



Meet CALM and carry on

2014 FHT Excellence in Practice award winners
the CALM team talk about the interventions
they use to support patients struggling
with cancer treatment

Complementary therapies have been available to inpatients and in outpatient clinics for more than 10 years at The Christie NHS Foundation Trust, Manchester.

Since 2008, our skilled therapists, who are known around the hospital as the CALM team, have been providing rapid interventions to distressed patients undergoing medical procedures. In some cases the team also supports carers of patients who are going through difficult procedures.

Funding from charity Walk the Walk (WTW) has allowed the team to provide a Monday to Friday service in our radiotherapy and chemotherapy departments.

As well as covering more than 12,000 interventions since the service started, the WTW project has enabled our team to share its work through publications, conference presentations and workshops. Our WTW researcher has also just completed 19 interviews with patients and 10 with carers accessing the CALM service; these have been analysed and papers submitted for publication.^{1,2}

The CALM therapies

The CALM therapists have been trained in the use of many different techniques to support patients; mainly stress management techniques (SMT), hypnotherapy³ and massage. These techniques may be used on their own or in combination, as the



CALM aromasticks

therapist feels appropriate. Our CALM stress management techniques include:

Mindful moist mouth – this consists of taking a sip of water and holding it briefly in the mouth, and repeating the process three times, slowly and mindfully. The theory is that no one panics with a moist mouth. (This technique is also very useful before public speaking.)

Squeezy balls – this involves asking the patient to tighten and release a stress ball in time with slow breaths, in and out, and repeated four times.

Progressive muscle relaxation (PMR) – this redirects the fight-or-flight response by inviting the patient to tighten and

release groups of muscles (for example, the feet, calves and knees) at the same time as taking slow comfortable breaths, in and out. Muscles are tensed on the in breath and released on the out breath; this is repeated four times per muscle group.

Aromasticks contain a blend of three or more essential oils with patients selecting one of our pre-prepared aromasticks. Guided to gently draw in the aroma through three, paced, comfortable breaths, we then suggest patients release any held tension/unwanted sensation with each and every outbreath. [To read an article on aromasticks published in the Summer 2014 issue of *International Therapist*, visit www.fht.org.uk/aromasticks/]

Part of the intervention provided may also include unpacking the fight-or-flight response with patients – identifying their anxiety and acknowledging it as a valid reaction to challenging procedures and to the feeling of not being in control. Patients are always reminded they are 'in charge' and can say 'stop' at any time; this is an important checking out of reality.

The patient may receive a massage to the feet, back, neck, head or hands before the procedure to help them relax or they may receive a massage during the treatment, if appropriate, to maintain the relaxation. As all CALM therapists are trained in hypnotherapy, this is used to help the patient access powerful inner resources and learn to respond in helpful ways to the challenges of treatment.

We encourage patients to recognise when their anxiety starts to fade and which interventions have helped them to achieve this calmer state for use in the future.

All the stress management techniques listed in this section can be integrated within a hypnotherapy session to promote rapid self-soothing, recall helpful inner-talk and ease discomfort.

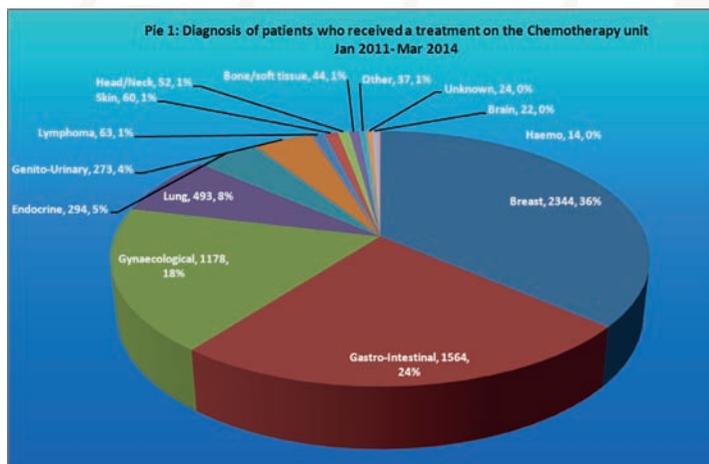
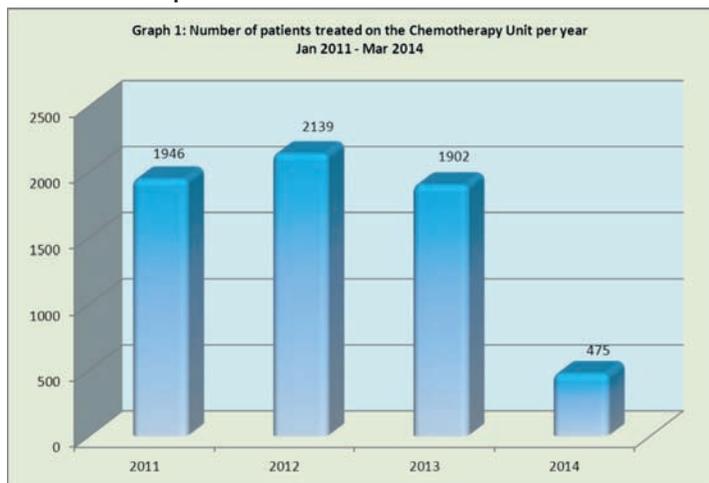
The chemotherapy CALM service



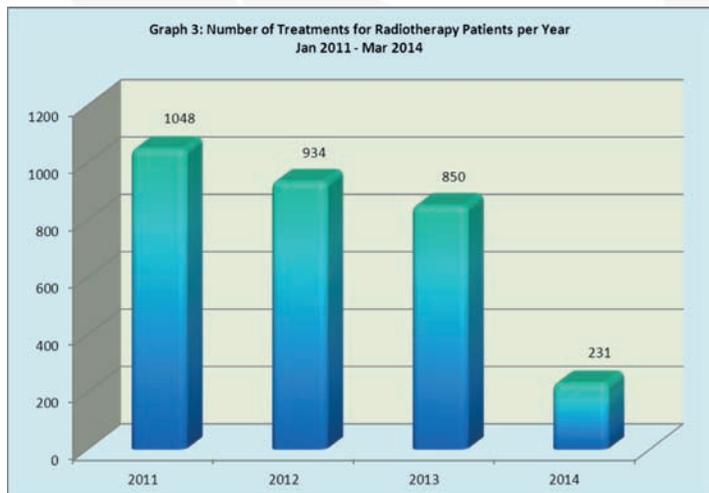
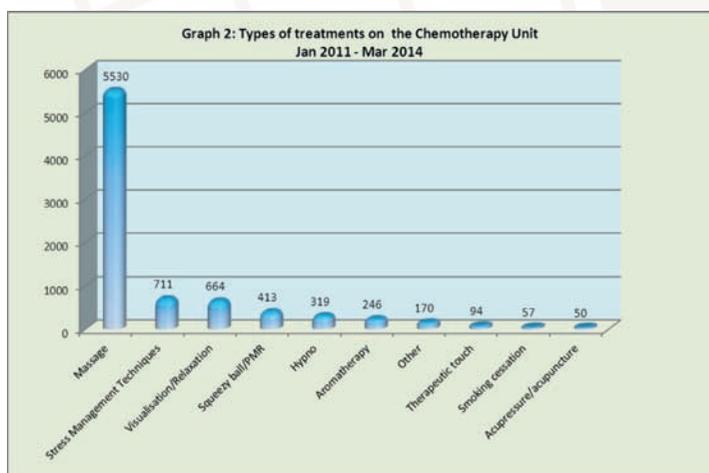
Picture 1: Combination of adapted reflexology and stress ball technique

The chemotherapy unit is where outpatients receive their chemotherapy, with many suffering from fatigue, anxiety and stress as a result of going through chemotherapy.

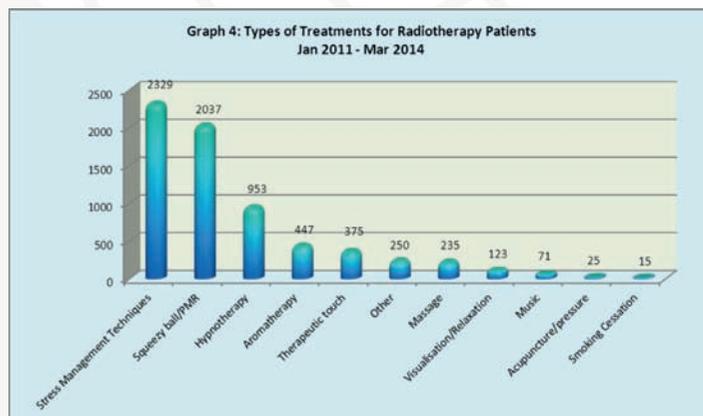
Graph 1 shows the number of patients who received a treatment from the CALM team on the unit between January 2011 and March 2014.



Pie 1 (above) shows the different diagnostic groups of the patients who received a complementary therapy treatment on the chemotherapy unit, with the largest group being breast cancer patients



“ Prior to the radiotherapy CALM service being offered there were many patients who refused to have the treatment. It is now very rare that patients are unable to proceed with radiotherapy ”



On the chemotherapy unit the main therapy offered is adapted foot massage, which is a very convenient therapy while patients are in the chemotherapy chairs (Graph 2). Patients are often taught stress management techniques to help with their anxiety levels outside of the medical procedure, which we encourage them to use a couple of times a day. Additionally, some patients suffer from needle anxiety/phobia, which makes cannulation very difficult. The therapists support these patients to help them remain calm throughout the procedure.

- After treatment, patients say:
- our interventions are very relaxing and reduce anxiety and stress levels;
 - rapid hypnotherapy techniques for needle anxiety/phobia help with successful cannulation;
 - the treatments help improve sleep and reduce fatigue;
 - adapted foot massage helps with dry skin and peripheral neuropathy (numbness and discomfort associated with chemotherapy); and
 - it is very useful to learn self-hypnosis and relaxation techniques to use now

and in the future. Our team has published a paper detailing the support provided in the chemotherapy unit and how our interventions help with anxiety, phobias and nausea,⁵ and an example of a case study is given in Box 2.

The radiotherapy CALM service

Most of the patients we support on the radiotherapy unit are receiving radiotherapy to the head, neck or upper chest area. To deliver radiotherapy safely and effectively these patients have to wear an individually made mask, which is clipped down to the plinth while the machine delivers the radiotherapy beams. Patients have to receive daily treatment for up to six weeks, Monday to Friday. For some patients this experience can trigger severe feelings of panic and claustrophobia. Similarly, some patients also find having MRI and CAT scans difficult and so the team also supports these patients.

Graph 3 shows the number of treatments per year – this equates to a total of 3,063 and an average

Box 1: Examples of patient feedback from the chemotherapy CALM service

- It really worked... I got through it [cannulation]
- So relaxing I just want to sleep now
- I didn't notice the needle going in
- Was that it?! [the needle going in easily]
- Nausea now down to zero



Paula Maycock presenting CALM

of 942 per year. Of the 3,063 treatments, 2,628 were provided to head and neck patients. In 2012/2013 there were marginally fewer patients attending for radiotherapy; however, patient numbers have increased again in the past six months and our referral rates in 2014 have increased by 20 per cent.

The main therapies used on the radiotherapy unit include stress management techniques, hypnotherapy, progressive muscle relaxation and the use of stress balls and aromasticks. The majority of the patients, seen by the CALM therapist on the radiotherapy unit, experience acute anxiety, stress, worry and claustrophobia.

Our team has published a radiotherapy CALM service evaluation and also a detailed case study of a patient living with dementia who successfully completed his radiotherapy.^{6,7} An example of a radiotherapy case study is given in **Box 4**.



Left: Making the radiotherapy mask

Box 2: Case study

Rose*, aged 61, with ovarian cancer, was undergoing chemotherapy. She was so fearful of cannulation on the morning of treatment she found herself curled up on the bathroom floor unable to move. Cannulation had been taking three or more attempts, with nausea beginning on the journey to the hospital. My goal on meeting Rose was to teach her rapid stress management techniques and 'anchor' feelings of safety and calm. I combined these techniques with gentle foot massage during cannulation (successful first time) – **Picture 1**. I worked with Rose on her next visit and she reported not feeling fearful of leaving the house to come for chemotherapy. On her fourth visit she said the techniques and massage 'really, really helped' and she would never return to the 'bathroom floor meltdown'. *The patient's name has been changed.

Box 3: Examples of patient comments after radiotherapy CALM interventions

- I couldn't have done it without you
- I can do it [daily radiotherapy in the mask] on my own now
- Elated at success
- My nightmares stopped [fear related to the procedure]
- I got my dignity back

Sharing the CALM initiative

Aside from presenting at conferences and study days, the team also delivers a range of training courses within the Integrative Therapies Training Unit based at The Christie. WTW funding has enabled us to not only develop the work that we share through education and training, but has also funded more than 30 nurses, doctors and allied health professionals to attend short courses on anxiety, panic and phobia. Our courses are also available to complementary therapists working in cancer care and the funds raised help keep the CALM service going.

Box 4: Case study

Janet*, aged 44, was diagnosed with skin cancer with metastatic spread to the brain. Her planned radiotherapy involved making a mould (left). As a single mother of a nine-year-old son, Janet was desperate to start treatment as soon as possible. Janet had recently lost both her parents within months of each other and felt her son had experienced enough loss at such a tender age. I was called to the mould room as she was very distressed and going into extreme panic. I provided stress management techniques (SMT) combined with hypnotherapy and maintained a dialogue during the mould-making process, which was a success. I worked with Janet after this in readiness for her daily treatment the following week and she was able to complete her radiotherapy series by practising the SMTs.

*The patient's name has been changed.



Paula Maycock discussing aromatics

With thanks to

Anita Mehrez, MFHT; Linda Orrett, MFHT; Lynne Tomlinson; Julie Manifold, MFHT; and Dr Peter Mackereth from The Christie NHS Foundation Trust for contributing to this article. The Christie offers a range of courses aimed at complementary therapists, some of which cover rapid interventions for anxiety, panic and phobias. For a full brochure or more details, contact Joanne Barber on 0161 446 8236 or visit www.christie.nhs.uk/media/272233/course_brochure_2014-2015_update_22_03_14.pdf

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