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The Integration of CAM Techniques as a Preparatory Method within the Scope of Occupational Therapy Practice

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NORTHERN ILLINOIS UNIVERSITY

The Integration of CAM Techniques as a Preparatory Method within
Occupational Therapy Practice

A Thesis Submitted to the

University Honors Program

In Partial Fulfillment of the

Requirements of the Baccalaureate Degree

With Upper Division Honors

Department Of

Allied Health and Communicative Disorders

By

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ABSTRACT (100-200 WORDS): The purpose of this capstone is to shed light on the importance of the integration of complementary and alternative medicine (CAM) techniques as a preparatory method within the scope of occupational therapy practice. The research from multiple case studies and literature on the incorporation of CAM techniques in occupational therapy treatment was used to help support the claim that CAM was beneficial to the occupational therapy treatment plan. The evidence gathered portrayed that most occupational therapists have used some type of CAM technique as a preparatory method or were open to incorporating CAM techniques into their treatment, but a majority wishes for more research to be conducted before fully supporting the incorporation of CAM techniques as a preparatory method to allow for evidence-based practice. In conclusion, the support of the integration of CAM techniques as a preparatory method would increase if there was an increase in the knowledge of CAM techniques because this would allow for an increase in interest on the subject of CAM, thus allowing for more research to be conducted.

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Capstone Approval Page

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The Integration of CAM Techniques as a Preparatory Method within the Scope of Occupational Therapy

Practice

Capstone Project

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The Integration of CAM Techniques as a Preparatory Method within the Scope of Occupational Therapy Practice

The practice of Occupational Therapy is to help clients reach their full potential when it comes to participation in their occupations. A client's occupation is the activities they normally participate in, in their daily lives. These activities can be any activity that supports the client's participation when it comes to their work, educational, personal hygiene, social, or leisure aspect of their daily life. Occupational therapy practice assists the client with these activities through treatment to allow for the client to participate in these activities to the best of their ability.

According to the *Definition of Occupational Therapy Practice for the AOTA Model Practice Act (2004a)*, "Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life." Occupational therapy services can be utilized to assist a person throughout their lifespan and in multiple settings as long as the person's needs fall under the scope of occupational therapy practice. Furthermore, complementary and alternative medicine can be integrated in occupational therapy services to assist a person's needs as long as they fall under the scope of occupational therapy practice.

The scope of occupational therapy practice allows for an occupational therapist to understand the contexts of their profession and the responsibilities they have to their clients. The scope of occupational therapy practice defines the domain of occupational therapy as the everyday activities that a client participates in that they find are purposeful and meaningful.

"Within this domain of practice, occupational therapists and occupational therapy assistants consider the repertoire of occupations in which the client engages, the performance skills and

patterns the client uses, the contexts influencing engagement, the features and demands of the activity, and the client's body functions and structures," (American Occupational Therapy Association [AOTA], 2004b). While the domain of occupational therapy is the client's everyday activities that are meaningful to them; the process is the service delivery that the occupational therapist uses to assist the client in engaging in these meaningful activities. To use a client-centered, holistic approach, an occupational therapist will first evaluate their client to identify the client's ability to participate in their activities of daily living, the client's needs, the client's problems, and the client's goals for treatment. The intervention section of the service delivery is when the occupational therapist communicates with the client to create a treatment plan of occupational therapy services to help them reach their goals, and is also the implementation of that treatment plan to assist the client with reaching success in their occupational goals. The client's outcomes section of the occupational therapy service delivery is when the occupational therapist ensures that the client's intervention plan is assisting the client with reaching their occupational goals and to ensure that the client is getting closer to the occupational performance that would allow them to achieve those goals. According to *Scope of Practice*, "Outcomes of the intervention determine future actions with the client. Outcomes include the client's occupational performance, role competence and adaptation, health and wellness, quality of life and satisfaction, and prevention initiatives," (AOTA, 2004b). There are multiple treatment options that allow for a client to reach their occupational goals. Some of these plans utilize nontraditional treatment to assist the client with their goals and that allows for the occupational therapist to use a more holistic approach.

Furthermore, one type of nontraditional treatment that could be utilized in an occupational therapy intervention plan would be the use of complementary and alternative

medicine, or CAM. Complementary medicine means that it is used in accordance with conventional medicine while alternative medicine means it is used instead of conventional medicine. According to the article “Complementary and Alternative Medicine” by The American Occupational Therapy Association, the definition of CAM is “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine,” (Giесе & DeLany, 2011). CAM allows for clients who do not particularly feel comfortable with conventional treatment to have another option where they feel they are in control. “The five domains of CAM practice are (1) alternative medical systems, (2) mind–body interventions, (3) biologically based treatments, (4) manipulative and body-based methods, and (5) energy therapies,” (Giесе & DeLany, 2011). The domains of CAM practice allow for the health professional and the client to have a wide range of options to use while creating a treatment plan that is centered on that client. Also, CAM allows for the client to utilize their beliefs and cultures when communicating with their health professionals on what type of treatment plan works best for them while conventional treatment does not warrant the option to personalize it to that specific client. Furthermore, CAM is more client-centered based than conventional medicine because unlike conventional medicine the client is the one who chooses what treatment plan works best for them.

Complementary and Alternative Medicine

Complementary and alternative medicine can be beneficial to occupational therapy treatment as a preparatory method because they are founded on similar beliefs. Occupational therapy and CAM practices both believe in utilizing a client-centered and holistic approach when treating clients in reaching their maximum potential. “CAM and occupational therapy go further by exploring the complexity of each individual situation and by aiding in

lifestyle and environmental modifications,” (Knupp, Esmail, & Warren, 2009). Also, occupational therapy practice and CAM both believe that to help a person reach their full potential then the health professional must treat the whole person. This means to assist the person in reaching their maximum health by treating the person’s mental, social, and physical health.

Also, incorporating CAM as a preparatory method in the implementation of occupational services would allow for the client to incorporate some of their culture beliefs in their treatment. This would allow for the client to feel more involved in their treatment plan and in result have better outcomes when it comes to treatment. “Occupational therapy practitioners may utilize CAM in the delivery of occupational therapy services when they are used as preparatory methods or purposeful activities to facilitate the ability of clients to engage in their daily life occupations,” (Giесе & DeLany, 2011). As long as CAM is being used as a preparatory method in occupational therapy treatment to assist a person in participating in activities of their daily living then CAM falls under the scope of occupational therapy. Furthermore, occupational therapy believes in using evidence-based practice to treat their clients, and there are some CAM preparatory methods that have evidence to support their involvement in occupational therapy treatment. Some of these preparatory methods are aromatherapy, massage techniques, acupuncture, and acupressure.

Aromatherapy

The first CAM evidence-based treatment that is used as a preparatory method in occupational therapy services is aromatherapy. “Aromatherapy is the art and science of utilizing naturally extracted aromatic plant essences, known as essential oils, to promote health and well-being of body, mind, and spirit,” (Vadnais, 2015). The use of essential oils has been proven to relieve tension, reduces stress, lower pain, and can also increase a person’s urge to participate in

their activities of daily living. The effects of aromatherapy are beneficial to the incorporation as a preparatory method in occupational therapy intervention because it helps increase the client's willingness to participate in their exercises. This method would allow for clients who are frustrated with their intervention plan to feel more at ease and would increase their participation in treatment. Aromatherapy has three methods that would allow for an occupational therapist to incorporate it in treatment. The first method would be allowing the client to inhale the essential oils.

“Our sense of smell is 10,000 times more sensitive than any of our other senses. The olfactory system connects directly to the brain, and is the only place where the central nervous system is directly exposed to the environment. Aromas enter the nose and travel to the olfactory bulb sensory receptors that are a part of the brain. This sends messages to the limbic system, where scent influences mood, emotions, and memories, and to the neocortex, where they can affect brainwave activity and modify conscious thought.” (Vadnais, 2015).

This would allow for the client to feel the full effects of the essential oils and this method would also be the quickest.

One study about the benefits of aromatherapy in treatment showed how aromatherapy impacted the development of communication skills of children with autism (Perepa, 2018). The study followed 6 children who had autism and were at various levels of capability when it came to communication. The results of the study showed that before the lavender oil was incorporated into the classroom all of the students were stressed and frustrated with the exercises, but after the lavender oil was infused into the room every student became more relaxed and willing to

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participate in the exercises. The final results showed how 5 out of the 6 students improved throughout the time the lavender oil was infused into the room with the sixth student showing no improvements at the end of the study (Perpepa, 2018). This study's results help showcase how the incorporation of aromatherapy as a preparatory method in occupational therapy treatment can assist clients with their participation when reaching their full potential.

The second method of aromatherapy that would allow for an occupational therapist to incorporate it in treatment would be to massage the essential oils onto the skin. This method would be beneficial to clients who may not have a good sense of smell, and would allow the essential oils to absorb into the skin more since a person's skin is their biggest organ. The third method would be to ingest the essential oils. However, this method is controversial when it comes to incorporating it as a preparatory method due to the fact that the concentration in the oil may be too high than the dose that is recommended.

Massage Techniques

The second CAM evidence-based treatment that is used as a preparatory method in occupational therapy services is the utilization of massage techniques. The utilization of massage is when the health professional manually manipulates the client's soft tissue. The introduction of massage in occupational therapy services would be considered a physical modality, and can be used as a preparatory method for treatment in the form of electrical stimulation, cryotherapy, iontophoresis, superficial heating agents, and deep heating agents. This preparatory method would allow for occupational therapist to prepare their clients for treatment by relaxing the muscles of the part of the body that the occupational therapist would like to work with.

“Touching and being touched are key actions in human development that increase body

awareness, relax muscles, and promote physical, motor, neurological, and intellectual development. Touch enables the generation of mental images, emotions, and feelings and produces metabolic and physiological changes, especially in the immune, endocrine, neuromuscular, and cardiac systems,” (Goncalves, Voos, Morgani de Almeida, & Caromano, 2018). If massage was used as a preparatory method it would allow for the client's muscles to not be as strained or tensed during treatment, and would allow for the client's performance in the activity to be better than if they did not have the massage.

One example that supports this claim would be a study that was conducted on school age children to see the impact of massage on their aggression. The results of the study portrayed that using massage as a preparatory method showed a decrease in aggressive behavior in the children with an increase in academic performance (Goncalves et al., 2018). The integration of massage would allow for the occupational therapist to have a client-centered approach to treatment because it would be the client who told the occupational therapist where their area of pain was for the massage. Plus, the addition of essential oils with the massage can allow the client to feel relaxed mentally and physically.

Acupuncture

Furthermore, there are different types of energy therapies that an occupational therapist can utilize as a preparatory method in treatment. One such method would be the use of acupuncture in occupational therapy treatment. Acupuncture is considered complementary and alternative medicine in the Western world, but has been used in treatment for centuries in China. Acupuncture is when a health professional uses needles to put pressure on pressure points in the body to help align a client's energy. Health professionals use acupuncture to treat clients because

it is believed to promote adequate flow of vital energy throughout the body. It has also been proven to reduce pain, sleep deprivation, and neuropathy. ““Occupational therapists held a positive opinion with regards to using CAM... believed CAM ‘interventions such as acupuncture, yoga and meditation [were] needed for the treatment [of chronic pain]’” (Knupp et al., 2009). One example would be a study that was conducted on children who suffered from chronic pain. The study had one group of children receive actual acupuncture treatment and had another group of children receive a placebo acupuncture treatment. The study’s results showed that the children who received the actual acupuncture treatment exhibited signs of reductions in the number of migraines they were experiencing and of the severity of those migraines while the placebo group showed no improvement, (Tsao & Zeltzer, 2005). Acupuncture can allow for an occupational therapist to assist their clients in reaching their goals by allowing the client to have a reprieve in pain they may be experiencing. This would allow for the client to feel more comfortable throughout treatment, and would allow for the client to feel more positive about starting and completing their exercises.

Acupressure

Another method that can be used in occupational therapy treatment would be acupressure. Acupressure is a type of manual therapy that is like acupuncture, but instead of needles the health professional uses their hands to put pressure on certain points of the client’s body. In acupressure, the pressure put on these points in the body allow for the “activation of neurons in the hypothalamus and the pituitary gland which would allow for the release of neurotransmitters and neurohormones that produce changes in blood flow, both centrally and peripherally, and possible mediators for pain relief,” (McCormack, 2018). Acupressure allows a reduction of pain in the muscles, it also can help loosen tight muscles, and improve flexibility of

the joints. One study done on a group of patients going through radiation found that acupressure wrist bands reduced radiation-induced nausea. The results showed that patients receiving the bands had a significant decline in nausea compared to those who did not, (Roscoe et al., 2010). When acupressure is used as a preparatory method in occupational therapy treatment it would allow for more engagement in the client's activities due to a reduction of symptoms.

Overview

Finally, aromatherapy, massage, acupuncture, and acupressure therapy represent how CAM's incorporation of occupational therapy services as a preparatory method can be beneficial to treatment. CAM allows for a nontraditional approach to clients who have not had positive results when it came to traditional treatment methods. More and more occupational therapists have started utilizing CAM in their treatment as a preparatory method as long as there has been evidence to support it. A survey done by Canadian occupational therapists showed that most occupational therapists have "incorporated CAM into their practice either through personal use, through referral, or through a combination of use and referral," (Krupp et al., 2009). There were a percentage of the occupational therapists surveyed that did not incorporate CAM as a preparatory method in their treatment plans, but did state that they were open to the possibility of it.

Rebuttal

Even though there is evidence to support the use of CAM as a preparatory method in occupational therapy treatment, there are multiple occupational therapists that are wary to take advantage of CAM as an option. One reason that occupational therapists do not use CAM in their treatments would be because of lack of interest. Another reason would be because there isn't

enough research on the subject of CAM in occupational therapy treatment. Occupational therapists pride themselves on using evidence-based practice when treating their clients, and without the research to support CAM then occupational therapists are not assisting their clients to the best of their ability. “With more evidence-based literature on CAM, occupational therapists would know more about CAM; this would lead, in turn, to a greater use of CAM by occupational therapists,” (Knupp et al., 2009). A third reason that occupational therapists would not utilize CAM as a preparatory method would be lack of training on the CAM methods. Each CAM method would need to have the occupational therapist undergo training to become a professional and certified on the subject. This can cause occupational therapists to turn away from the idea of using CAM as a preparatory method in occupational therapy treatment.

Conclusion

In conclusion, complementary and alternative medicine as a preparatory method in occupational therapy treatment can be beneficial to the client and to the occupational therapist. It is beneficial to the client by allowing them to have a treatment method where they are in control of their treatment plan and it is beneficial to the occupational therapist because it broadens their practice while also allowing them to treat their clients with an evidence-based, holistic approach. Even though, there still needs to be more research on the subject of CAM as a preparatory method in occupational therapy treatment; there has already been some evidence in multiple case studies to support certain CAM methods in treatment, such as aromatherapy, massage, acupuncture, and acupressure therapy. Also, most occupational therapists support the use of CAM in treatment as long as there is literature to support it. One way to help increase the interest in the utilization of CAM as a preparatory method in occupational treatment that would lead to more research being done on the subject would be by acknowledging CAM in school. If CAM is

taught in occupational therapy programs then it creates awareness thus creating more interest on the subject.

References

- American Occupational Therapy Association. (2004a). Definition of occupational therapy practice for the AOTA Model Practice Act. (Available from the State Affairs Group, American Occupational Therapy Association, 4720 Montgomery Lane, PO Box 31220, Bethesda, MD 20824-1220.)
- American Occupational Therapy Association. (2004b). Scope of Practice. *American Journal of Occupational Therapy*, 58, 673–77.
- Giese, T., & Delany, J. V. (2011). Complementary and Alternative Medicine. *American Journal Of Occupational Therapy*, 65SS26-31. doi:10.5014/ajot.201.65SS26
- Gonçalves Lopes L., Mariana Callil Voos, Maria Helena Morgani de Almeida, and Fátima Aparecida Caromano, “Massage and Storytelling Reduce Aggression and Improve Academic Performance in Children Attending Elementary School,” *Occupational Therapy International*, vol. 2017, Article ID 5087145, 7 pages, 2017. doi:10.1155/2017/5087145
- Knupp, H., Esmail, S., & Warren, S. (2009). The use of complementary and alternative medicine (CAM) by Canadian occupational therapists. *Occupational Therapy International*, 16(1), 6-24. doi:10.1002/oti.262

McCormack, Guy L. (2018). Managing Pain in Occupational Therapy with Acupressure.

[PowerPoint Slides]. Retrieved from:

http://symposium.otaconline.org/application/files/6615/2029/6573/Session_43.pdf

- Perepa, Prithvi. (2018). Communication Skills in Children with Autism. Retrieved from: http://www.academia.edu/4742012/Effects_of_aromatherapy_on_communication_skills_in_children_with_autism
- Roscoe J., Peter Bushunow, Pascal Jean-Pierre, Charles E. Heckler, Jason Q. Purnell, Luke J. Peppone, Yuhchyan Chen, Marilyn N. Ling, Gary R. Morrow (2010). Acupressure Bands are Effective in Reducing Radiation Therapy-Related Nausea J Pain Symptom Manage.; 38(3): 381–389. doi: 10.1016/j.jpainsymman.2008.09.006
- Tsao, J. C. I., & Zeltzer, L. K. (2005). Complementary and Alternative Medicine Approaches for Pediatric Pain: A Review of the State-of-the-science. Evidence-Based Complementary and Alternative Medicine, 2(2), 149–159. <http://www.ullb.niu.edu:2593/10.1093/eam/neh092>
- Vadnais, Emmy. (2015, August 3). Aromatherapy Can Enhance Health and Healing. ADVANCE Magazine. Retrieved from: <http://holisticot.org/aromatherapy-can-enhance-health-and-healing/>