

# THE LINK

— NEWSLETTER —



Issue 47

Spring 2016



- Proposed Changes to NICE Palliative Care Guidelines • Poetry •
- NACTHPC 2016 Conference • The Joy of Sharing 'M' Technique •
- A Good Night's Sleep • Compassion for Carers •

# from the editor

Welcome to the Spring edition of *The Link* and best time of year - Happy Easter, now bring on the blue skies! It is a fascinating time and certainly a time for new beginnings. While we look forward to a Unit Leads meeting at John Taylor Hospice in Birmingham on the 17th May and an array of other courses on offer across our member Hospices, NACTHPC has expressed serious concerns about the NICE proposal to leave Complementary Therapies out of the new Guidelines for Palliative Care. This could potentially change the way that Complementary Therapies in Palliative Care is funded, monitored and structured. NACTHPC have sought more details on these plans and alternative ways therapies will be incorporated into best practice guidelines.

In addition to our focus on the NICE Guidelines, we are delighted to have two very thought-provoking articles looking at the benefit of complementary therapies for carers who do not always seek out support when they need it most (Helen Murphy) and the rewarding journey of a leading 'M' Technique instructor and practitioner (Loretto Cattell). We also include a poem in this edition written by someone who has been touched by the work of one of our member Hospices.

I take this opportunity to remind members that we represent your views and your contribution to *The Link* is vital. Our general guidelines state letters and news articles can run up to 700 words long and features can be up to 1,500 words and are submitted via the editor.

*Jo Dorling – Editor, The Link*  
Email: [nacthpceditor@hotmail.co.uk](mailto:nacthpceditor@hotmail.co.uk)

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

## New Address for NACTHPC

NACTHPC, PO Box 4044, Faringdon, SN7 9BG

Contact the Editor: Jo Dorling  
e-mail: [nacthpceditor@hotmail.co.uk](mailto: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

## Inside this issue :

Letter from the Joint Chair .....	1
Proposed changes to NICE Palliative Care guidelines.....	1
The Joy of Sharing 'M' Technique .....	2
Complementary Therapy for a good night's sleep .....	3
NACTHPC Conference 2016 .....	3
Compassion for Carers .....	4
Google Groups .....	5
Education and Training .....	5
Executive Committee .....	11
Regional Groups .....	11
The Link Notice Board .....	12
Poetry & Prose .....	12

The views expressed in THE LINK are not necessarily the views of the Editor or NACTHPC, nor do the Editor or NACTHPC accept responsibility for claims made by authors or advertisers. The acceptance of advertisements does not mean that NACTHPC recommend any product or service.

[www.nacthpc.org.uk](http://www.nacthpc.org.uk)



**We are now on Facebook!**

**Sign up at:**

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

A very warm welcome to all our members and to the Spring edition of *The Link*. Spring is a time to look at the year ahead, set goals and develop our skill base to ensure patient satisfaction. In this issue you will find some articles I hope will offer a little food for thought, as well as some tips that may prove useful, both personally and professionally. You will find a number of articles that demonstrate how different therapies can make a real difference; Loretto Cattell shares her enthusiasm for The 'M' Technique and her journey as a 'M' Technique practitioner (Page 2) and Helen Murphy shares her compassion and empathy for sometimes forgotten carers (Page 4).

A subject which I suspect has weighed more heavily on the mind of many Complementary Therapists is the fact that the National Institute of Health and Care Excellence (NICE) is currently reviewing its guidelines for improving supportive and palliative care in adults. Whilst a review of the 2004 guidelines is very welcome, the news that complementary therapy will not be included in the revised guidelines is extremely concerning for all of us providing complementary therapy in supportive and palliative care organisations. You can read about this below.

We are really delighted to be part of NACTHPC as I hope you are too. There is so much to be proud of – not least that we continue to be a long-standing National Association for therapists, promoting high standards and professionalism within Complementary Therapy in Hospice and Palliative Care.

We would like to send our sincere gratitude to Angela Green for stepping in to the role as Interim Joint Chair in my absence. Angela has done a sterling job and will continue as the lead on re-writing the National Guidelines. I'm thrilled to say I'm now back and raring to go. Thank you Angela!

Sarah and I wish you a very successful year and hope that NACTHPC continues to offer all the benefits of membership that you could wish for.

With very best wishes, *Gaenor Evans & Sarah Holmes, Joint Chairs*

## It's not NICE to remove Complementary Therapies from Guidelines for Healthcare Professionals working in Palliative Care

Some weeks ago I had an email from another therapist informing me that NICE proposes removing complementary therapies from NICE guidelines.

NICE is currently reviewing its guideline for 'Improving supportive and palliative care in adults'. Professor Sam Ahmedzai, Emeritus Professor of palliative medicine and chair of the guideline

development group says "The main way this guideline differs to the LCP is that it stresses an individualised approach rather than a 'blanket' method of using the LCP in an unthinking way. The guideline also stresses that the patient should be reviewed daily, and the person should always be taken as an individual."

In addition, Annette Furley, a member of the guideline group who provides support both to people nearing the end of their lives and their family and friends, said: "Together as health and social care professionals we should all be offering the best care – whether that's clinical or practical – in order to support people's experience of a good death." Really? Yet I am informed that the draft scope proposes removing complementary therapies from the NICE guidelines. Given the enormous and lasting contribution that complementary therapies make to improving the quality of life of people using these services, this represents a retrograde step – a step back to the 'medicalisation' of death. Organisations working in supportive and palliative care have been urged to take measures to ensure the organisation registers as a stakeholder with NICE in order to respond to the consultation (deadline was 29 January 2016). The National Association of Complementary Therapists in Hospice and Palliative Care responded to challenge this proposal:

« While a review of the current NICE guidelines is certainly to be applauded, most Complementary Therapists working in Supportive Care and certainly the NACTHPC Committee members, feel that the exclusion of Complementary Therapies from the review detracts from its validity, authority and place within Supportive and Palliative Care. There is a body of clear and robust data relating to the efficacy of the various Complementary Therapies used within Palliative Care which has a long and lasting effect on patients and "complements" clinical practice. The inclusion of complementary therapies in the current guidelines provides a valued acknowledgement of the importance of complementary therapies within supportive and palliative care for adults in the United Kingdom. Furthermore, this inclusion helps to ensure standardisation and best practice. Our concern is that patients, carers and the bereaved who currently benefit from complementary therapies, could, in the future, be denied free access to these services. No matter how systematic the approach, and reasons for the exclusion of Complementary Therapies within this review, it is unavoidably concerning to the NACTHPC Committee that the profile of Complementary Therapies will diminish as a result of this oversight. The NACTHPC Committee are keen to understand the rationale behind the proposals to exclude Complementary Therapies from the reviewed guidelines and to establish whether its removal from these guidelines will be addressed in the development of other key documents or guidelines. »





# The Joy of Sharing 'M' Technique

## The 'M' Technique®: Good for Clients and Practitioners.

In 2005 I read a journal article which referred to nurses in an Intensive Care Unit 'M'-ing® their patients. As a newly-qualified complementary therapist, I was intrigued; at no point in my training had I heard of the 'M' Technique®. Further investigation revealed that the Technique had been pioneered, researched, and developed by Dr. Jane Buckle PhD/RN, in America. Dr. Buckle was originally an Intensive Care nurse and wanted a technique to calm, relax, and soothe her patients in the stressful and noisy environment of an ITU. She had piloted the Technique while on a research scholarship in America, and included it in her Certified Clinical Aromatherapy Practitioner Course for Nurses in the US (Buckle 2015).

Dr. Buckle had been motivated to develop a gentle touch technique by comments from patients, one of whom had said: "You are the first person who has touched me without hurting me." Another gentleman had started to cry when she was giving him an "M" Technique hand treatment and when she asked if she should stop, he told her, no: that it was the first caring touch he had experienced since his wife had died. When Dr. Buckle enquired when that had been, he revealed that it had been three years previously.

When Dr. Buckle moved back to the United Kingdom in 2006, I attended one of her first Practitioner Courses, held in Oxfordshire. That two-day course opened up a new world for me as a therapist. The Technique consists of gentle strokes, repeated in a set pattern, at a set pressure and in a set sequence, and the light pressure made it especially appropriate for my clients at the Cancer Support Centre in Sutton Coldfield. The 'M'® is easy to learn – Dr. Buckle has taught a four year-old – and, as well as being beneficial for the client, is also good for us therapists. The pressure used is so light that our own bodies are not subjected to strain or joint pressure, and as the 'M' Technique® can be used, with equal effect, without the use of a carrier medium or essential oils, it is suitable for practitioners and clients with skin sensitivities or allergies.

The Practitioner Course equips the attendees to start using the Technique straight away, and in the Cancer Support Centre it was readily accepted by the Trustees and the clients. It is a very useful alternative to traditional massage, as it does not involve the kneading, heavy movements of some massage techniques. As the sequence follows a set pattern of strokes which never alters, I have been able to use it in small pilot studies as it is suitable for research. Having submitted the required two case studies, I was registered as an 'M' Technique® practitioner in 2006.

As I shared my enthusiasm for the 'M'® with colleague therapists, they expressed an interest in also learning it and, when Instructor Courses became available, I undertook the training and became a Registered 'M' Technique® Instructor in 2008.

This started a whole new venture for me of organising and leading Practitioner Courses; my first, in Birmingham, took place in

October 2008. It is a joy and a privilege to teach the 'M' Technique®: apart from the advantages and benefits previously mentioned, Dr. Buckle developed an excellent teaching package for the course, designed to be delivered over two days giving fourteen hours of instruction and assessment. The quality of the course material provides a package which I am proud to present to individuals and institutions or groups interested in the 'M' Technique®.

Over five years of teaching twice-yearly courses in Birmingham I have ample evidence, from the lovely case studies which course attendees have submitted, of the benefits of the 'M'® for so many people. One of the quirky instances which occur is when sceptical individuals are persuaded by a caring relative to try the Technique® and are so delighted with the result, that comments like: "I have never felt so relaxed" are common. That was from one client with a Visual Analogue Scale (VAS) of ten for stress which decreased to five after the session. Touching case studies, which reveal just what a difference the 'M' Technique® can make, have included an agitated person with dementia suffering abdominal discomfort who was unable to take oral pain relief: the Nurse Therapist gently applied 'M'® strokes to relieve tension and stress in that area, and rested a hand on the person's abdomen, expecting it to be pushed away – but the patient allowed the strokes to continue. After ten minutes the nurse withdrew her hands, but the person gripped her hand and wouldn't let her stop, placing it back on her stomach. This was the first time that patient had sat and allowed close contact without a struggle. When finished, the patient slept well without the usual sedation.

Another was of a person in the final days of life, who had been anxious to see relatives one last time without being heavily sedated. The relatives had a long journey to make and the patient was very agitated and restless. The 'M' Technique® was given at intervals over the day; the person slept for long periods, and was able to have those precious final moments with family. These case studies indicate the extraordinary value of the 'M' Technique® to patients, relatives and practitioners, and echo previously published articles (Buckle 2013; Roberts & Campbell 2011). The facility for practitioners to show family members how to administer the technique to their relatives, provides benefits for the patient and enhances the family relationships in environments where relatives often feel helpless and excluded from the care-giving.

The Continuing Professional Development opportunities presented by the 'M' Technique® for a range of therapists, health professionals and care-givers are a further benefit for potential therapists and organisations. The recently-launched four-hour Hands and Feet 'M' Technique® course is an attractive option for hospices with a large volunteer body, as it is arranged to be delivered on-site at a date and time convenient for the hospice or hospital, with up to twenty Hands and Feet Practitioners being trained at each session.

One course member has described the 'M' Technique® as 'communication beyond words'. As a Practitioner and Instructor I

am in the unique position of seeing the nurturing effects of the “M” Technique® on my own clients, and the case study evidence provided by course attendees of the many benefits they achieve for their clients. I am delighted to be a small part of the wonderful ‘M’ Technique®.

*Loretto Cattell.*

#### References:

- Buckle J (2015) *Clinical Aromathrapy, Essential Oils in Healthcare.* Chapter 6, pp119-128. Pub. Elsevier, USA.
- Buckle J. (2013) Touch for Fragile Clients. In *Essence* Vol.12 No.2 pp14-18.
- Roberts K & Campbell H (2011) Using the “M” Technique as therapy for patients at the end of life: two case studies. *Int. J Pall.Care Nrs.* Vol17, No.3, pp114-118.

## Complementary Therapy for a good night’s sleep

**A St Oswald’s patient who has been experiencing hot sweats at night time as a result of his cancer is now able to get a good night’s sleep thanks to a reflexology treatment.**

He is 67 years old and has been coming to the Hospice for pain and symptom management since September 2015. He has Multiple Myeloma, which is a type of bone marrow cancer. During his stays on the St Oswald’s adult inpatient unit, he sees a complementary therapist to help keep his hot sweats under control and to help him to have a comfortable and relaxing night’s sleep. His wife tells us more:

“His cancer makes him sweat profusely at night time, sometimes it can be so bad that I have to change his t-shirt five or six times a night. The nurses at St Oswald’s frequently change his bedding a couple of times a night too. This obviously impacts severely on his sleep and mine too.

“After speaking to a member of the nursing team about his hot sweats, they arranged for us to see one of their physiotherapists. For a while, acupuncture worked for his condition but as it became more complex, his hot sweats came back. It was at this point we met with Gaenor, a Complementary Therapist at St Oswald’s. Gaenor suggested that we try reflexology, and the difference has been extreme. He barely sweats thanks to the treatment, which means we both sleep so much better. This not only impacts on us at night time, but throughout daily life as it means we’re not tired all the time, which no one wants, especially when you’re unwell.”

Gaenor Evans, Complementary Therapy Team Leader, said:

“At St Oswald’s Hospice we work holistically with our patients to support and promote their physical, psychological, social and emotional wellbeing. Reflexology is a non-intrusive

complementary therapy and is based on the theory that feet correspond with different areas of the body. It uses a unique method of stimulating reflex areas on the feet whilst applying gentle pressure with thumbs and fingers.

“Some people find it works and fortunately it did for this patient. After one reflexology treatment, his hot sweats significantly reduced and the effects lasted up to three days post treatment. He told me his reflexology treatment reduced his night sweats and improved his quality of life.”

St Oswald’s Hospice offers a complementary service to patients across the service including Aromatherapy, Massage, Indian Head Massage, Reflexology, Hot Stone Massage, Reiki and the M technique. If you would like to join our friendly team, or would like to find out more about volunteering, contact Gaenor Evans on 0191 285 0063 ext. 2077 or email: [gaenorevans@stoswaldsuk.org](mailto:gaenorevans@stoswaldsuk.org).

## 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.



# Compassion for Carers A Complementary Therapists Perspective

*We Sometimes Forget the Carers!*

*Helen Murphy*

How often we hear a carer say, “there must be someone more deserving than me” or, “I am fine, concentrate on the ones who really need you”. Well as a complementary therapist I feel that carers need our care and compassion as much as anyone.

We usually see carers when they have exhausted all other options and often themselves. We are sometimes seen as a “last resort” sort of service for them. I am lucky to manage a large team of competent, compassionate therapists who have a wide range of technical expertise and experience and who would all say that they would love to work with more carers, as without a strong supported carer, patients often struggle to cope.

We invite carers into our therapy rooms and they greet us with a stoic, resilient face that is straining to keep emotions under control. “I mustn’t show my feelings”, “I have to be strong”, “I don’t want to add to their worries” – phrases we hear all too regularly. But everyone has to have a place to out-pour, to break down, to let go of emotions. For many this is what our therapy rooms offer. A place to be themselves – not a husband, wife, son or daughter or a carer of a dying loved one, but themselves – if only for a very short time. We offer a safe, confidential, supportive space for whatever the carer’s needs may be. It may be physical problems that can be helped with massage, it may be anxiety and worry that can be aided with the careful use of essential oils, it may be simple relaxation techniques that are needed, but it can also be a place to cry, to be angry, to be heard, to hold someone’s hand and feel supported, cared for and appreciated for the important job they are doing. It is a place where we have time. In a busy clinical environment the medical staff are sometimes perceived as having no time to chat so important conversations sometimes don’t get started. Our therapists have time to listen to those concerns and are skilled and trained to support and signpost the concerns to the most appropriate ears to take action.

A while ago I worked with a 65 year old man who was the sole carer for his wife of over 40 years. They didn’t want any outside help as they were “managing”, but managing entailed 24 hour a day care and a significant amount of stress, tension and exhaustion for the carer. Until he walked through our doors he had snatched a few minutes respite a day by sitting in his car on the drive listening to his favourite music. He finally reached breaking point, got a neighbour to sit with his wife for a couple of hours and wandered in to see us. He was referred to me to help with some relaxation techniques that he could use at home whenever he felt things were getting too much. I gave him essential oils to use, acupressure exercises to try and short visualisations to help him de-stress but more than anything I gave him my attention. Someone to listen to his worries even though we both knew there was little we could do

about them. Someone to appreciate and respect him for himself and provide some much needed two way communication that he was sadly craving. For him, a traditional hands on complementary therapy was not what he wanted but the therapeutic relationship and the gentle imparting of skills and knowledge was what would take the place of his cold, lonely car at least for a short time. I gave him access to a virtual tool kit of skills that he could call upon when he had a few moments to himself.

This deviation from the traditional complementary therapy treatment has now become a standard part of the therapists’ repertoire and has found favour with patients and carers alike as a stand-alone service or as a complement to our other therapies.

Whoever we work with, as complementary therapists, we build our care on a cornerstone of compassion and empathy which allows us to develop caring therapeutic relationships in a very short space of time in what can sometimes be intimate and challenging environments.

## Oakhaven COLOUR RUN

**Sunday 15th May**

Turn yourself from a blank canvas  
into a human kaleidoscope!

Oakhaven 4k Colour Run, Jog or Walk  
at Brockenhurst College  
Registration 10am / Starts 11.30am

**FULL DETAILS ON OUR WEBSITE**

[www.oakhavenhospice.co.uk](http://www.oakhavenhospice.co.uk)

01590 613038

With kind thanks to our sponsors:



A special thanks to our hosts





# 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](mailto:loretto.cattell@virginmedia.com)



## Google Groups



On the 7th December the Google Groups 'NACTHPC Members' email distribution group – [nacthpc@googlegroups.com](mailto: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](mailto: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
<b>Aromatherapy courses</b>	
Aromatherapy : For use in Clinical Settings	Sat 4th & Sun 5th June 2016 £150
Aromatherapy Using Essential Oils in Acute Cancer Care	Sat 10th Sept 2016 £95
Aromatherapy : Challenging Symptoms and Conditions	Sun 11th Sept 2016 £95
<b>Massage and Touch Therapies</b>	
Advanced Chair Massage	Sat 8th & Sun 9th October 2016 £150
Adapting Head Massage for Hospice & Cancer Care	Sat 23rd & Sun 24th April 2016 £150
Hearts Process	Sat 16th & Sun 17th July 2016 £150
Hearts Facilitator Training (New)	23rd & 24th April 2016 £140
<b>Mind Therapy courses</b>	
Adapting Relaxation & Creative Imagery for Individual & Groups	18th & 19th June 2016 £150
Anxiety States: fast calming interventions	Sat 2nd July 2016 £150
Breathlessness; Minimise the distress & maximise the breath	Sat 15th & Sun 16th Oct 2016 £150
Cognitive Behavioural Therapy: uses & potential for supportive care	Sun 13th Nov 2016 £100
Introduction to Mindfulness MRE Workshop 1	Sat 21 & Sun 22 May 2016 £150
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 £150
Mindfulness MRE Workshop 3 Teaching MRE to groups.	Sat 7th & Sun 8th Jan 2017 £150
Neuro Linguistic Programming (NLP)	Sat 1st Oct 2016 £100
Panic & Phobia	Sun 3rd July 2016 £100
Transactional Analysis: an introduction to develop your skills	Sat 12th November 2016 £100



<b>Reflexology courses</b>	
Adapted Reflexotherapy for Hospice & Cancer Care	Sat 17th & Sun 18th September 2016 £150
Adapted Reflexology for Spinal Pain and Whiplash	Sat 1st and Sun 2nd Oct tbc £150
Clinical Reflexology I, - Expanding Your Skills	Sat 8th & Sun 9th October 2016 £150
Hand Reflexology	Sat 3rd & Sun 4th December 2016 £150
<b>Additional Clinical courses</b>	
Clinical Issues in Cancer Care	Sat 3rd Sept 2016 £100
Coordinating & Developing Complementary Therapy Services	Fri 4th & Sat 5th Nov 2016 £150
Evaluation, Evidence & Research for Complementary Therapist & Coordinators	Sun 15th May 2016 £100
End of Life Approaches to Complementary Therapies	Sat 12th & Sun 13th Nov 2016 £150
Practical Issues in Cancer Care	Sun 4th Sept 2016 £100
<b>Conferences</b>	
16th Clinical Reflexology Conference Theme: The debates	Sat 14th May 2016
<b>Packages and Diplomas</b>	
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
<b>Note:</b> Start dates for diplomas occur at any time throughout the year apart from the Hypnotherapy Diploma	

## To book please contact

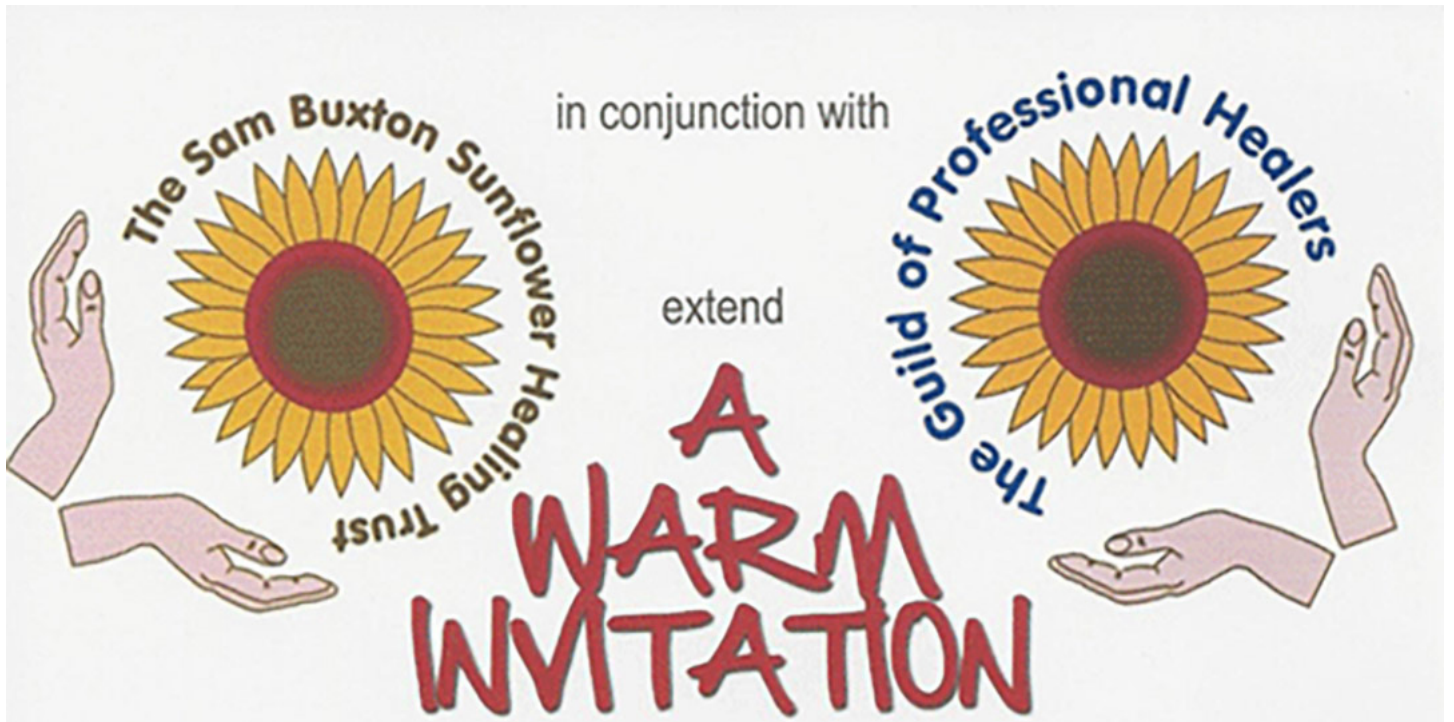
Joanne Barber or Peter Mackereth  
Complementary Therapy Dept.  
The Christie  
Wilmslow Rd  
Withington  
Manchester  
M20 4BX

Joanne.Barber@christie.nhs.uk

Tel: 0161 446 8238

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

[www.christie.nhs.uk/professionals/education/education-and-training/complementary-health-and-wellbeing/](http://www.christie.nhs.uk/professionals/education/education-and-training/complementary-health-and-wellbeing/)



**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](http://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:

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](mailto:info@storymassage.co.uk)

You can also take a look at the blog on the website: [www.storymassage.co.uk](http://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?

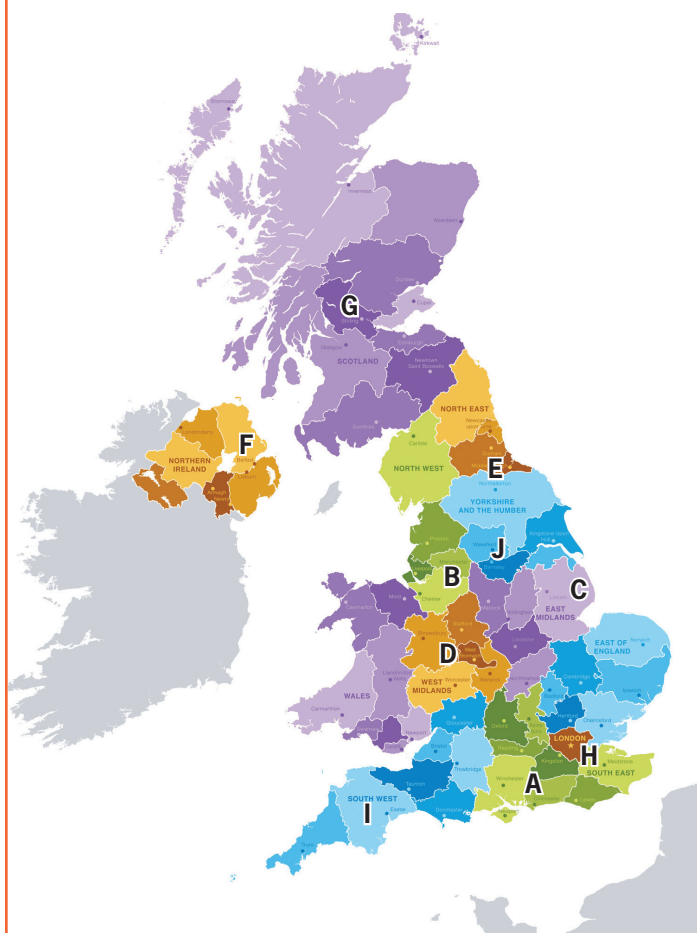
Would you like to write a Case Study about your clinical work?

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](mailto:therapies@strichards.org.uk)  
or if you are already a Facebook user find us at  
[www.facebook.com/groups/aromasig](http://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
Sue Holland	Secretary	nacthpc@hotmail.co.uk
Jo Dorling	Editor, The Link	nacthpc editor@hotmail.co.uk
Michele Gordon	Minutes Secretary	michele.gordon@nihospicecare.com
Angela Green	National Guidelines Lead	nacthpcguidelines@hotmail.co.uk
Helen Murphy	Membership Administrator	nacthpcmembership@hotmail.co.uk
Lisa Smith	Regional Groups Lead & Unit Lead	nacthpc regionalgroups@hotmail.co.uk
Sally Woods	Conference Co-ordinator	nacthpcconference@hotmail.co.uk

## NACTHPC Regional Groups

Group	Contact	Email & Telephone	Address
<b>A</b> Central Southern England	Mel Perry (temporary)	mel.perry@stwh.co.uk 01243 755 833	St Wilfred's Hospice Grosvenor Road Chichester PO19 8PF
<b>B</b> North West	Pauline Burdsall	pauline_burdsall@stlukes-hospice.co.uk	St. Luke's Hospice Cheshire
<b>C</b> Lincolnshire	Sarah Holmes	sarah.holmes@stbarnabashospice.co.uk 01522 518 209	St Barnabas Lincolnshire Hospice, Hawthorn Road, Lincoln LN2 4QX
<b>D</b> Midlands	Ruth Davies	NeDv357@aol.com	
<b>E</b> North East	Glynis Finnigan	glynisfinnigan@butterwick.org.uk 01642 607 742	Butterwick Hospice Care Stockton on Tees TS19 8XN
<b>F</b> Northern Ireland	Michele Gordon	michele.gordon@nihospicecare.com 0783 091 4845	Northern Ireland Hospice Belfast BT36 6WB
<b>G</b> Scottish	Jen Wood	jwood@stcolumbashospice.org.uk	St. Columba's Hospice Edinburgh
<b>H</b> South Eastern	Martyn Yates	martynathome46@yahoo.co.uk	
<b>I</b> South West	Elisabeth Nuttall	nacthpc treasurer@hotmail.co.uk	
<b>J</b> Yorkshire	Heather Dawn Fields	heatherdawn.mail@googlemail.com 07931 222414	Traditional Therapy and Training, Pontefract West Yorkshire,

## “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](mailto: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

### The Haven

There is a place, not far from town,  
Where comfort, love and care are found  
The staff are all a special crowd.  
Their strengths they do not shout out loud  
But quietly go about their task.  
Any problems? “Please just ask.”

Nothing fazes them at all, all you have to do is call  
Let them know you have a worry, fear of illness  
– they will hurry  
The atmosphere is not depressing,  
if anything it is possessing a quiet, very calming way,  
Which helps to drive all fear away.  
Serious illness is no fun, but all that can be will be done,  
To care for patients far from home.  
Be assured, they are not alone.

Families are remembered too,  
so they know what they can do  
To help their loved ones cope.  
Prospect Hospice’s name is known,  
respect and love for them is shown  
By people who have need of care.  
We are so lucky they are there.

*Sybil Baldwin who has become the unofficial poet  
of Prospect Hospice*



### Wild Geese

You do not have to be good.  
You do not have to walk on your knees  
For a hundred miles through the desert, repenting.  
You only have to let the soft animal of your body  
love what it loves.

Tell me about your despair, yours, and I will tell you mine.  
Meanwhile the world goes on.  
Meanwhile the sun and the clear pebbles of the rain  
are moving across the landscapes,  
over the prairies and the deep trees,  
the mountains and the rivers.  
Meanwhile the wild geese, high in the clean blue air,  
are heading home again.

Whoever you are, no matter how lonely,  
the world offers itself to your imagination,  
calls to you like the wild geese, harsh and exciting –  
over and over announcing your place  
in the family of things.

*by Mary Oliver*