Creating Sound Treatment Plans for Complex Conditions

Submitted by

Pamela Fitch, BA, RMT

To the
Journal of Soft Tissue Manipulation (JSTM)
Doug Alexander, Editor

June 30, 2002

Long before research practices had developed the gold standard of evidence, or double-blind studies, clinical observation established treatment principles that are still used today. Treatment principles often form the basis for subsequent research, as preconceived notions are called into question. But to arrive at assumptions, one must observe a variety of situations over a long period of time.

This paper represents a process of discovery, charted over several years. It describes how I learned about certain conditions that rest outside current teaching in massage therapy schools. It also offers guidelines for massage therapists who wish to establish treatment plans for complex conditions. In working with clients suffering from post-traumatic stress disorder (PTSD) or insecure attachment issues, I learned how to combine my massage therapy training with an awareness of the psychological and emotional needs of clients. From my perspective, when we deeply understand the whole of a client's condition, then we may more clearly know how to help the individual. The treatment plan can only be enriched when all issues are considered.

Problem:

Most massage therapists have, at one time or another, seen clients who have conditions that conflict with each other. Clients who have both rheumatoid arthritis and multiple sclerosis, for example, are challenged to find home care that works for them. Hot or cold, deep or light massage, exercise or rest – a treatment is often indicated for one condition but not for the other. Massage therapy training generally teaches therapists how to modify treatments to suit a client's needs but sometimes gaps appear in the teaching that need to be reviewed.

Despite evidence that suggests massage therapy is effective in the treatment of conditions such as depression or post-traumatic stress, massage therapy schools give only the briefest mention of psychologically or emotionally-based conditions. Rattray's text **Clinical Massage Therapy** mentions depression merely as a potentially adjunctive condition to myofascial pain, burns, hemiplegia, multiple sclerosis, Parkinson's disease and spinal cord injury but there is no section dealing with psychological wounding,

trauma or psychiatric illness and certainly nothing on clinical depression. I know of no massage therapist who has received any training in pathology, massage theory or treatments, where the implications of massage therapy in the treatment of *any* psychiatric conditions are explored. Years ago, students were told that the reason we did not cover such conditions was because we could not "diagnose" depression, etc. Neither can we diagnosis an anterior cruciate tear, but we may hold an educated opinion about it.

I sense that many massage therapists are often presented with complex conditions necessitating more knowledge than is imparted in massage school. The complexities of certain conditions demand an acute awareness of neuropathology, psychiatry, oncology or some other specialized area of medicine. Under such circumstances, some therapists have said they feel ill prepared to meet the challenge of the situation. They do not fully know how to establish a well thought out treatment plan based on clinical observation, critical thinking and a review of current research. They trust to hope and intuition that they will respond appropriately, or quickly refer the client out.

Unfortunately, because of a lack of training in understanding or observing psychological conditions, massage therapists may jeopardize their clients safety or take more responsibility for a client's situation than is healthy or appropriate. Without adequate training, therapists are left to their own devices when constructing responsible and effective treatment plans for clients who appear depressed or under extreme stress. Under such circumstances, there is great potential for therapist burnout. And the client is left with less than sound massage therapy care. It seems ironic that massage therapy is apparently effective in the treatment of depression, (cite TF) but no clear guidelines for treatment are readily available.

Observation

There are a number of clients who present themselves for massage therapy with sprains, strains, recovering fractures, myofascial pain syndrome, headaches, insomnia and stress. For them, their reasons for pain stem from injury, overwork, personal and family stressors relationship breakdown or grief as a result of the loss of a parent or child. The connection between body and mind is real and in treating their pain, each may receive relief from massage therapy and the pain be reduced.

But there are other individuals who may have suffered sprains, strains, contusions, fractures, assault and abuse at the hands of another person. For them, the major complaint stems not from the injury – which they know will eventually heal itself. Their complaint rests in the fractured relationship and assault to their sense of personal security. The optimism that is inherent in the non-traumatized person, cannot be invoked in one who has been injured traumatically because their sense of place, of hope and of security in the world and most importantly, in their body, has been shattered.

The source of deep personal conflict lies within the tissues of their bodies. For the deeply traumatized, their bodies are their own personal 'war zones'. Touch for traumatized individuals is a highly charged, often alarming experience because it evokes sensations from a negative past. Massage can help to heal the sprains and strains of everyday

experience, but I wondered whether it could reduce the chronic pain, migraine and insomnia associated with deep and profound psychological wounding.

I began working as a massage therapist in 1988 at a time when allegations and stories of abuse and trauma had recently begun to surface in the news. Many individuals finally felt a societal permission to disclose long-held secrets. Other clients, who had traumatic histories, responded to the public disclosures with anxiety and a marked increase in stress. Many psychotherapists in the early 1990's were only just becoming aware of the degree of abuse in society. Little had been written about the manifestations of child sexual abuse, as was being described. And at no other time in history had there been so many stories, from so many individuals regarding sexual abuse by family members, teachers, clergy, and medical personnel. It was as if the whole underpinning of what we thought was our society and its illusions of safety, was being rent to pieces by the disclosures.

I was no better prepared as a massage therapist than those psychotherapists to respond to the needs of traumatized clients. I could respond to sprains, strains, myofascial pain, headaches, as I had been trained, but I had no idea how to respond to the needs of someone for whom any touch seemed malevolent or terrifying. Several clients disclosed histories of personal trauma and extreme stress. Some individuals exhibited severe anxiety and ambivalence towards being massaged. Some even appeared catatonic and unable to speak after receiving massage therapy. I sensed that if I were to assist clients in healing from trauma, then the first issue was to find a way of not triggering traumatic responses to sensory stimuli – particularly the very emotionally laden experience of being touched. Consequently, the first step in working with such a sensitive population, was to learn as much as I could about what I observed clinically. I sensed that the kinds of physical treatments and protocols that worked with a healthy population, would not necessarily work with traumatized individuals, unless certain therapeutic relationship guidelines were established first.

BOX: Depression

Clinical Depression is a very complex mood disorder that affects at least 5% of the population. In a 50 year longitudinal study of mental illness begun by Jane Murphy and Alexander Leighton and recently reported in Focus, Dec. 1, 2000, researchers over the years found that while the incidence of depression did not rise statistically, the numbers of young women affected by the disorder was in fact increasing over the last decade.

"Depression is a debilitating, persistent, and deadly disease. By 1970, 83 percent of men identified as depressed in 1952, were either dead or had been chronically or recurrently depressed with persistent impairment. Depressed women fared better, perhaps because they were twice as likely as men to seek help."

http://134.174.17.116/publications/Focus/2000/Dec1_2000/epidemiology.html

Hypothesis

I would suggest that it is wholly possible for massage therapists to prepare sound treatment plans for complex conditions when they ground their reasoning in what is already known. This forms the basis for "evidence-based" clinical practice – but that is a term that I heard for the 1st time only 5 years ago. There are common sense treatment principles which, when applied to any client, help a therapist to maintain healthy boundaries, contain the experience and make necessary changes to the treatment plan.

For example, in examining cases of Post Traumatic Stress Disorder or PTSD, I realized that certain approaches or massage therapy techniques might be helpful or contraindicated, depending on the client's set of circumstances and touch history. A person who had been assaulted about the head and neck would find neck and head massage extremely frightening because touching the place of assault would engage the client's traumatic tissue memories. If this same person was in a motor vehicle accident and sustained a whiplash, there would be a double bind of trauma in the soft tissue of the neck.

Since I had no desire to harm my clients, it was important to understand the full implications of providing massage therapy care to traumatized individuals.

There are 4 Important Aspects to Creating Complex Treatment Plans

1.Exploring what is known about the condition(s) leads to concrete, do-able goals of treatment and sets the parameters and boundaries of treatment

Therapists need to pay attention not only to a client's signs and symptoms, but also to the physiological, physical, and emotional manifestations of the individual's problem. How the condition impacts on a client, often determines the type of treatment a client may tolerate. The Internet offers immediate access to thousands of sites on every condition imaginable. But it is important to know how to create the right search key words. And to begin to narrow the scope, it may be necessary to talk to an expert on the condition.

When I heard the first client disclose a history of sexual trauma, I consulted a local, well-respected psychotherapist for her opinion on how I might proceed. She was aware of the deep psychological wounds that are the result of trauma, and knew how potentially healing or wounding touch could be in such circumstances. She counselled me to work carefully with whatever treatment helped the client feel comfortable. She suggested how I might ask questions, without intruding or appearing as if I was attempting psychotherapy. And she suggested that I try to contain the experience so that the client would not be triggered or vulnerable at the end of the treatment. She recommended books that I might read, told me the names of the best authors on the subject and helped me to find seminars on trauma that might be relevant to a massage therapist.

I sought supervision and consulted several therapists that I came to know over the years. I maintained close contact with the client's psychologist, psychiatrist or psychotherapist to ensure that the client's principle emotional support knew about how we were working.

After a few years, I discovered another massage therapist, Trish Dryden, who worked in a similar way. We began an on-going consultative process that continues to thrive to this day, contributing to our understanding of trauma and enriching our awareness of the importance of massage therapy on influencing mood.

2.What may be observed clinically clarifies a client's abilities and limitations

It was apparent to me from an early point that focussing on what a client can do is more helpful therapeutically than challenging those limitations directly. Particularly when working with sensitive individuals whose moods might swing dramatically during the course of a session, it was essential to focus on what was possible in any given moment.

Trish and I observed that there was a distinct beginning, middle and ending to every therapeutic encounter. And we discovered that if we as therapists sensed where the client was in this process, we could better assist the client in remaining "present". As we explored further, and studied Judith Hermann's book, Trauma and Recovery, we noted that her stages of recovery, "Safety, Remembrance and Mourning, and Reconnection" co-related with what we saw in the massage treatment room: opening the container of somatic experience; exploring sensation; closing the somatic container.

When we helped clients to stay focussed not only on receiving massage therapy, but *where they were in the clinic hour*, clients appeared more comfortable and able to engage in the entire therapeutic process. In addition, if we could recognize where in the treatment continuum a client fit when she first began massage therapy, we could create better, more efficient and appropriate treatment plans tailored to the client's needs.

3. Understanding the effects of massage therapy and positive touch
Leads to understanding how massage can help, and more importantly, harm

(BOX)

Research indicators on the Effects of Massage Therapy

Decreases noted in anxiety, depression, stress hormones (cortisol), and catecholamines (Field, 1998)

Effective in the treatment of low back pain (Preyde, 2000);

Effective in the treatment of chronic fatigue and depression (Sunshine, et. Al, 1997)

Reduces pain and tension in the workplace (Katz, Wowk, Culp, and Wakeling, 1999)

Enhances immune function (Ironson, et. al. 1996)

There are numerous studies that describe the effects of massage therapy. I found that educating clients on the benefits of touch is essential if they are to trust and participate in the massage therapy process. When clients have a considerable negative history

surrounding touch, they need to know exactly what they may expect of the therapist, as well as what their role is as client. The therapist needs to create opportunities for clear and ongoing dialogue regarding benefits, potential side-effects and long term effects so that the client may choose how, where and why she receives massage. This gives the client choices and protects the therapist from taking too much responsibility for each decision.

4. Knowing the variables between general effects and the client's condition protects the client from harm and helps to set realistic goals.

Massage techniques vary from light touch to deep tissue work, from lymphatic drainage to myofascial release. Many of these techniques have been discovered through working with a particular population, such as athletes, and may not work as well on a less healthy population. Myofascial release may be beneficial when someone suffers from connective tissue restrictions and trigger point syndrome. But if the client suffers from fibromyalgia, depression, lymphatic congestion or is otherwise uncomfortable with deep and specific work, then myofascial release could cause unremitting pain, fear or prolonged anxiety.

It is important here to ensure that what the client wants to achieve, what the therapist thinks may be achieved and what is possible are all considered in light of each other. This may be another area where consultation with the client's physician or psychotherapist may be helpful. Most clients respond favourably to setting clear goals of treatment and periodically revisiting them to see if they still fit the treatment plan. Helping a client to clarify what may be expected from any given intervention encourages the client to participate in her own healthcare. Respecting the client's condition and adapting treatments to suit her individual needs ensures her confidence in the treatment approach.

Conclusions

By adhering to the treatment principles as outlined in this paper, clients who could not initially be touched, gradually became less fearful and engaged in their traumatic history. They sought reassurance and positive touch and understood that the treatment would not proceed without their expressed permission. Clients learned to realize where they were in the treatment continuum and to assess for themselves what they were comfortable in receiving as treatment. Clients also discovered general effects of massage therapy and learned how to set simple goals for their own healthcare.

Doug Alexander once wrote, "Massage therapy, at its *least* effective (italics mine) is a passive modality" (JSTM Winter 1997-98). As massage therapists, we can't know everything – although we sometimes think we should. We don't have a deep well of research from which to draw conclusions and plan treatments. In fact we are only at the earliest stage of understanding how our work intersects with the mysteries of the human body and our school curriculum rest largely on the orthopaedic criteria. But by observing, reading, weighing the information we gather, paying attention to the effects of our therapies, and above all observing and listening to our clients, we can create sound treatment plans for the most complex series of conditions, even those with deep

emotional and psychological wounding. Sound treatment plans may keep our clients from harm and in the bargain, may uncover treatment principles that will stand the test of time and rigorous examination.

References:

Andrade C-K and Clifford P: Outcome-based Massage. Philadelphia: Lippincott Williams and Wilkins, 2001

Alexander D: Editorial. *Journal of Soft Tissue Manipulation* 1997-98; 2-3

Batavia M: Clinical Research for Health Professionals. Boston: Butterworth Heinemann 2001

Field TM. Massage Therapy Effects. *Journal of Soft Tissue Manipulation.* 6:4, 3-18. Reprinted with permission from the American Psychological Association and the author.

Herman J: Trauma and Recovery. New York: Basic Books. 1997

Hogan L: Department of the Interior. In: ed. Foster P E. *Minding the Body*. New York: Doubleday; 1994: 167

Rattray, F, Ludwig, L: Clinical Massage Therapy. Toronto: Talus. 2000: 206, 258, 683, 694, 708, 737

van der Kolk BA, McFarlane AC and van der Hart O: A general Approach to Treatment of Posttraumatic Stress Disorder. In van der Kolk BA and McFarlane AC and Weisaeth L Ed. *Traumatic Stress*. New York: Guilford Press. 1996: 417-440