

THE LINK

— NEWSLETTER —



Issue 46

Winter 2015-16



- Google Groups • Digital Communication •
- 'M' Technique Case Study • 2016 Conference •
- Education and Training • Poetry and Quotes •

from the editor

Welcome to the Winter Edition of The Link.

NACTHPC have had a wonderful and inspirational 2015. September brought with it a brilliant conference highlighting the need for reflection and discussing cross-cultural and transferable projects, such as the 'Story Massage' triumph, currently being used with people of all ages. We welcomed several new committee members at our November meeting who have reinvigorated us with their enthusiasm and new ideas. I went away with the task of gaining feedback from you, our members, about the way in which we communicate with you, and whether there is anything we can do to improve channels of communication within NACTHPC. We really appreciated you filling out our online survey via Survey Monkey, and the results are discussed in this edition of The Link. Also, to link things up even more, I have a brand new email address which is: nacthpceditor@hotmail.co.uk

I look forward to receiving article submissions from both members and non-members. I am always happy to consider any article that is relevant and may be of interest to our membership. This includes articles that are more experiential in nature, such as 'a day in the life of a volunteer therapist'. Get writing!

Wishing you all the best for 2016

Jo Dorling – Editor, The Link
Email: nacthpceditor@hotmail.co.uk

Please send all contributions to NACTHPC either by post or by e-mail:

Address for NACTHPC

NACTHPC, c/o Sarah Holmes, St Barnabas Lincolnshire Hospice,
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Contact the Editor : Jo Dorling
e-mail : nacthpceditor@hotmail.co.uk

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 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 NACTHPC either by post or by e-mail

THANK YOU

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www.nacthpc.org.uk



We are now on Facebook!

Sign up at:

[compthery@groups.facebook.com](https://www.facebook.com/compthery@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 Joint Chair

We've just experienced that incredibly busy time of the year when it can be very easy to overlook our own needs, which I was reminded of earlier this week when a nurse colleague advised me to, "Be kind to yourself". So, I hope you are able to take time out today; perhaps by sitting and utilising some relaxation techniques that many of us practise with patients, or maybe even having a treatment swap with a colleague.

The beginning of a new year is a time for reflection as well as for looking forward, and I am delighted to report that on the 7th December the Google Groups 'NACTHPC Members' email distribution group nacthpc@googlegroups.com was established. Within 24 hours of members receiving an email explaining the purpose of Google Groups, a lively email conversation was taking place about measurement tools for complementary therapy outcomes. The shelf life and storage of essential oils has also been discussed. We anticipate this to be a very useful forum for the sharing of information.

You can read more about Google Groups on page 5 of this edition of *The Link*.

You are also able to see the results of the recent survey that members were invited to take part in to enable the committee to understand how we can further support you as you continue to work as a complementary therapist in hospice and palliative care.

I would like to give my sincere thanks to those of you who have sent a review of a section of the National Guidelines for the Use of Complementary Therapists in Supportive and Hospice Care. We look forward to welcoming more of you on-board if you are interested in being involved in this exciting piece of work. Please contact Angela Green, our Guidelines Lead on: nacthpcguidelines@hotmail.co.uk

As you are aware there have been changes in the executive committee in that Islay Grieve stepped down after serving 10 years and Elisabeth Nuttall has taken on the role of Treasurer. In addition to Elisabeth, Sally Woods, Lisa Smith and Helen Murphy were voted onto the committee at conference. Helen is Membership Administrator, Lisa has accepted two roles which are Regional Group Lead and Unit Lead, Sally has taken on the role of Conference Co-ordinator and you can read about Sally as she introduces herself to you in this edition of *The Link*.

Another committee change is the stepping down of Ruth Davies. Ruth has had to step down from her role as Unit Lead Liaison and formerly Special Interest Group Link due to pressure of other commitments. We are sorry to lose Ruth from the committee but know that she will continue to contribute to the association via the regional group and no doubt we will continue to benefit from her expertise in other ways as will The Mary Stevens Hospice where she works. We are sorry to lose Ruth and I would like to thank her very much for her contribution over the 5 years she served on the committee.

Before I bring this letter to a close, I would like to take the opportunity to say how good it was to meet so many of you at our 2015 conference, as well as urging readers to take note of page 3 on which you will discover the thought-provoking and, for some, challenging, focus of our conference for 2016.

Finally, on behalf of the committee I send you our very best wishes for a happy, successful and healthy New Year.

Sarah Holmes, Joint Chair

New NACTHPC Executive Committee Member

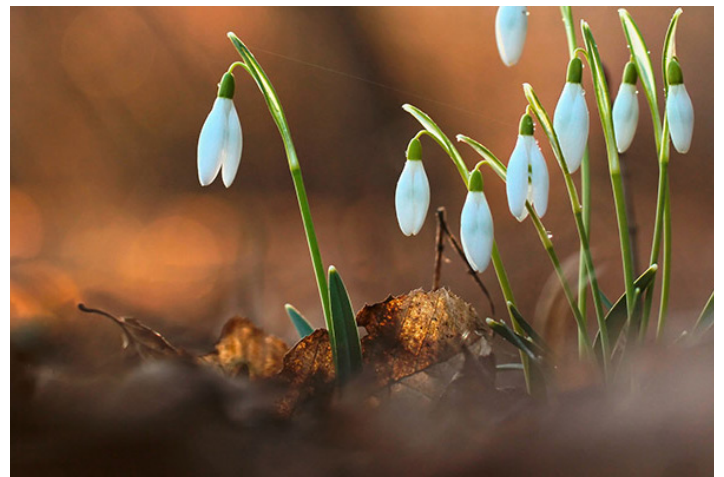
Hello, my name is Sally Woods. I have been working in health care for 24 years, the past 14 of which have been as a Complementary Therapist.

I am qualified to give aromatherapy, kinesiology, Reiki and Indian head massage. I have been working as a Complementary Therapy Co-ordinator for the last 8 years at Oakhaven Hospice and have a passion for delivering complementary therapies in Palliative and end of life care. I manage a team of qualified volunteer therapists, and relaxation volunteers who have been trained in-house to offer hand and foot massage under my guidance.

At Oakhaven Hospice, Lymington, Hampshire we offer aromatherapy, reflexology, Reiki and massage to our patients and their families both within the hospice and at home.

I attended my first committee meeting on Monday 9th November and we newbies received a very warm welcome! After some gentle persuasion I agreed to take on the role of conference co-ordinator. I am looking forward to taking on this new challenge and communicating with you all over the coming months. Wishing you all a very happy new year!

*You will hear from other committee members in the next edition of *The Link*.*



'M' Technique Case Study

The 'M' Technique in Palliative Care at John Taylor Hospice in Birmingham, West Midlands, has become a popular therapy choice for patients. Much of the joy of using the 'M' Technique in a palliative care setting lies in its simplicity and accessibility – no special equipment is needed except a chair and a gentle pair of hands. Treatment can be given through light clothing or with a choice of oils. Qualified aromatherapists may choose to use a blend of essential oils in carrier oil. In this edition of *The Link*, we focus on a case study where the 'M' Technique was the choice of treatment for a patient presenting with Chronic Obstructive Pulmonary Disease (COPD):

Mr G is a 64 year old gentleman with severe COPD on long term oxygen therapy. His FEV1 is 20% predicted of normal. He has had frequent admissions to hospital over the last 6 months for exacerbation of his condition and is worried because his ankles are swollen. He feels very panicky at times due to his breathlessness and when this happens he calls 999. He says he's had enough of going into hospital as he does not feel any better following discharge and wishes to remain at home.

Mr G currently lives alone, but his youngest son visits twice a day to make him meals and is concerned that he should not be left alone, as he is very isolated. Mr G was informed on his last admission that there is nothing more the hospital can do for him. He is now struggling to get to the toilet due to his breathlessness and is having difficulty providing his own personal care. He has lost weight and is sleeping in the chair and feels low in mood. His GP has not seen him for 6 months as he has been in hospital so frequently, and he is in need of a full social assessment, including a benefits review.

Medication

Salbutamol 100 µgrams – 2 puffs via inhaler as required

Tiotropium 18 µgrams – daily via handihaler in the morning

Seretide 250 µgrams – 2 puffs twice a day via evohaler

He has a rescue pack at home prescribed by the GP:

Amoxicillin 500 milligrams one tablet three times daily for seven days

Prednisolone 30 milligrams for seven days

Session 1

The information gathered about this client includes his personal details (name, address, GP, medical details, next of kin and allergies). Any ongoing health complaints and any medication he is prescribed I can access on the medical IT system.

On initial assessment, undertaken in the therapy room, Mr G says he needs to feel relaxed and the only thing is that he has to keep

his oxygen on or else he becomes panicked. He says he is not in pain but his shortness of breath is a constant problem for him, waking him in the night, even adjusting himself in his chair takes his breath away, and sometimes he can see no cause for an acute exacerbation but he is very worried about feeling like that again and he feels it's "a 10 out of 10 problem" but scored himself an 8 on the Visual Analogue Score (VAS) chart at the start of the session, which then reduced down to 4 by the end of the session. He was having difficulty talking at the very start of the session.

Using almond oil as the medium, I did as much of a full body "M" Technique as I could, given the fact that lying was impossible for Mr G and lying on his front also wasn't going to work. I started with his feet and legs rather than his back first as I felt this would allow him to relax, then moved around the body to the head and face and did his back as he sat up towards the end. It would have been more awkward to attempt the back at the start yet he was used to the sequence towards the end so he was relaxed and happy to sit leaning against the back of a chair with a pillow for comfort. It was difficult at times to get my position right and I found myself crouching down and then standing up again in order to reach the full length of his back. Having to crouch and then stand disturbed the flow of the longer effleurage movements such as the 'D's but I managed to safely compensate in the end, preferring to stay crouched down for longer periods, and the client was not affected. I used almond oil, which worked well as a medium, and I played the CD "Night Song" by Peter Roberts. He said he felt very loved and cared for and thanked me for my time – just over an hour. I advised him to drink plenty of fluids and rest.

Session 2

Mr G is feeling a little better in that he has carers coming in to the house now but describes himself as weak and his appetite terrible. His health is indeed very poor, he has lost a lot of weight even since the last session and he is generally frail but seems chattier than at the last session. He has sought therapy hoping to experience a reduction in the shortness of breath he feels as he felt enormous benefit before with the 'M' Technique, and it also helped his hands – the almond oil soothes his dry skin, but he seems to enjoy the companionship and rapport we have built up since the last session. He says he always did prefer a light pressure to be applied so the 'M' Technique is perfect for him, and he doesn't like any pressure between his toes. Feedback is good, with Mr G now calling me the "master of manipulation". He said the effects of the last session lasted "days" and he said he couldn't describe the effect other than he just felt "lighter".

With the 'M' Technique the pressure is light so as to avoid damaging weak capillaries, muscles and bone. "M" Technique works very well. He rates himself on the VAS score as before – 8 before; 4 after.

Mr G consistently states that stress levels at home are low, but he feels lonely and isolated although he has help at home. He has not got a good diet, he describes his diet as "poor" as he can manage

very little and he suffers with a very dry mouth due to the oxygen regime. His sleep pattern is always terrible, and he gets up in the night due to shortness of breath and frequent toilet trips. He tells me he notices no difference with or without the 'M' Technique he simply always needs to urinate during the night. Mr G asks me if we should proceed as before, and I ask him if he would like me to do his back first this time, but he says no and we do the same regime as before, with the back last, and me squatting down alongside the couch to reach his lower back. I most enjoy the head and the face, as this seems to have the most impact on Mr G's breathing and general relaxation – he really seems to let go at that point and relax back into the couch. Although I went over the allotted hour again with Mr G by about ten minutes I really enjoyed my calming sessions, I felt at one with him and more able to empathise and take the time to genuinely connect.

which has been set up – everyone enjoyed partnering up and carrying out the Flower Massage on each other!

Back after lots of chat, a tour of the hospice and a lovely lunch, our speaker for the first half of the afternoon was Andrew Parsons who talked about Medical Coaching and its use in hospices, hospitals and how it can be used alongside complementary therapies. Karen Carnfield then closed the afternoon with some good reminders on Caring for Ourselves, looking after our bodies from the inside out, and then sent people home with a very relaxing meditation.

All in all, a fantastic study day and plenty to think about. If you are interested in joining our group, please contact bridget.prusik@pth.org.uk.

Bridget Prusik

NACTHPC STUDY DAY



The Central South of England NACTHPC group recently held its annual study day at the Phyllis Tuckwell Hospice in Farnham on November 11th. We had forty four people attend which was wonderful and had a full programme of speakers but plenty of time for catching up and meeting new therapists.

In the morning we had a very hands on session with our OT, Lisi Pilgrim who has just started a group up in the UK in Social and Therapeutic Horticulture. She gave a very informative talk linking in the ancient uses of plants to the uses of aromatherapy today and the amazing ways gardens are being created throughout the UK in hospices to aid in patient sensory stimulation and wellbeing, as well as telling us of her work with patients and horticulture groups. We made a pot pourri with essential oils and then 'potted' a herb (some of us learning a couple of new tricks!). Everyone seemed to be inspired and really enjoyed this session and it literally brought us back to basics, grounding and earthing us. (And what a great feel getting our hands in the earth!).

Just before lunch, our lovely Mary Atkinson gave us an update on Story Massage and the new Indian Head Massage Association

NACTHPC Conference 2016

Changing Relationships & Sexuality at End of Life

Tuesday 13th September, Birmingham University
(with the opportunity of an overnight stay
on Monday 12th September if desired)

Complementary therapists and health care professionals are invited to a conference to look at changing relationships, sexuality and intimacy for people approaching end of life.

The event, organised by the National Association of Complementary Therapists in Hospice and Palliative Care on Tuesday 13th September 2016 will feature a range of speakers looking at different aspects of changing relationships and end of life care.

“Changing Relationships & Sexuality at End of Life” aims to explore the concept of sexuality, the power of touch and the dynamics within family units and promote patient-centred and coordinated approaches to complementary therapies in palliative care.

Very soon you will receive more information about the conference, including speakers and details on how to book a place.



The Editor on Digital Communication, your Link and You

We would like to say a huge thank you to all those who completed the online feedback form. To understand your preferred method of communication and requirements of the NACTHPC, the NACTHPC Committee devised an online survey, which has produced some interesting positive feedback and some constructive recommendations.

Most complementary therapists working within the field of Hospice or Palliative Care are committed to making good communication happen. We all know linking up is a good thing and we can all see the benefits of information sharing in promoting our cause; learning, sharing best practice and not least the benefits for the people using our services. However, the NACTHPC Committee wanted to find out what good communication means for our members.

What we imagined and what became apparent was quite different. The majority of the commenters strongly praised The Link but tentatively criticised the website, with issues ranging from how members navigate around the site to information available. Our website is not regularly accessed, with 35% of members accessing the website a few times a month; 45% of members accessing the website less than once a month and 23% of members not using the website at all.

What our members asked for were more resources – for example job description templates and other paperwork, case studies, forums and details of regional meetings. Some members were unaware that they could access The Link online. Members also commented that it would be appreciated that any webinars that people from NACTHPC are involved in could be opened up to members.

We also found that our members have a similar reaction to Facebook as to Marmite: you love it or you hate it. But I'm afraid to inform all those haters that the frequent Facebookers prevail, with 11% of members looking at Facebook multiple times a day, 35% of members looking at Facebook once a day, and 12% checking their account a few times a week. On the other hand, 11% check Facebook less than once a month and 34% do not use it at all. 47% thought a Facebook forum would be really useful, 24% decided it would be quite useful, and 29% felt it would not be a useful platform. Love it or hate it, Facebook will be on the agenda at the next committee meeting.

So, while our website isn't frequently used, The Link has had a vote of confidence from most respondents who think the content is appropriate and interesting, and like the way it is currently distributed.

The Link is available in the member's only area of the website. If you are unsure of the username and password please contact: nacthpcmembership@hotmail.co.uk.

Members suggested they would like to see articles from different care settings, not just therapy work within hospice buildings. We all know it can be somewhat disappointing when those leading an agenda, talk only about Hospice Inpatient Units and patients therein, when some of us deal with people in the community or clients in another setting. A shared language which also talks about people who use other complementary therapy services and community-based care and support will go some way to overcoming these frustrations. Feedback from patients or service users as well as case studies and signposting to new research and books have been suggested as new material. We would like to see more engagement with other therapists, people who use services and the public – this engagement and material will have to come from members.

For the volunteer Committee members, finding relevant material, setting up meetings and communicating models of best practice, inspiration and innovation is an epic journey of discovery, and one we must continue to tread with you, our members. We need your feedback not just from an online feedback form – we need you to pick up the phone and tell us about those “Eureka!” moments – we need to hear about them, and we need to hear from you! We see every single NACTHPC member as a potential communicator with a story, idea or innovation to share. This isn't just a remit for the Committee members. The NACTHPC needs you to both disseminate information and also gather feedback on what is working and what needs improvement. If you are feeling isolated and you don't know where to start, invite some people to a meeting and ask their advice – keep on talking! We haven't got any money, but we do have passion and drive, and we may not tick the right box unless you ask the right question and we want to hear from you. For communication to succeed, there needs to be useful debate and discussion, reinforcement through conferences, workshops, staff meetings and supervision.

Finally, we need to engage people who use complementary therapy services – that is to say carers, families and even the wider public – in plans for more and better complementary therapies within palliative care. We need to make sure people who use our services, or their representatives, are on decision-making boards within our workplaces and communities, and that expert-by-experience patients and people who use therapy services shape, deliver and evaluate communication plans. This means that regular opportunities are created (both face-to-face and online) for both complementary therapists and the public to contribute to our plans. Though we have not yet assigned a Committee member as Director of Digital Strategy (...ahem), we hope that by consulting members and gaining your detailed feedback we shall be a better Link. Some features will remain the same, some will change and the true test of a Facebook forum will come in 2016.

Do you need to TOUCH the CRITICALLY ILL or FRAGILE?

Touch is one of the most basic forms of communication, yet many of us are afraid to touch those who need it most.

The 'M' Technique®, created by Dr. Jane Buckle PhD MA RGN CertEd, has been found to be particularly useful for the very fragile, or when massage is not appropriate.

THE 'M' TECHNIQUE®

PRACTITIONER COURSES in SUTTON COLDFIELD:

Course Fees **£200** inclusive of certification, course notes, and refreshments.

A deposit of £50 secures your place.

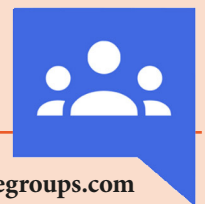
Suitable for anyone in the health professions, complementary therapists, and anyone caring for someone with advanced or chronic illness.

For further information or a booking form, contact:

Loretto Cattell, Course Tutor: t: 07732 474 470 e: loretto.cattell@virginmedia.com



Google Groups



On the 7th December the Google Groups 'NACTHPC Members' email distribution group – nacthpc@googlegroups.com – was established. Within 24 hours of members receiving an email explaining the purpose of Google Groups, a lively email conversation was taking place about measurement tools to measure complementary therapy outcomes.

As an individual member or a unit lead member you are automatically added to this group. By using your own email, simply address an email to nacthpc@googlegroups.com ensuring you have given it a subject, so others can follow the thread easily, and send. Every member of the group will then receive the email. By replying to all, you can then respond and your response will continue to be viewed by all.

At present there are 43 individual members and 85 unit lead members, so as you can imagine this could stimulate some interesting conversations as well as providing a good forum for the sharing of information. If you wish to unsubscribe from the group this can be done by clicking on the link at the bottom of the email.

We are looking into how members within a Unit might also be able to access this group.



COMPLEMENTARY THERAPY COURSE LISTING

| Standalone Study Days | DATES |
|---|--|
| Aromatherapy courses | |
| Aromatherapy : For use in Clinical Settings | Sat 4th & Sun 5th June 2016 |
| Aromatherapy Using Essential Oils in Acute Cancer Care | Sat 10th Sept 2016 |
| Aromatherapy : Challenging Symptoms and Conditions | Sun 11th Sept 2016 |
| Massage and Touch Therapies | |
| Advanced Chair Massage | Sat 2nd & Sun 3rd April 2016 |
| Adapting Chair Massage for Hospice & Cancer Care | Sat 20th & Sun 21st Feb 2016 |
| Adapting Head Massage for Hospice & Cancer Care | Sat 23rd & Sun 24th April 2016 |
| Creative Approaches to Massage in Cancer Care | Sat 12th & 13th March 2016 |
| Hearts Process | Sat 16th & Sun 17th July 2016 |
| Hearts Facilitator Training (New) | 23rd & 24th April 2016 |
| Mind Therapy courses | |
| Adapting Relaxation & Creative Imagery for Individual & Groups | 18th & 19th June 2016 |
| Anxiety States: fast calming interventions | Sat 5th December 2015, Sat 2nd July 2016 |
| Breathlessness; Minimise the distress & maximise the breath | Sat 15th & Sun 16th Oct 2016 |
| Cognitive Behavioural Therapy: uses & potential for supportive care | Sun 13th Nov 2016 |
| Mindfulness MRE Workshop 1 | Sat 21 & Sun 22 May 2016 |
| Mindfulness MRE Workshop 2 Teaching MRE to clients in 1-2-1 sessions. | Sat 7th & Sun 8th May 2016, Sat 19 & Sun 20 Nov 2016 |
| Mindfulness MRE Workshop 3 Teaching MRE to groups. | Sat 7th & Sun 8th Jan 2017 |
| Neuro Linguistic Programming (NLP) | To be announced |

| | |
|---|---|
| Panic & Phobia | Sun 3rd July 2016 |
| Transactional Analysis: an introduction to develop your skills | Sat 12th November 2016 |
| Reflexology courses | |
| Adapted reflextherapy for Hospice & Cancer Care | Sat 17th & Sun 18th September 2016 |
| Clinical Reflexology I, - Expanding Your Skills | Sat 8th & Sun 9th October 2016 |
| Clinical Reflexology II, - Master Class | Sat 13th & Sun 14th Feb 2016 |
| Hand Reflexology | Sat 3rd & Sun 4th December 2016 |
| Additional Clinical courses | |
| Clinical Issues in Cancer Care | Sat 3rd Sept 2016 |
| Coordinating & Developing Complementary Therapy Services | Fri 4th & Sat 5th November 2016 |
| Evaluation, Evidence & Research for Complementary Therapist & Coordinators | Sun 6th November 2016 |
| End of Life Approaches to Complementary Therapies | Sat 12th & Sun 13th November 2016 |
| Practical Issues in Cancer Care | Sun 4th September 2016 |
| Conferences | |
| 16th Clinical Reflexology Conference Theme: The debates | Sat 14th May 2016 |
| Packages and Diplomas | |
| Aromatherapy and Cancer Care Diploma | Hypnotherapy Diploma in Healthcare (dates available on request) |
| Aromatherapy 5-day Post-Graduate Certificate | Relaxation & Creative Imagery Interventions Diploma |
| Clinical Reflexology Diploma | Adapting Complementary Therapies for Cancer Care Diploma |
| Note: Start dates for diplomas occur at any time throughout the year apart from the Hypnotherapy Diploma | |

To book please contact

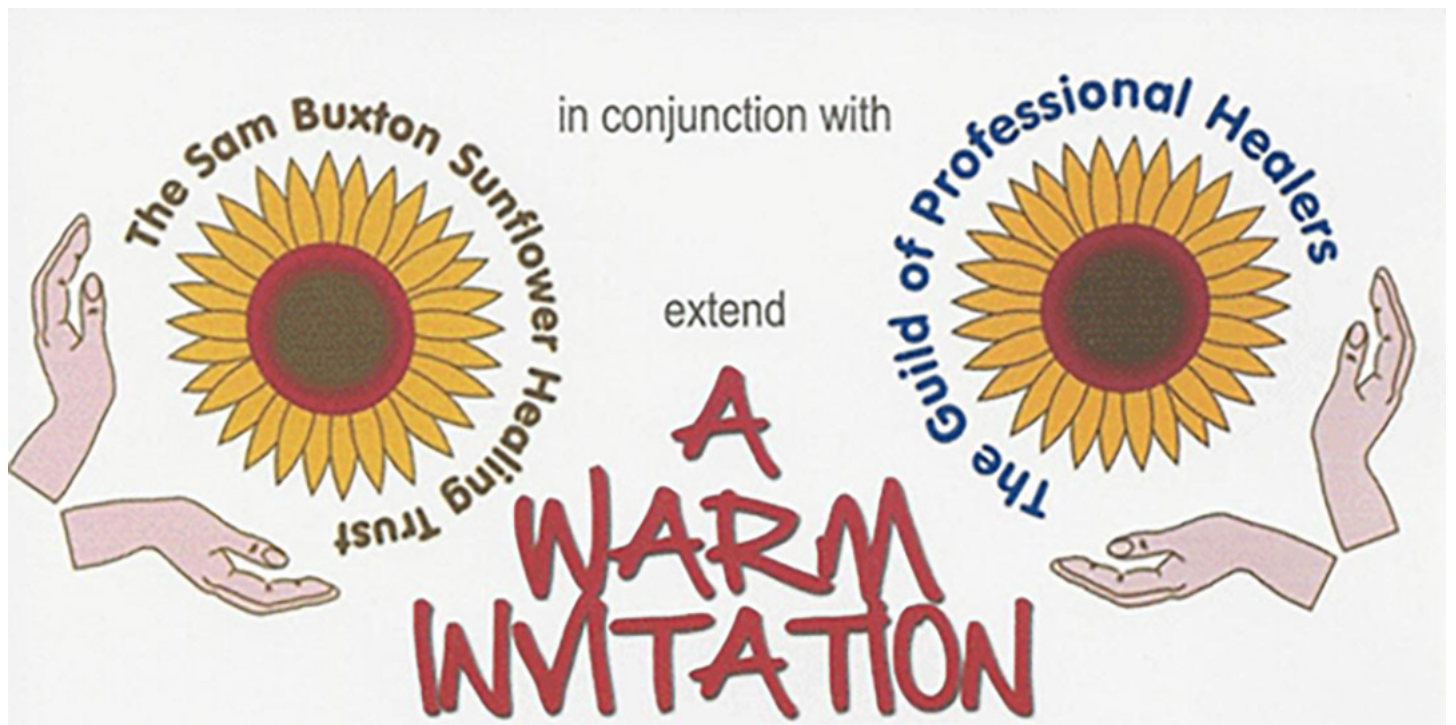
Joanne Barber or Peter Mackereth
Complementary Therapy Dept.
The Christie
Wilmslow Rd
Withington
Manchester
M20 4BX

Joanne.Barber@christie.nhs.uk

Tel: 0161 446 8238

Alternatively Booking form is available for download off the Christie website:

www.christie.nhs.uk/pro/cs/comp/training



Introducing to London The Guild of Professional Healers Energy Healing Training.

For information please contact:

Hertha Koettner-Smith
courses@healingcalm.com
07963 512 942

visit www.guildofprofessionalhealers.org.uk or call 01502 578 196

Membership of the Guild is available to healers from any healing discipline that supports unification and integration.

Our training meets with the NOS.

DISCLAIMER : EVENTS AND WORKSHOPS ARE ADVERTISED WITH INDEPENDENT HOSPICES AND NACTHPC DO NOT TAKE RESPONSIBILITY FOR THEIR CONTENTS OR ATTENDEES.

THERAPEUTIC TOUCH INTRODUCTORY DAY LEADING TO DIPLOMA LEVEL



THERAPEUTIC TOUCH (TT) is a contemporary interpretation of several ancient Healing arts, including the laying on of hands. Originally developed and researched by nurses TT is now practiced globally and can be learnt by anyone with a true intent to help others. It has the potential of creating a bridge between ancient traditions and contemporary thinking, whilst maintaining professional standards. The training for TT is in line with the requirements for registering with the CNHC under Healing.

THERAPEUTIC TOUCH (TT) does not require physical touching, although sometimes gentle touch can be part of the process. It involves one or more practitioners, using their hands, mainly very near the body, with the conscious intention to facilitate the innate self healing response of the client, sometimes by seeking to bring about a sense of balance to the natural energy flow.

Courses & Workshops

The British Association of Therapeutic Touch supports the following Courses

Introduction to TT, Diploma & Advanced Practitioner.

For information and dates contact:

Karen Eastham
Tel: 0781 1254175
Email: karen@ttouch.org.uk

Annie Hallett
Tel: 01473 219970/704903
Email: annie.ttouchinfo@gmail.com

Karen & Annie each have a background in Nursing and Complementary Therapies.

PLEASE VISIT our WEBSITE

British Association of Therapeutic Touch : <http://www.ttouch.org.uk/>

for more information and dates.

STORY MESSAGE FOR PALLIATIVE CARE

www.storymassage.co.uk

Accredited Day Course and In-House Training with Mary Atkinson and Sandra Hooper,
authors of *Once upon a touch... story massage for children*

Training Dates:

26th January 2016, Southampton, £95

9th February 2016, Leeds, £95

9th March 2016, Newport, Wales, £95

5th April 2016, Reading, £95

15th June 2016, Manchester, £95

27th June 2015, Chichester, £95

In-house trainings can also be organised.

Facilitators: Mary Atkinson and Sandra Hooper are respected tutors, authors and therapists with experience of using positive touch activities in many different settings including palliative care.

Course content: Ten simple massage strokes form the basis of our training, book and DVD. You will learn these strokes and then we will work together to create massage stories of your own. This will help build confidence with using story massage in the way that most suits you. It is fun and interactive, just like story massage!

To book your place and more information: contact info@storymassage.co.uk
You can also take a look at the blog on the website: www.storymassage.co.uk

"Thank you so much! You have given me a wonderful and adaptable tool for my 'tool kit'. The training gave me confidence to facilitate Story Massage sessions with children and adults." Angela Garrett, Complementary Therapy Co-ordinator, Christopher's Hospice.

AromaSIG

**(Aromatherapy Special Interest Group)
has arrived on Facebook!**

Do you have an interest in Aromatherapy and would like some friendly support and contacts?

Would you like to discover which oils others have found useful with particular conditions?

Would you like to use oils in mouth care or wound care but are unsure where to start?

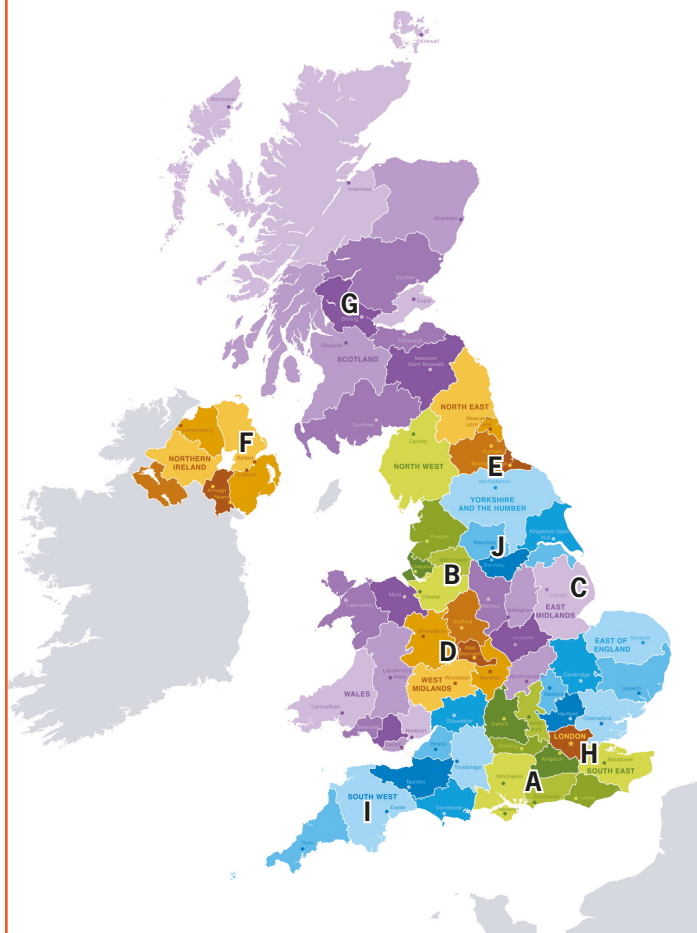
Would you like to write a Case Study about your clinical work?

Would you like to be kept informed of useful events, training courses etc?

In a nutshell a SIG is for mutual support, information and contact so what it does is up to those who join. We have already shared some great information on mouth care and lots of other practical issues.

Interested? Then please email Stella Reeve
at St Richards Hospice, Worcester:
therapies@strichards.org.uk
or if you are already a Facebook user find us at
www.facebook.com/groups/aromasig

Map of NACTHPC Regional Groups



NACTHPC Executive Committee

| Name | Committee Role(s) | Contact Details |
|-------------------|----------------------------------|-------------------------------------|
| Gaenor Evans | Joint Chair, Website Liaison | nacthpcchair@hotmail.co.uk |
| Sarah Holmes | Joint Chair, Website Liaison | nacthpcchair@hotmail.co.uk |
| Elisabeth Nuttall | Treasurer | nacthpc treasurer@hotmail.co.uk |
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“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 NACTHPC nacthpcchair@hotmail.co.uk

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

Cheques should be made payable to NACTHPC

Poetry and Quotes

With every rising of the sun
Think of your life as just begun.

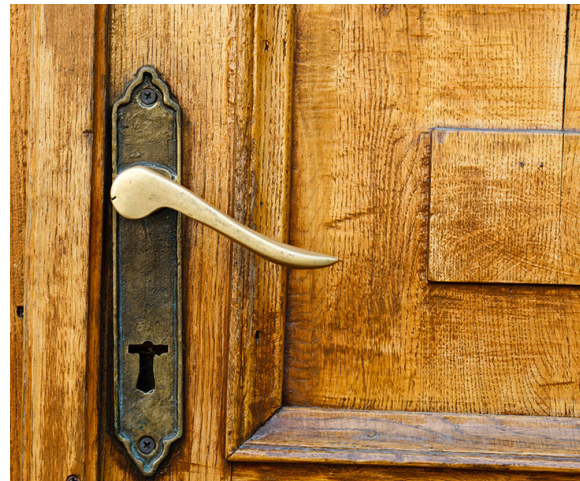
Ella Wheeler Wilcox

Yesterday's Door *by Anonymous*

Shutting the door on yesterday opens your mind and spirit up for today!

I've shut the door on Yesterday,
It's sorrows and mistakes.
I've locked within its gloomy walls
Past failures and heartaches.

And now I throw the key away,
To seek another room,
And furnish it with hope and smiles
And every springtime bloom.



No thought shall enter this Abode
That has a hint of pain;
And envy, malice and distrust
Shall never entrance gain.

I've shut the door on Yesterday
And thrown the key away -
Tomorrow holds no fear for me
Since I have found Today.

“Here's to the bright New Year, and a fond farewell to the old;
here's to the things that are yet to come, and to the memories
that we hold.” *Anonymous*