a difference between not liking a client and being prejudicial toward them? If so, how and why?

Demonstrate professional excellence through regular self-assessment of strengths, limitations and effectiveness by continued education and training.
• What do you think self-assessment has to do with ethics?
• What methods of self-investigation do you do on a regular basis? Does your self-assessment typically include consideration of your strengths?
• What do you do when you become aware of your inadequacies, limitations or ineffectiveness with a client?
• Do you think taking continuing education courses should be required for all professional membership and licensure renewal? Why or why not?

Acknowledgment the confidential nature of the professional relationship with clients and respect each client’s right to privacy.
• Do you think discussing a client without using his or her name is a breach of confidentiality? Why or why not?
• If two of your clients are siblings and one asks you about whether or not the other came to see you last week, is it a breach of confidentiality to answer the question factually? Why or why not?
• Do you know what HIPAA stands for and how it impacts you as a massage therapist/bodyworker?
• Has a health-care professional ever violated your confidentiality? Your privacy? How did it feel?
• What specific means do you employ to ensure a client’s confidentiality? Privacy?

Conduct all business and professional activities within their scope of practice, the law of the land, and project a professional image.
• Are you certain that all of the techniques, modalities and methods you use with clients are within your scope of practice?
• If you have a question about whether or not it is appropriate for you to, for example, teach strengthening exercises to a client, where do you look to find the parameters of your scope of practice?
• Do you have a copy of the massage therapy laws and statutes that govern you under your license? Are you currently functioning completely within your local laws, including zoning laws?
• Do your dress code reflect that you are a professional massage therapist/bodyworker? How, specifically, do you know?
• What are you comparing it to?
• Is it definitely within your scope of practice to advise a client to: Drink more water? Meditate? Stretch? Walk/exercise more? See a counselor for emotional support? Take vitamins or nutritional supplements? In all situations, why or why not?

Refrain from engaging in any sexual conduct or sexual activities involving their clients.
• In your opinion, does this statement imply that it is acceptable to date a client if there is no sexual activity? Why or why not?
• Are you clear about your behavioral parameters regarding massaging your intimate partner?
• Do you, or would you, have different boundaries with your intimate partner than you do with clients? Why or why not?
• How do you handle your physical/sexual attraction to a client?
• What would you do if you heard from reliable sources that another massage therapist/bodyworker was sexually inappropriate with a client?

Accept responsibility to do no harm to the physical, mental and emotional well-being of self, clients and associates.
• Without using the word “harm,” explain what the phrase “do no harm” means to you.
• Explain how a difference of power exists between you and your clients.
• If you weren’t ethically sound, in what ways could you exploit a client? An associate?
• By what specific means can you ensure that you are doing no emotional harm to a client?
• What specific behaviors would indicate that you accept responsibility to do no harm to your physical well-being? Your mental well-being? Your emotional well-being?

Wrapping It Up

By now, you may deduce that ethical statements can be ambiguous. You can see how their effectiveness depends upon personal interpretation and clarification. Behavioral compliance in ethical matters depends upon individual understanding and perspective. By honest reflection and response to the questions presented, you have the opportunity to shed more light on how you think, feel and behave in the matters succinctly outlined by one professional code of ethics, namely AMTA’s. More importantly, I hope that this has offered you an opportunity to consider how your commitment to ethics might be better expressed by changing and modifying your behaviors.

Answers to ethical questions are easy in theory, but not so easy in real-life situations. It is our behavior—that we do—that leads us either closer to or further away from what we proclaim to be. This column is more about questions than it is about answers. I hope that you will learn more about yourself and, in turn, find and live out your own ethical solutions.

The best way to know how ethical you are boils down to answering one simple question: Are you doing it? Dianne Polseno, former chair of the National Ethics Subcommittee, is a practicing massage therapist, practical nurse, academic director and teacher at the Bancroft School of Massage Therapy. She is the author and publisher of Comprehensive Review Manual For Massage Therapists. She can be reached at: 1 Raymond St., North Smithfield, RI 02906-4215, or at: dpolseno@bancroftspmt.com.