

THE LINK

— NEWSLETTER —



Issue 35

Autumn 2012



- Regional Group News • An Holistic Model •
- Quantum Laughter • Special Interests •
- Courses and Conferences • Dates for your Diary •

from the editor

Welcome to the Autumn edition of The Link.

A friend has just sent me a "Thought for the day" e-mail which is "No limits" – "You are only as big as your dreams"

I'm sure in life we all have limits and I wonder what it would be like to think in this very positive way – possibly chaos. However I'm sure we could all do with bigger dreams in our lives even though they don't always become live. I think that sometimes the little dreams are also just as important as the big ones.

Enough of my psycho babble and let's get down to business. The key article for me in this edition is the one written by a patient (Joan Norman). I'm sure we all get satisfaction to learn that we can and do make a difference in the lives of those we treat. I for one would welcome more of these articles in The Link. I would also love to see the Special Interest corner growing as more members just share a little of their specialities with all of us. The next time I'll be imploring you for articles is next year. Let's make 2013 a sharing year.

Vedant Wood

New address for NACTHPC

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Copy deadline for the next Newsletter is: 20th of January 2013

Next issue will be published beginning of February 2013

YOUR LINK NEEDS YOU!

The Link is YOUR newsletter and I need YOUR contributions!

If you can provide an insight into your therapy; or would like to write an article on your religion's perspective on spirituality and complementary therapy; or report on events that have happened in your region; an experience you would like to share or send in some poetry then I need to hear from you.

Please send all contributions to me either by post
or by e-mail to vedantwood@aol.com

THANK YOU – Vedant

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www.nacthpc.org.uk



We are now on Facebook!

Sign up at:

[compttherapy@groups.facebook.com](https://www.facebook.com/compttherapy@groups.facebook.com)

This is a private group. You will have to be approved by the moderator.

The posts can only be viewed by members of the group.

Letter from the Chair

I certainly missed having a conference this year as it is the only opportunity in the year to get so many of our members all together. We have tried to compensate by putting on some study days but, sadly, the response hasn't been that good and we have had to cancel one Day of Soul Midwifery and one Natural Laughter Skills workshop due to lack of uptake. We recognize that issues of time and money often prevent people from attending national meetings, especially if they are far from home. I would like to remind you all that we have funding for Natural Skills Laughter workshops to be hosted by regional groups so if you are interested, just ask.

Keep up the good work being done in the regional groups and in the field of practice as evidenced by the contributions in this edition of *The Link*.

We have our 12th Annual General Meeting this year without conference at the Ramada NEC Birmingham. The papers are available for download on the website in the Members Only section:

<http://www.nacthpc.org.uk/members-only-login/members-only-resources/12th-agm-papers/>.

All unit leads have been notified but anyone is welcome to attend. We do ask that you just notify us of intent to attend so that we can cater for numbers. Even if you are unable to come, please read the papers as they carry important information about changes at Help the Hospices that will affect the way we run our association. You can make any comments either directly to the committee or on the website forum or Facebook page. Our current constitution does not allow for e-mail or proxy voting but we hope that the membership will approve constitutional changes at the 2013 AGM (to be held at the next annual conference) that will enable us to do that. Don't forget to save the date.

Chris West, Chair

Regional Group News

The West and South Yorkshire Regional Group NACTHPC

The West & South Yorkshire regional group have had 2 meetings this year. We decided last year to limit our meeting to 2 per year and to make them a full day, thus making it easier for our group members to manage their time. Each day is hosted by a volunteer and comprises of an educational presentation and time for networking, sharing ideas and challenges and a group reflective practice session – a format which is working well.

Our meeting in June was kindly hosted by Overgate Hospice at Elland, Halifax, and we were lucky enough to have a wonder-

ful presentation by one of our own members, Cheryl Roberts. Cheryl splits her time working between Barnsley and Leeds and has recently graduated in Hypnotherapy. She gave us a fun & informative presentation covering her training and how she is using her new skills with patients and to what effect. We finished off with a short self hypnosis session and all left feeling inspired and motivated.

We are so lucky to have such great membership to our group with a multitude of skills and talent – not to be underestimated!

Our last meeting, was this time kindly hosted by St Leonards Hospice in York. On this occasion we were treated to a very different but enlightening presentation by Hazel Rowntree a local Soul Midwife. Hazel talked to us about her background in Counselling, her training as a Soul Midwife with Felicity Warner, and how she plans with her clients towards making the end of their lives how they want it to be ... something to celebrate. This time Hazel took us through a short visualisation she uses with her clients to calm and ease anxiety. This was another interesting session which left us all considering our own relationship and interaction with patients.

In each meeting, we then went on to an update from each attendee, which included much discussion & sharing of ideas. On both occasions, a good time was had by all!

Kate Cadwell

The Northern Ireland Regional Group NACTHPC

The next meeting of the Northern Ireland Regional group is to be Monday 26 November 2012 at Action Cancer Belfast, 10.00-2.00.

Michele Gordon

South-West region group meeting: Friday 9th November

Our speaker was Sarah Macdonald from Penny Brohn Cancer Care. The day will include a review of the St. Christophers education day which was held in July, a discussion on introducing new therapies into your hospice and sharing best practice (aromatherapy oils for wound care and symptom control). Lorraine Millard – complementary therapy co-ordinator, St. Peters – chaired the meeting.

A Holistic Model

The value of complementary therapies within a hospice setting.

In October 2011 I was diagnosed with cancer which had spread from my breast to my lungs and my bones. Life as I knew it changed and became a round of hospital appointments and admissions, chemotherapy, radiotherapy, CT and MRI scans. Meetings were arranged with the Oncologist, Surgeon, Cardiologist, GP, District Nurse, Breast Care Nurses, and Physiotherapist – even the Dentist.

I was dealing with the shock of learning that I had a ‘terminal illness’ – an illness that could be ‘treated’ but could not be ‘cured’. I had to manage increasing physical manifestations of the disease and the effects of the drugs given to curtail its progression – breathlessness, pain in the joints and bones, fatigue, mental confusion and heart problems. I was unable to hear properly, had lost all of my hair and had no sense of taste. The only foods that I could put in my mouth were cream buns and apple crumble and custard – that sound great you may say – but alas the pounds piled on. Perhaps the most difficult aspect was informing my nearest and dearest – my partner, my son, my friends, family and work colleagues. It was difficult to deal with their overflow of emotions at the same time that I was drowning in mine.

In the midst of this whirlpool my fantastic District Nurse, who was providing me with counselling, and medical care and ensuring I had the equipment to aid my increasing disablement – threw me an anchor – a referral to day care provision provided on a weekly basis, in a local hospice. A service reserved for individuals dealing with life threatening conditions.

Up to then my only knowledge of hospices was that they were places where people went to die. I went on to learn that hospices also encourage and facilitate living and growth and hope.

The day care service is run by professionals and volunteers. Volunteer helpers serve refreshments, help dish up dinner, play board games, give manicures and cut and set hair as well as drive patients to and from the hospice. Nurses and aides take blood, update medical records, provide medication, link individuals to other services and liaise with the resident GP.

For me the most essential part of the provision is the complementary and general therapy services that are offered by resident or sessional staff. I have been able to access physical therapies such as massage, reflexology, acupuncture and counselling. I haven’t become miraculously healed and there has been no switch that can be instantly turned on or off, which has made me well or taken away the pain. (Although interestingly the chronic sinusitis from which I have suffered for years has almost disappeared.) However being cared for and having attention paid to my needs, both physical and emotional, have created in me feelings of well-being and optimism. What has also been important is the trust that has grown in the developing relationship with the practitioners. Trust is important at a time when belief in

yourself, your faith and the universe, has been hammered. Therapy sessions have helped contain my feelings of being out of control and loss of confidence. The therapist has helped deal with the ensuing panic attacks, of being scared of falling off the therapy couch, of tumbling down stairs, feeling anxious when driving on motorways, being fearful of walking on my own or crossing roads.

My sessions with a counsellor have been extremely valuable in coming to terms with my diagnosis and the myriad of emotions that I have been confronted with. Counselling has given me the opportunity to express my inner most fears and feelings in a safe and confidential setting. The counsellor has also made suggestions and generally supported me in working out how to manage a range of issues and problems. Talking with other patients has also been therapeutic. There are some things that can be said to another person dealing with a terminal diagnosis that would not be understood, accepted or even be appropriate to anyone else. To talk to those you love the most is difficult and requires much sensitivity and forethought.

Another therapy I have been introduced to is ‘Toning’ – where the voice is used as a healing tool. It’s similar to the chanting that I practised in Yoga sessions. The sound of a group of male and female voices vocalising different sounds is very satisfying, moving and energising. An outcome of practising is the improvement in my lung capacity. The anguish and pain that I was feeling were able to be expressed, raising from the darkest places in my body and allowed exposure in a controlled and healing manner. My only concern is what the neighbours think of me when I practice at home!

Relaxation sessions are accompanied by the ‘hum’ of Tibetan bowls, ethnic instruments and a disc playing the sounds of the ocean. The soothing background music and guided meditation facilitate a deep sense of peace which in turn seemed to increase my energy levels.

I have been encouraged to take walks in the local park with one of the therapists. He challenges me to walk for longer periods, to walk without my rollator, to progress from holding his arm to walking alongside him, from walking on flat ground to climbing steeper inclines. He tells me I can do things that I have doubts about – and I can.

I believe that the complementary and general therapeutic services provided by the hospice have made me feel that I have been given some control and containment in an uncontrolled situation. The attention to my needs, the care given and the challenges and support provided by the hospice and its therapeutic services have helped in rebuilding confidence in me, both mentally and physically.

Although I wish I had never encountered cancer or my illness, I now consider it is part of my life. I no longer am just preparing for the disintegration of my body and the end of my days. I have realised that I have a life to live – one where I will have to adapt to extraordinary changing circumstances- and I believe that the hospice has enabled me to live it.

Joan Norman

Quantum Laughter

“We don’t laugh because we’re happy, we’re happy because we laugh.”

Do you feel you laugh enough? Do you want to learn to laugh more? Can it help beat depression? Can you learn to be happy?

Joyful, good-natured, ‘mirthful’ laughter is a tonic for your body, mind, emotions, and spirit. Whether you’re using it as a distraction, to cheer yourself up, or as a practice to energise and enthuse yourself, laughing impacts every part of you. In many ways it is the ultimate drug, with no harmful side-effects.

On a physical level, laughter stimulates your cardiovascular and pulmonary systems by giving your heart and lungs a vigorous workout. It stimulates blood flow, oxygenates your blood and energises your whole physical system even if you’re hospitalised. The US doctor Patch Adams has been using it professionally for years.

Its endorphin-triggering effect makes it a strong painkiller for emotional and mental pain, as well as physical. It has been proven that higher levels of pain can be readily tolerated and the healing process is speeded up. Both the Norman Cousins experience, described in his classic best seller *‘Anatomy of an Illness’*, and the current RX Laughter project with children in UCLA hospital in Los Angeles provide the evidence here (www.rxlaughter.org).

Psychologically, laughter is the antithesis of depression. If you’re feeling any kind of anxiety, it is an excellent antidote. In fact, in 2002 in Austria, Dr Koutek started using the sound of spontaneous group laughter as part of his treatment for patients with depression. In the Bristol laughter club (www.bristolllaughterclub.com) there are countless examples of people whose lives have benefitted from the ‘lightness’ that laughter induces. People’s faces change, their body language and posture become more open and relaxed, their communication become more playful and spontaneous. Even the simple smiling exercise based on the 1988 F. Strack, L.L. Martin and S. Stepper’s pencil exercise produces lasting results. All you need do is smile genuinely three times a day for at least 10-15 seconds and some people find it transforms their lives.

Laughter and playfulness, in turn, unlock our natural creativity. “You can learn more about a person in an hour of play than a year of conversation,” said Plato. Creativity is an essential part of a fun-filled life and helps neuroplasticity, our brain’s learning ability, by strengthening mental flexibility and resilience. Because of this, as we see in Martin Seligman’s Positive Psychology, optimism, positivity and happiness become learnable skills. In short, we learn to become happier.

On the self-development path, the practice of laughter is the practice of joyfulness. Ancient traditions as well as new ones encourage us to practice laughing – with a sense of willingness. What ancient traditions intuited and experienced, and neuroplasticity



shows, is a practice is learning new skills until they become second nature. Current thinking is that it might be only 21 days, as in the Chopra 21-day meditation challenge. The key ingredients are single-mindedness, perseverance and tenacity to keep going until you become aware of the differences in your life. There are numerous recent psychological studies which show the beneficial impact of smiling especially when this is the genuine ‘Duchenne’ smile which uses the involuntary orbicularis oculi muscles. This genuine smile encourages an empathetic response and consequently stimulates sociability.

Top tips:

1. **‘Start with a smile’.** Start your day with a smile, a genuine good-natured and/or willing smile for 15-30 seconds. This simple practice is one that people find produces disproportionately large results. You can apply this to your work, your commute, your next phone call as well.
2. **‘Look for laughter and laughter will find you’.** Look for as many opportunities to smile and laugh in your day, and importantly, communicate them. Not only will you feel better, you will also be encouraging a positive ripple in others too.
3. **‘Fake it till you make it’.** Feeling grumpy? Sluggish? Irritable? When you’re ready to change your mood, smile and laugh, even if you don’t yet feel like it. Your system will release endorphins anyway because it can’t tell the difference between the real joyful laugh and a fake one. The key is your willingness.

Joe Hoare

Special Interests

For quite some time now the committee has been interested in members and regional groups sharing various special techniques, interests and methods of treatment that would enable us as an organisation to enhance the treatments we offer to patients. The article below, although it may be limited in its uses to members, is an attempt to do just that and encourage others to follow. As you may be aware Gerry Crossman, our education and research officer has also been attempting to further this aim.

A. Managing your breathing

1. Breathing control

This exercise is to establish an easy, normal breathing pattern.

- i Sit in a chair and ensure you are well supported. Place your hands on your tummy.
- ii Breathe in through your nose, feeling your tummy expand as you do so. Relax your upper chest, shoulders and arms.
- iii Repeat to establish a calm, gentle breathing pattern.

Use this at any time of day, but especially if your breathing feels rapid or difficult.

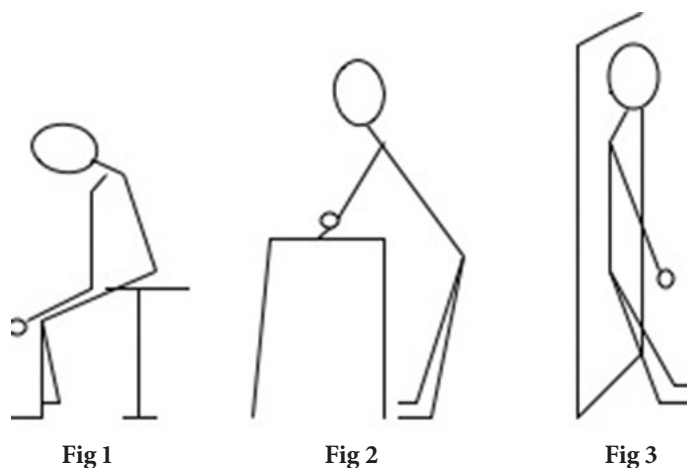
2. Breathing control when walking

- It is normal for your rate of breathing to increase when you are exercising. By using the breathing control technique described above it is possible to keep your breathing under control and reduce the feelings of panic.
- Breathe in and out of your mouth if necessary.
- Try pacing your breathing with walking – so breathe in for 2 steps and out for 2 steps; or breathe in for 1 step and out for 2 steps. Experiment until you find a rhythm that suits you.

3. Managing shortness of breath

- At times you may feel very short of breath. By using the breathing technique described above with some of the positions illustrated below, you may find that you can gain control of your breathing.
- Some people find that a fan is also very useful to relieve symptoms.
- i Forward lean sitting – Sit forwards in a chair with your forearms resting on a table or your thighs. (fig 1)

- ii Forward lean standing – Rest your hands on a window sill or ledge, at waist height, leaning forward from the hips. (fig 2)
- iii Backward lean standing – Stand with your feet about 12 inches away from a wall. Lean your shoulder against the wall so that your back rests flat against the wall, bending slightly at the hips. (fig 3)



B. Clearing secretions

From time to time, your lungs may produce too much secretion. To help prevent chest infections, it is vital to clear this before it accumulates. A respiratory physiotherapist can give specific advice, but the following combination of breathing exercises can help to clear secretions.

1. Breathing control (as in A2)
2. Lower thoracic expansion exercises

These are larger breaths where you should feel your tummy moving out and your ribs expanding. Breathe in through your nose as slowly and deeply as you can manage. Breathe out through your mouth gently until all the air is exhaled.

3. Forced expiration technique

This is sometimes called a “huff”. It is similar to steaming up a mirror or doing a peak flow measurement. Take a medium breath in, then force the air out through an open mouth using your chest and tummy muscles, until all the air is exhaled.

4. Cough

Take a medium breath in, then give a strong breath to clear secretions. Try to spit out any secretions rather than swallowing them. Try using the above techniques in a cycle as follows:

Special Interests

- Breathing control
- Three lower thoracic expansions
- Breathing control
- Two huffs
- Breathing control
- And finally a cough

Repeat for about 10-15 minutes, several times a day when your chest is producing too much secretion. Combine the elements above into a cycle that works for you. Remember to use lots of breathing control to minimise feelings of breathlessness.

C. General Exercise

Improving your overall fitness will improve your breathing by increasing your stamina and exercise tolerance. The result of this is that you should be able to do more on a day to day basis.

You will need to exercise on a regular basis, starting very gently, increasing gradually as the weeks go by. Try to do some exercise every day. The easiest and simplest programme for most people is to use walking, gradually increasing the time and distance. Before you begin your exercise programme, remember:

- Ensure you are wearing flat, lace up or buckled shoes
- Do not exercise if you are feeling unwell
- Do not strain or push yourself into feeling discomfort or pain
- Ensure the area you are going to exercise in is safe – e.g. there are no loose rugs or electricity cables lying on the floor
- Remember to use your breathing control whilst exercising

D. Warm-up stretches

- **Front of thigh (quadriceps)** – Sit on a firm chair without armrests. Ensure your body is placed well back on the chair. Take one foot back under the chair, as far as it will go, placing your toes on the ground. Hold this position for 30 secs. and then relax your leg. Repeat 10 times with each leg. (fig 4)
- **Back of thigh (hamstrings)** – Sit on a firm chair without armrests. Ensure your body is placed well back on the chair and keep your back straight. Straighten one knee to raise one foot off the floor and point your toes to the ceiling. When you feel a pull at the back of your knee stop the stretch. Repeat 10 times with each leg. (fig 5)

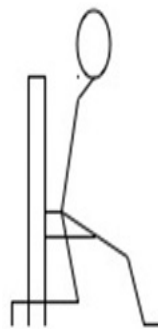


Fig 4

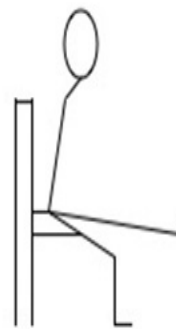


Fig 5



Fig 6

- **Upper body** – Sit on a firm chair without armrests. Ensure your body is placed well back on the chair and your back is straight. Take a small object, i.e. an apple or an orange in your right hand. Take your arm out to the side and over your head. Pass the object to your left hand and bring your left hand down to your side. Repeat 5 times and continue the exercise starting it with your left hand. (fig 6)
- **Walking programme** – Start by walking indoors. As you improve try to have a walk outside. If you have not been out for some time or lack confidence try to get a friend to accompany you.
- **Weeks 1 & 2** – Find a flat area indoors where you can walk up and down or in a circle (if walking in a circle keep changing direction so that you don't get dizzy). Spend 2 minutes walking slowly up and down. Then spend 2 minutes walking more quickly, and then 2 minutes walking slowly. Do this every day.
- **Weeks 3 & 4** – Continue as above, but increase the quicker walking to 4 minutes. Do this every day.
- **Weeks 5 & 6** – Gradually increase the quicker walking until you can manage 10 minutes and spend 3 minutes slowing down. The whole walk should now be talking 15 minutes.

Continue with the walking programme every day. If possible extend the distance covered and the time spent. If the programme is too difficult take it more gently. You should notice an improvement whatever your original mobility level. If you are uncertain about anything please consult your care team.

(Permission to publish has been given by the Royal Brompton & Harefield NHS Foundation Trust)

Poetry and Prose

TEACHER: Why are you late?
STUDENT: Class started before I got here.

TEACHER: Maria, go to the map and find North America.
MARIA: Here it is.

TEACHER: Correct. Now class, who discovered America?
CLASS: Maria.

TEACHER: John, why are you doing your math multiplication on the floor?
JOHN: You told me to do it without using tables.

TEACHER: Glenn, how do you spell 'crocodile'?
GLENN: K-R-O-K-O-D-I-A-L
TEACHER: No, that's wrong.
GLENN: Maybe it is wrong, but you asked me how I spell it.

TEACHER: Donald, what is the chemical formula for water?
DONALD: H I J K L M N O.
TEACHER: What are you talking about?
DONALD: Yesterday you said it's H to O.

TEACHER: Winnie, name one important thing we have today that we didn't have ten years ago.
WINNIE: Me!

TEACHER: Glen, why do you always get so dirty?
GLEN: Well, I'm a lot closer to the ground than you are.

TEACHER: Millie, give me a sentence starting with the word "I".
MILLIE: I is ...
TEACHER: No, Millie ... Always say, "am"
MILLIE: All right "I am the ninth letter of the alphabet."

TEACHER: George Washington not only chopped down his father's cherry tree, but also admitted it.
Now, Louis, do you know why his father didn't punish him?
LOUIS: Because George still had the axe in his hand.

TEACHER: Now, Simon, tell me frankly, do you say prayers before eating?
SIMON: No sir, I don't have to, my Mom is a good cook.

TEACHER: Clyde, your composition on 'My Dog' is exactly the same as your brother's. Did you copy?
CLYDE: No, sir. It's the same dog.

TEACHER: What do you call a person who keeps on talking when people are no longer interested?
HAROLD: A teacher.

COSMIC LAWS

Law of Mechanical Repair – After your hands become coated with grease, your nose will begin to itch and you'll have to pee.

Law of Gravity – Any tool, nut, bolt, screw, when dropped, will roll to the least accessible place in the universe.

Law of Random Numbers – If you dial a wrong number, you never get a busy signal – and someone always answers.

Variation Law – If you change lines (or traffic lanes), the one you were in will always move faster than the one you are in now.

Law of the Bath – When the body is fully immersed in water, the telephone rings.

Law of Close Encounters – The probability of meeting someone you know INCREASES dramatically when you are with someone you don't want to be seen with.

Law of the Result – When you try to prove to someone that a machine won't work, IT WILL !!!

Law of the Theatre and Hockey Arena – At any event, the people whose seats are furthest from the aisle, always arrive last. They are the ones who will leave their seats several times to go for food, beer, or the toilet and who leave early before the end of the performance or the game is over. The folks in the aisle seats come early, never move once, have long gangly legs or big bellies and stay to the bitter end of the performance.

Murphy's Law of Lockers – If there are only two people in a locker room, they will have adjacent lockers.

Law of Physical Surfaces – The chances of an open-faced jelly sandwich landing face down on a floor, are directly correlated to the newness and cost of the carpet or rug.

Law of Logical Argument – Anything is possible IF you don't know what you are talking about.

Brown's Law of Physical Appearance – If the clothes fit, they're ugly.

Wilson's Law of Commercial Marketing Strategy – As soon as you find a product that you really like, they will stop making it.

Doctors' Law – If you don't feel well, make an appointment to go to the doctor, by the time you get there you'll feel better. But don't make an appointment, and you'll stay sick.



STAND ALONE STUDY DAYS	DATES
New – Acupressure for Complementary Therapists	18th May 2013
New – Acupuncture Approaches for Acupuncturists Working in Hospice Environment	19th May 2013
Aromatherapy : For use in Clinical Settings	16th & 17th February 2013
Aromatherapy : Using Essential Oils in Acute Cancer Care	Friday 5th July 2013
Aromatherapy : Challenging Symptoms and Conditions	6th July 2013
Adapting Chair Massage for Hospice and Cancer Care	Sat 16th & Sun 17th February 2013
Adapting Head Massage for Hospice and Cancer Care	Sat 11th & Sun 12th May 2013
Adapting Massage and Bodywork in Healthcare Settings	Sat & Sun 8th & 9th December 2012
Hearts Process	Sat 8th & Sun 9th Dec 2013, Sat 9th & Sun 10th March 2013
Chair Master Class	Sat 28th Sept 2013
Adapting Relaxation and Creative Imagery for Individual and Groups	Sat 27th & Sun 28th October 2012, 18th & 19th May 2013
Anxiety States	Sat 1st December 2012, 6th July 2013
Breathlessness : Minimise the distress and maximise the breath	Sat 20th & Sun 21st October 2012, 19th & 20th October 2013
New – Hypnotherapy-Confidence with Rapid Inductions	TBA
Cognitive Behavioural Therapy : uses and potential for supportive care	Sun 18th Nov 2012, Sun 17th November 2013
New – Emotional Eating and Ethical Approach that goes beyond Hypnobanding (for those having certificated Hypnotherapy training)	TBA
New – Enhancing Relaxation Techniques	Sat 13th & Sun 14th October 2012, 12 & 13th October 2013
Introduction to Mindfulness	Sat 6th & Sun 7th July 2013
Neuro Linguistic Programming (NLP)	24th & 25th November 2012 23rd & 24th November 2013
Panic and Phobia	Sun 2nd December 2012, 7th July 2013
Transactional Analysis : an introduction to develop your skills	Sat 17th Nov 2012 or Sat 16th November 2013
Adapting Reflexology for Hospice and Cancer Care	Sat & Sun 17th & 18th November 2012, 2nd & 3rd March 2013
Clinical Reflexology I – Expanding Your Skills	Sat 13th & Sun 14th October 2012, 12th & 13th October 2013
Clinical Reflexology II – Master Class	16th & 17th February 2013
Exploring Hand Reflexology	1st & 2nd December 2012, 30th November & 1st December 2013
Clinical Issues in Cancer Care	Friday 6th Sept 2013
Coordinating and Developing Complementary Therapy Services	Fri 9th & Sat 10th November 2012, 8th & 9th November 2013
Evaluation, Evidence and Research for Complementary Therapist and Coordinators	Sun 11th November 2012, Sun 10th November 2013
New – End of Life Approaches to Complementary Therapies	Sat 24th November 2012, 23rd November 2013
Practical Issues in Cancer Care	Sat 7th Sept 2013
PACKAGES, DIPLOMAS AND CONFERENCES	
Aromatherapy and Cancer Care Diploma	Hypnotherapy Diploma in Healthcare (dates available on request)
Aromatherapy Five-Day Post Graduate Certificate	Note : Start dates for diplomas occur at any time throughout the year apart from the Hypnotherapy Diploma
Clinical Reflexology Diploma	
Adapting Complementary Therapies for Cancer Care Diploma	2nd Complementary Therapies & Cancer Care Conference. Theme: Maximising resilience: services & research work Saturday 23rd March 2013
Relaxation and Creative Imagery Interventions Diploma	

To book please contact: Joanne Barber or Peter Mackereth – joanne.barber@christie.nhs.net – 0161 446 8328
Alternative booking: www.christie.nhs.uk/pro/cs/comp/training

6th Children's Complementary Therapy Network (CCTN) Conference

Date: Saturday 18th May 2013

Venue: Birmingham Children's Hospital

www.cctn.co.uk/wp/cctn-conferences/6th-cctn-conference

Book now to secure an early bird discount

The 6th CCTN conference will bring together a range of professionals interested in learning about and advancing the field of complementary therapies and integrated medicine for children. Presentations on paediatric CAM will be complemented with interactive workshops to enhance delegates' skills and knowledge. Delegates will include complementary therapists, doctors, nurses, physiotherapists, OTs, researchers, teachers, service developers, etc.

Presentations:

- Family centred care in the neonatal unit (Sarah Fullwood)
- Complementary Therapies in the Neonatal Unit and Beyond (Liz Tipping)
- Integrating complementary therapies within a Forensic Child and Adolescent Mental Health Service (Jessica Charles)
- Reflexology as a regular timetabled therapy for children with autism within the education system (Lorraine Senior)

Workshops:

- Bowen Technique for asthma and other respiratory conditions (Alastair Rattray)
- Stable Relationships – a horse based programme for traumatised children and their carers (Debbie Woolfe, Caroline Morgan and Mike Khan)
- Rhythmic Movement Training – a complementary approach to learning, emotional and behavioural challenges that use movements (Irene Lock)
- BAST method of sound therapy to reduce stress and enhance emotional wellbeing (Lyz Cooper)
- Exploring the spiritual needs and care of sick children and young people using principles of participation and reflective activities (Rev. Paul Nash and Rev. Kathryn Darby)

Call for posters (Deadline - 31st January 2013):

- An opportunity to showcase your work to a wide range of professionals
- Poster submission guidelines can be found on the webpage (www.cctn.co.uk/wp/cctn-conferences/6th-cctn-conference)

The Children's Complementary Therapy Network (CCTN) (www.cctn.co.uk) has an international membership of over 450 people. It provides a common platform for conventional and complementary therapy professionals to share training, education and clinical practice in the use of complementary therapies for children. Membership of the CCTN is free. The CCTN is based at Freshwinds Institute of Integrated Medicine (FIIM) (www.fim.co.uk).

Freshwinds, Prospect Hall, 12 College Walk, Selly Oak, Birmingham, B29 6LE

T: 0121 415 6670 • F: 0121 415 6699 • W: www.freshwinds.org.uk • E: cctn@Freshwinds.org.uk

Freshwinds is a registered charity, number: 1079968 and is also a registered company, number: 3936089





Hi All,

I have been asked to look at various models of hospice delivery of complementary therapy in the community, whether it consists of volunteers or self-employed therapists being paid by the session, visiting in people's own homes or delivering the service from one focal point within the community, i.e. a room in a health centre, or any other permutation of the model.

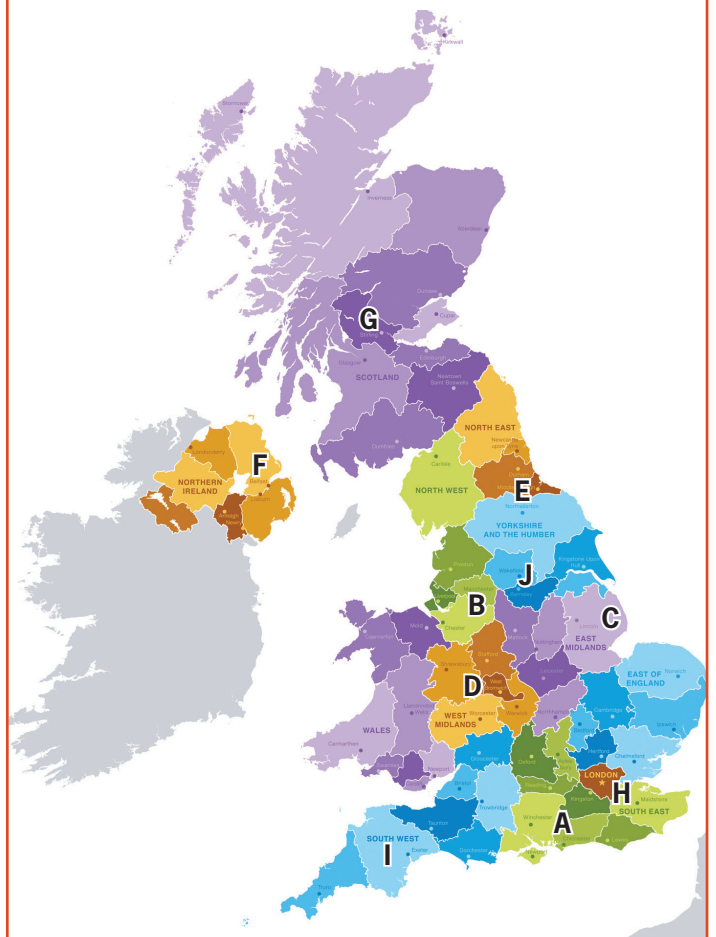
If your hospice/centre does deliver this service I would really appreciate any feedback as to how you do it and how it works.

Thanking you in advance!

Cheers, Beth

Beth Kelso
Complementary Therapy Team Leader
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Deer Park
Newport
Barnstaple EX32 0HU
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Map of NACTHPC Regional Groups



NACTHPC Executive Committee

Name	Committee Role(s)	Contact Details
Gerry Crossman	Education and Research Lead	Gerxman@aol.com Mobile : 07543 540 416
Ruth Davies	CT Unit Leads Liaison Special Interest Group Link	NeDv357@aol.com Mobile : 0776 624 1890
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Michele Gordon	Project Link, Minutes Secretary	michele.gordon@nihospicecare.com Work : 02890 781 836 ext 3079
Islay Grieve	Treasurer Conference Organiser	nacthpcevents@hotmail.co.uk
Sue Holland	Secretary	nacthpc@hotmail.com Mobile : 0773 773 4496
Sarah Holmes	New member	sarah.holmes@stbarnabashospice.co.uk
Christine West	Chair Website Liaison	nacthpcchair@hotmail.co.uk
Vedant Wood	Editor, The Link Regional Group Liaison	vedantwood@aol.com Mobile : 07939 144 174

NACTHPC Regional Groups

Group	Contact	Email & Telephone	Address
A Central Southern England	Anne Bennett	anne.bennett@stwh.co.uk 01243 755 833	St Wilfred's Hospice Grosvenor Road Chichester PO19 8PF
B Greater Manchester	Anita Mehrez	kameld5@aol.com 0161 432 7381	Rehabilitation Unit, Christie Hospital NHS Foundation Trust Manchester M20 4BX
C Lincolnshire and North Lincolnshire	Sarah Holmes	sarah.holmes@stbarnabashospice.co.uk 01522 518 209	St Barnabas Hospice Lincoln LN12 1RE
D Midlands	Ruth Davies	NeDv357@aol.com	Mary Stevens Hospice StourbridgeDY8 2JR
E North East	Glynis Finnigan	glynisfinnigan@butterwick.org.uk 01642 607 742	Butterwick Hospice Care Stockton on Tees TS19 8XN
F Northern Ireland	Michele Gordon	michele.gordon@nihospicecare.com 02890 781 836	Northern Ireland Hospice Belfast BT36 6WB
G Scottish	Jen Wood	jenwood2@gmail.com 0773 935 0322	St Columba's Hospice Edinburgh
H South Eastern	Martyn Yates	martynathome46@yahoo.co.uk	
I South West	Amy Wheeler	amywheeler@st-margarets-hospice.org.uk	St Margaret's Hospice, Yeovil, Somerset
J West and South Yorkshire	Kate Cadwell	k.cadwell@nhs.net (work) katecadwell@blueyonder.co.uk (home)	Barnsley Hospital NHS Foundation Trust

Dates for your Diary

Details of more events, education and training at www.nacthpc.org.uk

Date	Event/Venue	Contact
Saturday 18th May 2013	6th Children's Complementary Therapy Network (CCTN) conference (See page 8 for full details)	www.cctn.co.uk/wp/cctn-conferences/6th-cctn-conference
18th to 19th September 2013	NACTHPC 12th Annual Conference	www.nacthpc.org.uk



“THE LINK” NOTICE BOARD

Please note that while the Association is pleased to include details of courses, forums and events in The Link newsletter it is unable to accept responsibility for the quality or the content of these courses. The charges below only apply to courses and events etc. that are profit making. Any courses, events etc. which are free and of benefit to members will be advertised with no charge.

To place an advert on the Notice Board in an edition of 'The Link' send details of your forthcoming event to the editor :

Vedant Wood, 51 Roxborough Road, Harrow, Middlesex HA1 1NS.

Tel: 0208 863 0261 e-mail: vedantwood@aol.com

Rates: ¼ Page: £10 (per issue) ½ Page: £18 (per issue) Full page £35 (per issue)

Cheques should be made payable to NACTHPC and reach Vedant together with the course/event details no later than 20th January 2013. Next edition published beginning of February 2013.