

Self-soothing in a tube

The complementary therapy team at The Christie NHS Foundation Trust provide an insight into the development and use of aromasticks

Aromasticks can be a great way of delivering a blend of essential oils (EOs). The sticks can be easily assembled and personalised for the individual client as required. Perforations in the top of the tube (see photo right) allow the aroma to be inhaled as and when needed. The outer protective cover enables the stick to be carried around and limits evaporation of the EOs.

At The Christie NHS Foundation Trust, Manchester, our team of aromatherapists has been developing aromastick blends for use with patients undergoing cancer treatment. Aromasticks have subsequently become a very popular option in our therapists' toolbox for a range of symptoms and concerns. We have even expanded their use to include offering them to carers and in our staff clinics. As with our other innovative complementary therapy activities, we have conducted formal evaluation projects, which have been published.

In this article we share our experience of developing the use of aromasticks and have included useful practice points for aromatherapists wanting to include the sticks within their own toolbox.

Getting started

Originally, some of our therapists experimented with soaking aromastick wicks with residual aromatherapy massage oil to give to clients as a 'take away' personalised blend. We found this acted as a positive memory of the wonderful sensory, aromatic massage experience. Technically, this works as an 'anchor', allowing patients, carers and staff to be reminded of the experience and so



revisit the calming effects of aromatherapy and touch whenever they choose to, without the therapist being physically present. Aside from being a portable gift it also acts as a reminder of an enjoyable experience to be revisited at the next booked session – a great advert, particularly if you put your contact details on the aromastick label.

Sourcing the aromasticks has become much easier, with the tubes and wicks now readily available from many essential oil companies. The quality and style of the sticks vary between suppliers so it is always wise to ask for a sample before placing a large order.

The next step involved the team making 'mother blends' – a larger volume of a blend to use for making a number of aromasticks. Various EO combinations were developed for specific concerns (for example, struggling to

sleep) and then tried out on each other and our family and friends. A group of six blends made it to our shortlist for the evaluation phase with patients and carers.

The first aromastick evaluation project involved 160 patients with a range of concerns and symptoms.¹ We have subsequently included aromasticks as one of a group of calming interventions for patients having radiotherapy procedures, such as scans;² patients with needle phobia³ and to support our smoking cessation work.⁴ This activity not only reported positive evaluations but also highlighted the safety of our blends, with no adverse effects reported.

Our growing experience and skill in using aromasticks is now shared regularly through our workshops and courses, as well as published articles by the team.^{5,6} We have also been successful in sourcing charitable funds to cover the costs of a regular order so the aromasticks blends can be provided free to our patients.

Essential tips for creating aromasticks Blending essential oils

A blend may contain three or four EOs, allowing for a synergistic effect, whereby the aromastick has complexity and suitability for a range of symptoms and concerns – patients undergoing chemotherapy, for example, may be experiencing multiple concerns, such as nausea, anxiety and insomnia.

It helps if the individual components of the blend are neither identifiable nor overpowering; this avoids associating a single aroma with a stressful event, such

as cannulation. It has been helpful for us to develop several EO blends, with two or ideally three blends offered to encourage personal choice.

Some EOs are extremely costly so any blends need to be affordable, particularly when preparing batches of 50-plus aromasticks each week. These prepared aromasticks are numbered, dated and then stored in a refrigerator until required.

Motherblends

For accuracy and convenience, we make and store blends as 30ml volumes – the ‘motherblend’. Aromasticks come as component parts (*see photo right*) with a wick that can be loaded with up to 20 drops of a motherblend. Importantly, this ensures reproducibility, essential for research work evaluating the intervention in certain clinical situations or for clusters of symptoms.

Motherblends typically combine three or four EOs. We have found bergamot (*Citrus bergamia*), frankincense (*Boswellia carteri*), lemon (*Citrus limon*), mandarin (*Citrus reticulata*), lavender (*Lavandula angustifolia*), melissa (*Melissa officinalis*), neroli (*Citrus aurantium*), benzoin (*Styrax benzoin*) and black pepper (*Piper nigrum*) to be among the essential oils useful to our work.

Box 1. Aromastick ownership process

Suggestion/intervention – suggested wording in italics	Rationale
Ideally offer a choice of three different blended aromasticks.	Choosing is empowering.
Warm the blend by rolling the aromastick quickly between the palms.	Brings EO blend to room temperature enhancing the aroma.
Unscrew the cover saying, <i>keep the cover on until you need to use the aromastick</i> . It might be to calm before a procedure or before settling down to sleep.	Indicates the client is setting the scene for a helpful intervention.
Suggest he/she abstain from making a judgment on a preference – note their immediate response and any desire to re-sniff a proffered option.	Promotes curiosity, engagement and personal preference in the process.
Pass each blend under the nose back and forth, pausing for a few clear air breaths.	Allows for reflection and slows breathing down to deeper and fuller breath.
Suggestion – <i>it’s okay to revisit a potential choice. Know that you will be drawn to one or more. Trust your instinct – your nose knows best.</i>	Encourages trust in one’s own discrimination process.
Once a choice has been made, write the client’s name on the label. Pass it over, holding their receiving hand around the tube, saying <i>this is just for you, not anyone else. When choosing to use your aromastick always hold it two to four centimetres below your nose.</i>	Reinforces ownership and the process of opting to self-soothe.
<i>Breathe in through your nose in a steady comfortable breath.</i>	This allows the EO vapours to be absorbed within the nose.
<i>Breathe out gently and slowly through your mouth.</i>	So the EO vapours are not immediately blown out again.
<i>Repeat this comfortable in/out breathing twice more. This set of three comfortable breaths is an easy and effective way for you to benefit from using your aromastick.</i>	Utilises a rehearsed structure to the process – a self-soothing pattern.
<i>Recap the aromastick and keep it on hand in your pocket or handbag for use as and when you need to regain and reinforce your calmer self.</i>	Installs the aromastick as a gift and also as a future resource.

Sell by date

Importantly, we do not use EOs that are coming to the end of their shelf life because a client may hold on to their aromastick for weeks or even months.

For practicality, we have chosen EO blends that give us a best before date of about two months. It is important to remember that highly volatile blends – for instance, with a high citrus content – may only be effective for a few days before the aroma potency starts to reduce.

Labelling

At time of preparation, we label the aromasticks with the number of the motherblend used, the date it was made and the maker’s initials. The patient’s name and a second date are then added when the aromastick is dispensed.

To ensure patients do not attempt to recreate a blend with inferior EOs we decided not to list the ingredients on the label. This also ensures patients do not identify or adversely associate with any single EO.

A record of all EOs used is kept, including the individual EO batch numbers, the date of making each motherblend, and the date of dispensing each batch of aromasticks. This enables any given aromastick to be tracked.



Safety checks

Inhalation is a fast and accessible route for the administration of EOs. When offering from a menu of prepared blends there are cautions to be aware of, for example, if a patient has any known sensitivities or negative associations with component EOs of a blend. Advise your clients to contact you with any concerns they may have with the use of the aromastick. In our experience of follow-ups, patients’ most common request is, ‘I love it, can my partner/friend have one?’ It’s advisable not to share the aromastick, primarily because of the risk of cross-infection, but also because the blend has been considered safe and appropriate for the individual client and not any third party. Always ensure aromasticks are prepared in a well-ventilated room, all equipment is clean and work surfaces protected in case of accidental spillage.

Enabling your client to get the most from an aromastick

Our priority in offering aromasticks is to introduce the idea, or even better still suggest a link, between the use of an aromastick and feeling more relaxed. While an aroma ‘instant hit’ would be ideal, our experience has taught us to recommend patients to reinforce and strengthen the hit. So each and every time the aromastick is used, a response builds and builds. A key skill to achieving and promoting a calmer state is the capacity to ‘self-soothe’. The ability to comfort oneself is learned in early childhood. For many of us a security blanket or a favourite soft toy becomes an important attachment object that offers support when other forms of comfort are unavailable.

Interventions that assist with self-soothing need to be ‘engaging’ and to be successful over the long term should create a sense of comfort and safety. As we grow and develop, self-soothing can be elicited from hobbies, massage and other enjoyable activities.

Box 2. Case study one - standalone aromastick

Client A, aged 45, with ovarian cancer, was attending for chemotherapy. Previous visits had been made difficult because of 'needle phobia' – each time Client A had become tearful and anxious with the procedure, taking two or three attempts on either arm to place the cannula. An aromatherapist was called to assist. An aromastick was chosen by Client A from a selection of three, just prior to the nurse setting up for venous cannulation. During the procedure the therapist held the aromastick under Client A's nose as either arm could be required. Having described her feelings and concerns using descriptions of colour, weight and temperature, Client A was then invited to close her eyes and to draw in the aromas from the stick along with her in breath, pulling in a comforting colour, an opposite temperature and sense of weight or weightlessness in whatever area the body needed it.

Client A appeared to drift during the procedure, breathing slowly and calmly and hardly seemed to register the cannulation, which was successful on the first attempt. After opening her eyes to view the plastic cannula in place she smiled and said, 'I was a warm, settled, cuddly, white fluffy kitten as opposed to a scared, hot, brown mouse running for my life'.

Maladaptive and harmful self-soothing activities include comfort eating, smoking, excessive alcohol intake, drug use and self-mutilation. An unmet need for self-soothing may trigger a search externally for help and assistance.

Aromasticks can provide an easy to use, portable resource for self-soothing in potentially stressful situations. The choice of three or four blends provides an opportunity to use one's nose in being curious about the aroma options on offer. Rejecting a blend(s) can in itself be empowering, so always include this important 'right to de-select' in your preamble to the process. Too often when faced with stressful situations it can feel like there are no choices – we have to accept what's happening so saying 'yes' and 'no' can reinstate ownership to a self-soothing activity.

Using an aromastick therapeutically

It is important to introduce the technique with confidence, describing its purpose and then demonstrating the technique with the client. If the client is presenting with over-breathing (hyperventilation), offer water to ensure a moist mouth, which calms the limbic system. The technique of introducing and installing an aromastick is described in Box 1, allowing your client to take ownership of the product and process.

As a team we have developed the technique described in Box 1 to assist with specific concerns, such as anxiety or nausea (or both) using imaginative suggestions.

For example, using ideas of colour, weight, and feelings, the symptom or concern can be explored and described by the patient. It might be that a fear or body sensation has attributes that can be described as a colour, weight or temperature. The patient is then invited to think of all the opposite characteristics and solutions. He or she can then breathe in the opposite colour, feeling

or temperature and release in the out breath the unwanted colour, feeling or temperature associated with the symptom or concern. In this way, each aromastick becomes associated with a solution to the symptom or concern – a unique prescription irrespective of the EO blend used. The patient creates the imaginative remedy in the process and links it to the aromastick.

In the unlikely event of a negative reaction to the blend, the stick can be discarded. We suggest you use the exact words your client has used to describe feelings and note them in your records for reinforcing at future sessions.

Applications in clinical practice

In private practice aromasticks could be useful to assist clients with examination nerves, interviews, before a big speech, driving tests, smoking cessation, reducing cravings and the stress of the school run. In our clinical work practice we typically offer aromasticks to assist with:

Box 3. Case study two - aromastick to anchor

Client B, aged 56, with lung cancer, had asked for help with smoking cessation before he started his course of radiotherapy. He had already reduced to 10 cigarettes a day using nicotine replacement therapy via a patch. He was offered support at our twice-weekly smoking cessation drop-in sessions. Initially offered reflexology, an aromastick use was combined with breathing techniques to manage his cravings in social settings (he normally reached for a cigarette).

Client B chose from a selection of three blends. The aromastick was anchored to feelings of being calm, comfortable, making a helpful choice and pleasure. He was still smoke-free at four weeks.

- insertion of needles – taking blood, chemotherapy and similar;
- prior to medical scans – for example, MRI or CAT scans;
- radiotherapy procedures;
- to help with sleeping during hospital stays; and
- to manage intrusive thoughts and worries.

Practice points

Our advice is to be creative and, where possible, individualise blends for use with the aromasticks. Remember, working together with your client creates a unique, memorable experience that can be captured in a handy portable tube. Our experience and evaluation work has taught us that you can streamline a selection of motherblends. Currently we have six blends, with evaluation and safety data, but these blends are not set in stone and may be refined and revisited.

● **FHT comment: Please note that for FHT membership and insurance purposes, only qualified aromatherapists can blend essential oils for aromasticks and supply these to clients for personal use.**

Thanks to Paula Maycock, Peter Mackereth, Anita Mehrez, Lynne Tomlinson and Jacqui Stringer, from The Christie NHS Foundation Trust, for contributing to this article. The Christie offers a range of training courses aimed at complementary therapists, some of which cover the use of aromasticks, including its Integrative Therapies Training Unit workshops, delivered as part of the Clinical Aromatherapy Diploma. The post-graduate training in clinical hypnotherapy, led by Lynne Tomlinson, also enables qualified therapists to expand the use of aromasticks in conjunction with hypnotherapy. Visit www.christie.nhs.uk/media/272233/course_brochure_2014-2015_update_22.03.14.pdf for a full brochure or contact the team on T. 0161 446 8236

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