

Integrative Therapies within a Community Cancer Center

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Providing complementary and alternative medicine (CAM) modalities raises a number of issues for community cancer centers, including funding, staff credentialing, space allocation, and utilization of cancer center staff for CAM practices.

The Exempla Saint Joseph Hospital Cancer Center opened in July 2008 with an established menu of integrative therapy offerings for patients. Here's how this community cancer center developed its integrative therapies program and overcame common barriers to the provision of CAM services.

CAM encompasses a broad array of heterogeneous techniques, practices, and/or products that are typically not considered standard care for the treatment of illnesses, particularly cancer. Often the terms complementary, alternative, and integrated therapies are used interchangeably when describing CAM, but these three terms have very different meanings (see Table 1, page 28). Exempla Saint Joseph Hospital Cancer Center has determined that the term "integrative therapies" best matches its mission of treating the mind, body, and spirit of its cancer patients.

Getting Started

Exempla Saint Joseph Hospital Cancer Center first established an Integrative Therapies Committee, led by the director of Psychosocial Oncology (who is a psychologist). Other committee members included a social worker with additional training as a CancerGuide® in integrative oncology, a dietitian, a nurse, and a nurse manager. This interdisciplinary group brought together multiple viewpoints, competencies, and personal interests that were essential to championing and spearheading the development and maintenance of specific integrative therapy modalities. The committee met monthly to develop a comprehensive list of integrative therapies that could be offered to cancer patients if time, staff, funding, and space were not barriers (see Table 2, page 31).

The committee presented its "comprehensive wish list" of integrative therapies to Exempla Saint Joseph Hospital Cancer Center's Patient Advisory Council, which is composed of 12 current and previous cancer patients who

received treatment within the cancer program. The Patient Advisory Council provides a patient's perspective on improving care and developing new programs, such as integrative therapies. Together, the Integrative Therapies Committee and the Patient Advisory Council gave the following therapies first priority:

- Massage therapy
- Yoga
- Art therapy
- Expressive writing.

Adding Massage to the Menu

Massage therapy is one of the most popular forms of integrative therapy in the United States¹ and the United Kingdom.² The use of massage as a method of reducing the side effects of cancer and its treatment is also increasing.

Efficacy and Safety Concerns. Given the high level of interest in massage, it is important to briefly examine the data associated with its efficacy and safety.

In spite of its popularity, the benefit of massage therapy for cancer patients has received little empirical attention and the existing literature often suffers from a lack of methodological rigor. However, preliminary data suggest that massage improves reported experiences of pain, nausea, fatigue,



and depression in cancer patients.³⁻⁵ More specifically, in patients with breast cancer, gastric cancer, and patients undergoing autologous bone marrow transplantation, massage has been demonstrated to decrease nausea, vomiting, and nausea intensity.^{1,5}

In general, massage is considered a safe, non-invasive, complementary intervention for symptom control.¹ The number of serious injuries reported is minimal and concerns that massage might facilitate cancer metastases via the stimulation of lymph flow have not been supported empirically. It has been postulated that the highest risk between massage and metastases would occur with firm, direct contact on or near a tumor, which could result in cell shedding.^{6,7} However, it is against standard practice to apply massage on or near a tumor. Vigorous massage should be avoided by patients with bleeding disorders, low blood platelet counts, and by people taking blood-thinning medications, such as warfarin.

Credentialing Issues. Based on patient requests, committee approval, and a literature review, Exempla Saint Joseph Hospital Cancer Center determined that massage therapy was safe and would improve both patient quality of life and patient satisfaction. The cancer center established the following policies regarding the credentialing of its massage therapists:

- Licensed as a massage therapist
- Completed an additional 270-hour oncology massage certification program
- Function as independent contractors
- Carry own malpractice and workers' compensation coverage
- Provide a compliance folder to satisfy The Joint Commission (TJC) requirements
- Complete online hospital HIPAA training and provide signed statement verifying completion and agreement with policy.

Implementation Procedures. Exempla Saint Joseph Hospital Cancer Center contracted with a medical massage therapy group for eight hours per week and split that time equally between its infusion center and its 22-bed inpatient oncology unit. Given the different environments of these two units, the hospital developed procedures and practices for both settings.

For the Inpatient Oncology Unit, the following procedures were implemented:

1. Prior to the day the massage therapist is scheduled, the nursing staff contacts the physicians to obtain an order to permit or restrict use of massage. If a physician cannot be reached, the patient is not provided with massage services.
2. Massage therapist comes to the cancer unit at the design-

nated time and checks with the nursing staff regarding which patients are eligible for massage. The therapist:

- a. Ensures that the patient's platelet count is above 20
 - b. Verifies that there are no other contraindications for massage (i.e., anti-coagulant is prescribed)
 - c. Confirms that massage will not interfere with or delay other medical procedures
 - d. Re-checks with nurse, if massage is not initiated within five minutes of nurse's approval.
3. Massage lasts 15 to 60 minutes, based on patient need and volume of requests.
 4. Massage therapist then writes a note in the progress notes section of medical chart.
 5. Massage therapist also keeps record of patients seen and time spent with each patient.

For the Outpatient Infusion Center, the following procedures were implemented:

1. Massage therapist comes to the infusion center at the designated time and checks with the nursing staff regarding which patients are eligible for massage. In the infusion center, the massage services are provided while patients are sitting in the infusion chairs, limiting massage services to hand, neck, foot, and/or shoulder massage. The therapist:
 - a. Ensures that the patient's platelet count is above 20
 - b. Verifies that there are no other contraindications for massage (i.e., anti-coagulant is prescribed)
 - c. Confirms that massage will not interfere with or delay other medical procedures
 - d. Re-checks with nurse, if massage is not initiated within five minutes of nurse's approval
 - e. Has patient complete a brief questionnaire and release.
2. Massage lasts 10 to 15 minutes, based on patient need and volume.
3. Massage therapist keeps a record of patients seen and time spent with each patient.

Funding Concerns. Given the high level of patient demand for massage services and survey results that indicate increased patient satisfaction, massage therapy is the only integrative therapy program that is funded through the cancer program's operating budget. Funding for this service is approximately \$1,350 per month.

Lessons Learned. Finding massage therapists who have the necessary training to safely provide services to cancer patients is difficult. Once appropriate candidates are identified, assembling the documentation to satisfy TJC requirements takes additional time. The hospital's legal team also required time to review the massage therapy contracts to ensure that patient safety issues were adequately addressed.

Table 1. Definitions of Complementary, Alternative, and Integrative Therapies**Definition****Examples****Complementary Therapies**

■ Complementary therapies are techniques, practices, or procedures that are used *along with* standard medical treatments and are often considered an important part of supportive care.

Massage, yoga, art therapy, expressive writing, stress management training.

Alternative Therapies

■ Alternative therapies are techniques, practices, or products used *in place of* standard medical treatments. Alternative medicine often lacks empirical support and has little or no evidence regarding efficacy or data regarding side effects or interaction effects.

Magnet therapy, coffee enemas, ozone therapy, laetrile, shark cartilage.

Integrative Therapies

■ Integrative medicine is *a total approach to care* that involves the patient's mind, body, and spirit. It combines standard medicine with the CAM practices that have shown the most promise through empirical support.

Complementary therapies, psychotherapy, meditation, spiritual practices, tai chi.

Adding Yoga to the Menu

Yoga is an ancient discipline uniting the mind, body, and spirit in order to obtain optimal health.⁸ Estimates are that 15 million Americans will engage in some form of yoga during their life, with the express purpose of promoting health, preventing illness, and/or managing the side effects of a chronic condition.⁹ Because yoga's series of movements and poses are directed towards strengthening the body, slowing and deepening the breath, and focusing the mind, yoga would appear to benefit the cancer population.

Efficacy and Safety Concerns. Recently, numerous studies investigating yoga as a CAM intervention for cancer populations have appeared in the literature. As with massage therapy, methodological variability and design weaknesses limit the strength of conclusions that can be drawn regarding the efficacy of yoga. However, early results suggest that yoga can benefit cancer patients. Both randomized control trial and non-controlled studies have demonstrated that cancer patients who practice yoga report significant improvements in sleep, quality of life, and stress reduction.^{10,11} In addition, early data suggest yoga can have a positive impact on cancer patients' mood.

In general, yoga is considered a safe, non-invasive, complementary intervention for cancer patients. Many of the randomized clinical trial studies reported no adverse events associated with gentle, patient-directed yoga, which suggests that yoga's breathing and stretching exercises are safe for cancer patients. More research into this complementary therapy is important to determine which aspects of the techniques are most helpful and which have the potential to cause harm to cancer patients.

Credentialing Issues. The Integrative Therapies Committee reviewed the available literature, interviewed local yoga instructors, and decided that yoga was safe and could improve cancer center patients' quality of life and satisfaction. Exempla Saint Joseph Hospital Cancer Center established the following credentialing policies for instructors:

1. Certification as a yoga instructor including a 200-hour yoga training program

2. Continuing education in yoga for students with physical limitations
3. Malpractice and workers' compensation coverage
4. Ability to assess the patient's capacity to participate and identify when a patient needs to slow down and pace him or herself
5. Production of a compliance folder to satisfy TJC requirements
6. Previous experience with cancer patients preferred
7. Completion of online hospital HIPAA training and provision of a signed statement verifying completion and agreement with policy.

Implementation Procedures. Staff in the Psychosocial Oncology Department provides all of the internal and external advertising for the group yoga class. The cancer program physicians did not feel that medical approval was necessary for patient participation, because many patients were doing yoga in the community without harm or physician approval. The yoga class is offered to all patients and caregivers within Exempla Saint Joseph Hospital Cancer Center's Medical, Surgical, and Radiation Oncology Departments. Classes are held two times per month from 5 pm to 6 pm. For yoga classes, the following procedures were implemented:

1. Cancer patients are greeted and welcomed to the class.
2. Participants are encouraged to wear loose clothing, bring a water bottle, and a towel roll (to provide additional joint support, if needed).
3. Participants are asked to sign an injury waiver.
4. Participants supply their own yoga mats or use one provided by the cancer program.
5. Following the completion of the class, the yoga instructor provides a list of the class attendees to the cancer center staff.

Funding Concerns. The yoga instructor is a cancer survivor from the local community and volunteers to provide the class to cancer patients; therefore Exempla Saint Joseph Hospital Cancer Center incurs no expense for the instructor.

Estimates are that Americans spend about \$34 billion each year on complementary and alternative medicines and therapies (CAM). Cancer patients use various forms of CAM to help reduce treatment side effects, improve quality of life, and potentially impact cancer cell growth during and after cancer treatment. Following the trend of increased global use of CAM, community cancer centers are increasingly being asked to provide different CAM options (such as massage, yoga, art therapy, and stress management), in addition to standard clinical care.

tor's time. The cancer program purchased 15 yoga mats at a cost of \$10 each. The cancer program also provides physical space within the cancer center for the yoga class.

Lessons Learned. As with massage therapy, finding yoga instructors who have experience with cancer patients is a challenge. Reaching out to the community and finding instructors who are not only qualified, but also willing to donate their time, requires a significant time investment for a community cancer center.

Adding Art Therapy to the Menu

Art therapy is a form of CAM used to help patients cope with the emotional and physical side effects of illnesses. The goal of art therapy is to help patients express their needs and concerns through visual mark making rather than verbal communication. To facilitate patients' self-expression, art therapists provide the materials needed to produce drawings, paintings, sculptures, collages, digitally-generated art, and other forms of art work.¹² The act of creating art is considered to be a therapeutic form of self-expression. However, art therapy usually involves discussion and interpretation of the meaning of the art that the person has created. This discussion can occur one-on-one with the art therapist or in a group format with other patients. The discussion component of art therapy often fosters insights into the patient's fears, goals, feelings, and/or needs.

Efficacy and Safety Concerns. Functional improvements frequently generated by art therapy include positive changes in emotional symptoms, quality of life, coping, spiritual distress, and fatigue. In addition, art therapy appears to improve cancer patients' sense of identity and ability to regain a sense of stability within the uncertainty of the cancer experience.¹³ As with other forms of complementary therapy, empirical investigation of the effects of art therapy often suffer from problems related to heterogeneous samples and intervention methods that prohibit the generalization of findings to other settings or populations. One clear conclusion from previous work is that further investigation is needed.

The main safety issue in art therapy is the possibility that it may evoke distressing thoughts or feelings. For this reason, art therapy should be done under the guidance of a qualified art therapist or other mental health professional. A minor, though possible, concern in art therapy involves the use of potentially harmful materials. There have been reported cases of lead poisoning from use of lead ceramic glaze during art therapy classes. Use only materials known to be safe. Related clean-up materials (e.g., turpentine or

NIH's National Center for Complementary and Alternative Medicine recently highlighted an analysis of a 2007 National Health Interview Study that revealed that cancer survivors are more likely to use CAM compared with the general population. According to the data published in the *Journal of Cancer Survivorship: Research and Practice*, cancer survivors are also more likely to use CAM based on a recommendation by their healthcare providers and to talk to their healthcare providers about their CAM use. For more go to: <http://nccam.nih.gov/research/results/spotlight/032011.htm>.

mineral spirits) that release potentially toxic fumes should only be used with adequate ventilation.

Credentialing Issues. Registered art therapists are required to complete master's degree-level education in art therapy and provide documentation of supervised post-graduate clinical experience. A registered art therapist may then apply to become board certified. Board certification requires successful completion of the national examination, demonstrating comprehensive knowledge of the theories and clinical skills used in art therapy. Exempla Saint Joseph Hospital Cancer Center established the following policies regarding art therapist credentialing:

1. Board certification as an art therapist
2. Malpractice and workers' compensation coverage
3. Production of a compliance folder to satisfy TJC requirements
4. Previous experience with cancer patients preferred
5. Completion of online hospital HIPAA training and provision of a signed statement verifying completion and agreement with policy.

Implementation Procedures. The staff of the Psychosocial Oncology Department provided all of the internal and external advertisements, recruitment, and registration for the group art therapy class. Funding restrictions meant that Exempla Saint Joseph Hospital Cancer Center could only offer the class to breast cancer patients who were uninsured or underinsured. The closed-group format consists of four weekly classes lasting 1.5 hours each. Participants are asked to commit to attending all four sessions. For art therapy classes, the following procedures were implemented:

1. Cancer patients are greeted and welcomed to the class.
2. Class begins with introductions of class participants and class procedures.
3. Participants are encouraged to discuss issues important to them.
4. The art therapist transitions the class into the production of art. The therapist brings all supplies that will be used for that class.
5. Following the completion of the art, participants are encouraged to discuss the art, the motivation for the art, and/or the meaning of the art.
6. Following the completion of the class, the art therapist provides a list of the class attendees to the cancer center staff.

Funding Concerns. The psychosocial oncology staff was approached by a community art therapist who had obtained



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grant funding but needed a partner to accrue cancer patients and provide the physical space. Having a community practitioner come to us with a grant in hand may appear to be a passive form of good luck for the cancer center. However cancer center staff feels this development was related to the cancer center's active, open-door policy with the community. For example, the Psychosocial Oncology Department frequently reaches out to community organizations, cancer organizations, local universities, and other cancer programs. It is through this active collaboration model that this opportunity presented itself.

Lessons Learned. In organizing its art therapy classes, Exempla Saint Joseph Hospital Cancer Center learned that offering a service to a restricted range of patients can be difficult and can lead to a smaller pool of available participants. It was not uncommon for other cancer patients, who were not eligible for the art therapy class, to ask to attend. It was important to have other support group offerings, such as a breast cancer support group, available as an alternative choice.

Adding Expressive Writing to the Menu

Expressive writing is the use of a written record to convey feelings, relieve stress, and work through emotional events. It is believed that improvements in psychological and physical functioning occur because written expression fills a gap in the patient's healing process by providing a mechanism of emotional expression under circumstances where verbal expression is discouraged or not possible.¹⁴ The goals of expressive writing are similar to art therapy, i.e., to improve psychological adjustment and physical health through non-verbal forms of communication. Also, like art therapy, expressive writing can be done individually or in a group setting. Standard instructions often include writing about any difficult topic for 15 to 20 minutes three to five times per week. The therapeutic benefit often occurs with the evolution of the written story over time.

Efficacy and Safety Concerns. A small body of literature has begun to demonstrate physical and psychological health benefits from writing about stressful events. Initially, empirical evidence demonstrated that expressive writing enhanced creativity and improved general coping in healthy people.¹⁵ More recent investigations have demonstrated that patients with asthma, rheumatoid arthritis, and breast cancer demonstrated reductions in physical symptoms of disease and emotional conflicts, while increasing self-awareness and problem-solving skills through the use of expressive writing.¹⁴

Generally, a trained professional should facilitate expressive writing groups because confrontation of upsetting topics can initially exacerbate symptoms.¹⁴ It has been reported that the immediate impact of expressive writing is

often an increase in distress, negative mood, and physical symptoms.¹⁵ However, as the expressive process unfolds, these initial symptoms are alleviated and improvements in functioning are established.

Credentialing Issues. Due to the need for a facilitator with therapy skills, the group is facilitated by a licensed clinical social worker from Exempla Saint Joseph Hospital Cancer Center. Accordingly, issues of insurance and TJC requirements are not concerns. However, if a professional from the community were to facilitate this group, Exempla Saint Joseph Hospital Cancer Center would follow the credentialing requirements used for its massage, yoga, and art therapists.

Implementation Procedures. The group was initially offered as a four-week, closed-group pilot project for 1.5 hours each week to explore interest and sustainability. For expressive writing classes, the following procedures were implemented:

1. Participants were given a copy of *Writing Out the Storm: Reading and Writing Your Way Through Serious Illness or Injury* by Barbara Abercrombie (while donated supplies lasted).
2. Previous writing skills are not required and content is emphasized over the mechanics of writing (such as spelling and grammar).
3. Facilitator invites participants to bring their own journal or notebook to the group. However, extra paper and pens are available from the cancer program.
4. At the beginning of each group meeting, participants are asked to share anything they have written between meetings or another writer's piece that is especially meaningful to them.
5. Opportunities are provided to experience different types of writing: poetry (including haiku), essay, completion of statements (e.g., writing a response to a phrase or half sentence, such as "I feel like..."), and journaling.
6. Discussions are facilitated to explore meaning and reflection on one's own experience
7. Participants identify common themes, feelings, and challenges, often offering validation of each other's experience.
8. Facilitator encourages participants to continue writing on a theme that emerged in the group.
9. When mutually agreed upon, email correspondence is encouraged between group members to share their writing between group sessions.

Funding Concerns. No significant costs are associated with this program. The *Writing Out the Storm* books were donated. Saint Joseph Hospital Cancer Center provides light snacks, tea, and water to create a more social and con-

Table 2. Exempla Saint Joseph Hospital Cancer Center's Comprehensive Wish List of Integrative Therapies

Mind and Body Therapies

- Relaxation and meditation
- Hypnotherapy
- Computer therapy (e.g., providing computers for patient use during long chemotherapy treatments or during inpatient stays)
- Life coaching
- Art therapy
- Music therapy

Body Manipulation and Energy Therapies

- Massage
- Aromatherapy
- Reflexology
- Energy therapies
- Acupuncture
- Yoga
- Tai chi
- Qi gong

versational atmosphere.

Lessons Learned. Adding expressive writing requires a leader who has both group facilitation and writing skills. When the staff facilitator is not available, finding a trained substitute is challenging. Fortunately, the cancer center's social worker identified a network of other skilled providers in the community who are willing to donate their time and expertise when needed. Recruiting participants into the group is challenging when patients are not used to considering writing as a therapeutic option. Many patients also express anxiety about the perceived quality of their writing.

Last Thoughts

For other community cancer centers looking to develop an integrative therapy program Saint Joseph Hospital Cancer Center believes that guidance by a multidisciplinary committee is imperative. Working collaboratively, these professionals bring together the knowledge and experience necessary to understand the benefits and applications of integrative therapies in cancer care. Additional training in the concept and practice of integrative oncology is also very helpful with efforts to educate both staff and patients about the benefits of integrative therapies. For each specific integrative therapy offering, Saint Joseph Hospital Cancer Center encourages other programs to assign a staff champion to guide the development process.

Funding for these programs is often a challenge, and Saint Joseph Hospital Cancer Center hopes that other programs will find some of its solutions helpful in overcoming this hurdle. While sustainability is not addressed in this article, the sharing of experiences can help provide a platform for other integrative medicine programs to develop, as

well as provide a basis for better understanding barriers and supportive factors in sustainability. 📍

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Additional Resources

- CancerGuides® (<http://www.cmbm.org>)
- Cancer Information Service (<http://cis.nci.nih.gov>)
- Medline Plus (<http://medlineplus.gov>)
- National Cancer Institute, Office of Cancer Complementary and Alternative Medicine (<http://cancer.gov/cam>)
- National Center for Complementary and Alternative Medicine (<http://nccam.nih.gov>)
- National Library of Medicine (<http://dirline.nlm.nih.gov>)
- PubMed (<http://www.ncbi.nlm.nih.gov/PubMed>)
- Society for Integrative Oncology (<http://www.integrativeonc.org>)