

Exploring the Effectiveness of Complementary Therapies on Trauma Related Illnesses

*Phase II
June, 2012*

Abstract

This research study is the consequent stage of a pilot carried out in 2009 and a research report launched in September, 2011. It strengthens existing findings by producing a more detailed and comprehensive evidenced based research with the inclusion of a much larger consultative process.

It builds on the already extensive Literature Review (documented in the previous reports) ensuring any relevant documentation is updated. This report details the findings of a much larger sample of service users throughout Northern Ireland using pre and post testing (via the use of questionnaires) and follow up Focus Group sessions. The consultation process also sought the views of Therapists who are delivering the service to Victims/Survivors which also allowed the research team to ascertain issues in relation to standards and regulation. As well as this, external Stakeholders were consulted to add a professional layer to the research. This study involved a total of 310 consultations.

The objective of this study is to evaluate the impact complementary therapies have on people's physical and emotional health, specifically relating to trauma related illnesses, as a result of witnessing a traumatic event during the 'troubles' of Northern Ireland. The purpose of the study is to obtain relevant data and details of a sample of service users' experiences with complementary therapies and identify any impacts on health.

Contents

Forewords

Acknowledgements

Executive Summary

1 Introduction	1
1.1 Background to the Study	1
1.2 Aims of the study	1
1.3 Objectives of the study	1
2 Methodological Approach	2
2.1 Research Activities	2
2.2 Data Analysis	2
2.3 Access and Ethical Considerations	3
2.4 Risk Management	
3 Literature Findings	15
3.1 An Introduction	15
3.2 Complementary V's Orthodox	15
3.3 Complementary Therapy and Trauma	
3.4 Safeguarding and Enhancing Effectiveness	
4 Consultations Findings – Service Users	32
4.1 Demographics	32
4.2 One Therapy Pre and Post Findings	33
4.3 Mixed Therapies Pre and Post Findings	34
4.4 Comparative Analysis	
4.5 Focus Group Findings	34
5 Consultations – Therapists	45
5.1 About the Therapist	45
5.2 Standards of Complementary Therapy Practice	
5.3 Assessment, Treatment & Measurement Techniques	46
5.4 Management and Supervision	
5.5 Perceptions of Complementary Therapy Provision	49
6 Consultations – Stakeholders	53
6.1 Role/Interest in relation to Complementary Therapy Provision	53
6.2 Effectiveness and Limitations of Complementary Therapies	53
6.3 SWOT analysis of Complementary Therapies	54
6.4 Suggestions for Improvement	56
7 Conclusions and Recommendations	57
7.1 Conclusions	58
7.2 Recommendations	59
References	
Appendices	

Foreword

Yours,
Joan Clements
Director of Funding
Community Relations Council (CRC)

South East Fermanagh Foundation (SEFF) is privileged to have been the 'Lead Partner' for this Region-wide and sectoral study, having been intrinsically involved in the development of the 'Nechama Project,' which first determined that Research was required in the area of Complementary Therapy provision.

The Nechama Project sought to provide a holistic response/set of services delivering upon the needs of Victims/Survivors throughout the South West Region of Northern Ireland.

On behalf of all participant organisations SEFF commends QE5 upon its' professionalism and the empathetic skills shown when engaging with Victims/Survivors and for the difficult Project time-scales which they faced and which they were able to navigate and overcome.

It is only right and proper that the sector should produce evidence-based research which confirms the importance of Complementary Therapies upon treating those suffering from trauma-related illness. Research was extremely sparse up until recent times and it is a source of great pride to our organisation that we have been afforded an opportunity to work with others in redressing this issue.

It is in all of our interests to ensure that the highest levels of professionalism are applied within the sector in how Complementary Therapies are provided. Therapists must have appropriate empathetic skills and adopt a holistic approach in working with Victims/Survivors of the Troubles and they must hold suitable Insurance. The service must also be delivered in a manner which is fully confidential; less effective therapies should not receive comparable financial resources to those which are found to be most beneficial.

It is crucial for us to understand the journey of a victim/survivor from first coming along to a first consultation to completing their course of treatment and this must be captured in a manner where tangible benefits can be measured.

SEFF wishes to thank all organisations who participated in the research. Collectively we have all stepped up to the mark and delivered on what was an extremely tight time-scale for the Research to be completed. We each owe a debt of gratitude to our respective memberships/service users for their willingness to engage in the Project.

Finally SEFF wishes to place on record its' thanks to OFMDFM and the Community Relations Council Development for their endorsement of this Project through the financial resourcing of the research. Thanks are also due to the Victims Commission for their support in getting the Research off the ground.

The Research report which has been completed builds upon the previous pilot Research which was launched in September 2011. We now have a much stronger evidence bank of information in terms of the relationship of Complementary Therapies being used as an intervention measure in responding to trauma-related illnesses.

It is imperative that OFMDFM, the new Victims Service and the Department of Health studies these findings closely and makes available the necessary resources to ensure that Victims/Survivors are provided for not only the short term but also in the medium-longer term.

Yours,
Kenny Donaldson
Director of Services
South East Fermanagh Foundation (SEFF)

Acknowledgements

I would like to take this opportunity to thank all those who have worked persistently on this research project, particularly, Kenny Donaldson, SEFF, Lee Mc Dowell, The Ely Centre, Bernice Swift, Firinne, Anita Doonan, Families Moving On, Pete Maguire Springhill, Kate, Centre for Health and Wellbeing, Ann, Derry WellWoman, Stephen Harkin, Teach Na Failte, Gerladine Quinn, The Peace Factory, Francesca, Auora, Martina, Cunumh, Gavin Hughes, South Down Action, MAST, Fiona Murphy, VAST, Leanne Locke, HAVEN, Bridie Sweeny, The Aisling Centre, Irene Sherry, The Ashton Centre, Paula Torney, Relatives for Justice.

I would like to congratulate Claire McCartan on her persistence and ingenuity in ensuring the capturing of both quantitative and qualitative data.

The study focused on how effective the most commonly used complementary therapies have been on health, of those who have experienced trauma as a result of the Northern Ireland conflict. This was achieved by a detailed exploration of the literature and examining the uses that therapies have on trauma related illnesses. The study also examined the regulation and standards of therapies in Northern Ireland. It has strengthened the previous research which was launched in September, 2011 by providing more in-depth evidence based research. Participation of more groups and particular focus on individual therapies as well as mixture of therapies has allowed the research team to produce an extremely insightful and relevant report.

It is hoped that this study will not only act as an impetus for further research in the field but also assist policy makers and funders in determining future funding in this area. These two areas are addressed in the conclusions and recommendations section of this report.

The study would not have been possible without the participation of all those individuals who took part in individual interviews, focus groups and completed questionnaires. I thank you for sharing your experiences with the research team, which I appreciate, may have been difficult and traumatic for you but your continuous participation did add significantly to the study.

I would also like to acknowledge the support of key stakeholders whose input was invaluable to the report. I would like to thank you for your participation and in bringin your knowledge, experiences and skills to the study.

Yours,
Eileen McGlone
Managing Director
QE5 Ltd Consultancy

Executive Summary

Introduction and Background Background

*Natural therapies are both a **way of life** and a concept of **healing** employing various natural means of **preventing** and **treating human disease**”*

Murray and Pizzoreno, 1995

Methodological Approach Design of Research Instruments

This activity was conducted in the initial stage of the research and involved the appropriate design of semi-structured questionnaires as well as focus group facilitation.

Desk Based Research

This was carried out in the initial phase of the research and comprised a review and synthesis of existing documentation examining:

- The strategic context of the group within the Victims/Survivors sector, and in the wider context of addressing healing and recovery;
- The needs of Victims/Survivors of the North of Ireland “conflict”; and
- Secondary data sources which Firinne have compiled over recent years including in-depth testimonials and case studies from their members.

This phase formed the foundation of the subsequent research, and involved a comprehensive assessment of statistical and qualitative reports, studies and evaluations alongside the policy and legislative framework.

Consultations with Service Users

Consultations with Service Users - Pre and Post Questionnaires

Measured Overall Health and Wellbeing, Quality of Life and Indicators of Trauma.

A Total of 150 Consultations

Consultations with Service Users - Focus Group Discussions

Measured Initial engagement and Expectations, Impacts and Suggestions for Improvement /further development

A Total of 100 Consultations

Consultation with Therapists and Stakeholders

Semi-Structured Questionnaires

Measured views and perceptions on the relationship between complementary therapies and health and wellbeing, specifically relating to Victims/Survivors of the Northern Ireland conflict as well as the standard, expertise and level of professionalism of therapists delivering the therapies.

A Total of 25 Consultations

Data Analysis

All **quantitative** questionnaire data was analysed using the Statistical Package for Social Services (SPSS), with reliability and validity of reporting measured using the Cronbach Alpha technique as well as appropriate and relevant SPSS testing procedures. SPSS output was reported in relation to frequency of response, and cross-tabulation against key demographics carried out where relevant.

Qualitative findings, gained from in-depth interview transcripts were analysed using a systematic process of capturing and handling data, all electronically recorded to ensure reconstruction was exact. In following a systematic process the researcher adheres to Kreuger (1993). After transcribing the research team identified ideas, themes and phenomena and applied a code as it arose. The researcher was able to identify the percentage of participants who mentioned particular views, perceptions, and relating emotions in relation to their “conflict” related experiences particularly and their pathway towards healing. Therefore all themes emerged directly from participants’ social experiences and followed the principles of Grounded Theory.

Quantitative Findings

Overall Health and Wellbeing

Service users who availed of one therapy and more than one therapy showed improvements to their emotional wellbeing. For those who used one therapy, an 8% improvement was noted in relation to describing their emotional wellbeing as “excellent”. It is a significant finding considering pre-treatment no participating service users used this top-end scale to describe their emotional wellbeing. It is further significant as the treatment was over a short time frame. In relation to those service users who labelled their emotional wellbeing as “good”, there has been a remarkable improvement for those who availed of more than one therapy type (41% in comparison to 13% for one therapy users: a difference of 28%). Similarities are evident in terms of service users perceiving their emotional wellbeing at the low-end of the measurement scale. In saying this, those who used more than one therapy have reported slightly higher improvements in relation to describing their emotional wellbeing as “poor” (17% improvement for mixed therapies, 15% one therapy: a difference of 2%) and “very poor” (mixed therapies 12%, one therapy 9%: a difference of 3%). In relation to one therapy users, cross tabulation analysis showed further that Aromatherapy and Reflexology (based on this study) are the most effective complementary therapies for overall mental health and wellbeing.

Again this research has highlighted noteworthy improvements regarding service user’s self-reported physical health. Similarly those users that were consulted who availed of

one therapy over the timeframe of the research reported significantly more at the top-end of the scale. Those who described their physical health as excellent improved by 10% for one therapy service users in comparison to 3% for mixed therapy users. The findings were relatively equivalent in relation to those who described their physical health as “good” (11% mixed therapies, 10% one therapy: a difference of 1%). A significant improvement is evident in relation to mixed therapies users describing their physical health as “poor” from commencement of therapies to post treatment (23% in comparison to 9% for one therapy: a difference of 14%). One therapy users reported a slightly higher improvement in relation to describing their physical health as “very poor” post treatment (6% in comparison to 4% for mixed therapies: a difference of 2%). In relation to one therapy users, cross tabulation analysis showed further that Reflexology, Acupuncture, and Indian Head Massage (based on this study) are the most effective complementary therapies for overall physical wellbeing.

Quality of Life

Overall in relation to **emotional wellbeing**, service users who used mixed therapies reported more improvements than those who availed of one therapy, over the following areas of emotional wellbeing:

- Sadness (32% improvement in comparison to 17% for one therapy)
- Self-Reported depression (28% improvement in comparison to 26% for one therapy)
- Ability to enjoy life (28% improvement in comparison to 3% for one therapy)
- Hopelessness (26% improvement in comparing to 0% for one therapy)

In saying this, service users who used one therapy reported more improvements over the following areas of emotional wellbeing:

- Feeling useless (35% improvement in comparison to 24% for mixed therapies)
- Feeling trapped (14% improvement in comparison to 11% for mixed therapies)

A further one third improvement (33%) was found for both one therapy and more than one therapy in overwhelming feelings.

Again overall in relation to **Physical Symptoms** service users who used mixed therapies reported more improvements than those who availed of one therapy, over the following areas of emotional wellbeing:

- Headaches (33% improvement in comparison to 0% for one therapy)
- Muscle pains (31% improvement in comparison to 24% for one therapy)
- Overall pain (26% improvement in comparison to 19% for one therapy)
- Joint pains (20% improvement in comparing to 0% for one therapy)
- Weakness (15% improvement in comparison to 0% for one therapy)

In saying this, service users who used one therapy reported more improvements over the following areas of emotional wellbeing:

- Nausea (18% improvement in comparison to 13% for mixed therapies)
- Sickness (17% improvement in comparison to 0% for mixed therapies)

However in relation to **General Contentment** service users who used one therapy illustrated more improvements than those who availed of mixed therapies, over the following areas of general contentment:

- Sense of purpose (43% improvement in comparison to 18% for mixed therapies)
- Acceptance (37% improvement in comparison to 16% for mixed therapies)
- Motivation (22% improvement in comparison to 14% for mixed therapies)
- Quality of life (22% improvement in comparing to 13% for mixed therapies)
- Enjoyment (19% improvement in comparison to 10% for mixed therapies)
- Fulfillment (16% improvement in comparison to 8% for mixed therapies)

No improvement (0%) was found for both one therapy and more than one therapy in relation to feelings of frustration.

Indicators of Trauma

In almost all aspects of the trauma measurement tool, those service users who availed more than one therapy reported more benefits than those who used a course of one therapy. In saying this the sample size for the two target groups were not similar (one therapy=105, mixed therapies=45). Collaborating with qualitative feedback from focus group discussions, many service users reported how they preferred not to be restricted to one therapy type as each session their body felt different and therefore different therapies were beneficial for different health difficulties. This conflicts with the perception that for service users to reap maximum impacts of therapies, they must do so using a consistent approach.

Service User Qualitative Findings

*“Absolutely **love** it”*

Service User

*“I had breast cancer and **Reflexology** got me
through it – I would **swear by it.** It **stopped**
my sickness in its tracks and I have told others of the benefits”*

Service User

*“Complementary Therapies are **marvellous**”*

Service User

“Made a real difference”

Service User

“Could do with a lot more – not like tablets!”

Service User

“We have grown as people (with using complementary therapies)”

Service User

“something to look forward to – I’d be lost without them (therapies)”

Service

User

“Complementary therapies genuinely helped us. Even months after therapy we are still experiencing benefits”

Service

User

“Therapies help you cope with day to day life”

Service

User

*“Generally, the **physical pain** is addressed first (e.g..back pain reason first given) but as the therapies progress **trust is built** and people are more comfortable to present other **underlying issues** (such as **flashbacks**)”*

Service User

Therapist Feedback

*“Healing is the answer **to leading a wonderful and happy life in the future**”*

Therapist

Stakeholder Feedback

*There are **physical and Psychological** benefits for users. We have found this to be true on many occasions through feedback received.*

Stakeholder

*Excellent **means of reaching victims** and opens up the **possibility** to provide further support.*

Stakeholder

*Gateway service which **unlocks access** to other **support measures***

Conclusions and Recommendations

The research study has been a positive and beneficial tool in developing a clear analysis of complementary therapy provision within the victim/survivor sector in Northern Ireland and assessing the impact on health, specifically trauma related illnesses. Findings from the study clearly outline the positive impact treatments such as aromatherapy, reflexology, massage and acupuncture have on the health and wellbeing of victims/survivors. The research has strengthened existing evidence based research (launched September 2011) by providing a much more detailed exploration and examination of the benefits of individual types of therapies, standards and regulation of deliverance within the sector and using a significantly larger sample of consultees.

The literature illustrates definite uses in complementary therapies on people's physical and psychological health. Nonetheless, the research carried in this field is insufficient and under developed to generalise findings. Therefore this very fact highlights the importance and significant timing of this research study. The primary data gathered through this research has collaborated with the available literature findings in terms of the positive affect complementary therapies have on trauma related illnesses.

Upon investigation of the professionalism of therapists, it was extracted that that there were two occasions that were not within the holistic requirements of the sector. However, appropriate measures and actions have been taken into account and implemented to ensure victims/survivors are being delivered the best standard of service.

Members noted the physical and emotional benefits of therapy

Qualitative analysis highlighted exceptional satisfaction levels with complementary therapies and notable improvements on health: psychological, emotional, and physical. Statistical analysis illustrated improvements in relation to overall mental health and wellbeing, physical health, quality of life and trauma. In saying this, in some cases, gains were quite small and there still remains levels of trauma. It cannot be denied that this research study has illustrated substantial improvements in the health of victims/survivors of the Northern Ireland 'troubles' and that this is a service that needs to continue on a consistent basis so that service users can experience optimum advantages of their holistic journey.

Recommendations

The following recommendations are directly based on the research findings and have been set out as follows:

1. ***There is a need to ensure that detailed pre and post questionnaires are completed by all service users*** when embarking and completing a set of therapies to assist in future research and to ensure value for money;
2. ***Funding procedures should adopt a more in-depth assessment of need*** and provision of funding should be based on where it is proven that a therapy is effective in the treatment of trauma;

3. It is recommended that consideration is given to a **more mainstream approach** through a primary/community care assessment process with the emphasis on the overall health and wellbeing of the individual. This will require a more integrative approach to health and wellbeing by funding bodies, namely The Department of Health and OFMDFM. The issue of who is responsible for funding also needs to be addressed at this level;
4. **Consideration should be given to the provision of 'top up sessions'**, which may be beneficial in maintaining improvements in physical and psychological well-being, these should be regularly evaluated to ensure effectiveness and efficiency;
5. **There is need for the development of an awareness raising strategy** to ensure that victims/survivors of Northern Ireland 'Troubles' are aware in terms of availability of service provision as well as the benefits involved. This could be achieved through targeting GP practices and primary care commissioning groups, open days/nights and brochures/flyers;
6. It is recommended that there should be an **umbrella database/register** capturing information relation to service users availing of therapies to ensure resources are being used in the most effective and equal way within the victims/survivor sector;
7. **Continued funding** for this invaluable service to continue. This research has highlighted notable improvements of complementary therapies on the health and wellbeing of victims/survivors of the Northern Ireland 'Troubles'. In saying this as the treatment phase was over a maximum of three months and levels of trauma still remain for many service users. Although there has been an overall improvement in service users' health, some gains were notably small. If the service was availed over a consistent basis, the gains would be undoubtedly much larger.
8. **Standardised practice** so that all service users are availing of therapies using the same approach i.e. a set of one therapy at a time or a mixture of therapies

Introduction and Background

Background

This research builds on previous research launched in September 2011. This second part will provide a much stronger evidence bank of information in terms of the relationship of therapies being used as an intervention measure in responding to trauma-related illnesses. It is essential that evidence based research is carried out to ensure value for money within the Victims/Survivors sector and ensure they are receiving the best possible service to help them on their road to recovery.

The purpose of the study is to ascertain the impact Complementary Therapies have on the physical and psychological health and well-being of Victims/Survivors of the conflict in Northern Ireland. The focus will predominately be on those who have suffered trauma as a direct consequence of their experiences throughout the 'conflict'.

The methodology used in this phase of the research allowed the research team to carry out comparative analysis in relation to the impact of individual therapies as well as measuring these against using a mixture of therapies.

Aims of the Study

- To review published material relevant to the debate on complementary therapies in relation to the following:
 - The range and type of therapies used;
 - How effective these therapies have been on health;
 - The context of Northern Ireland examining the uses that therapies have on trauma related illnesses; and
 - The regulation and standards of therapies in Northern Ireland.
- To gather primary data and produce quantitative and qualitative data;
 - To select a sample of service users who were about to embark on a course of complementary therapies;
 - To devise pre and post semi-structured questionnaires for service users to ascertain their views and perceptions of complementary therapies.
 - To devise and issue a semi-structured questionnaire for therapists who are delivering therapies to victims/survivors;
 - To develop a questionnaire for stakeholders;
- To make recommendations about:
 - Factors which the study have shown to corroborate or refute current literature;
 - How current complementary therapies deliverance could be enhanced to improve overall effectiveness and efficiency in relation to their impact on health in the victims/survivors' sector; and
 - Ways to further meet the needs of Victims/Survivors of the Northern Ireland 'troubles'.

Objectives of the Study

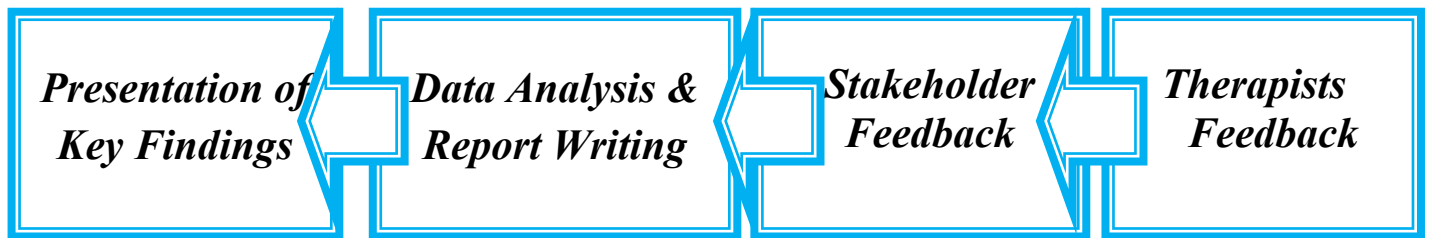
The objectives of the study are to:

- Investigate the link between trauma and complementary therapies by measuring pre and post indicators of trauma ;
- Compare and contrast service users' quality of life before and after participation in a course of complementary therapies;
- Ascertain the effectiveness of the various types of therapies;
- Examine standards of regulation in relation to the standard of service being delivered to service users.

Methodological Approach

The diagram below outlines the individual research activities that aided the compilation of this research report:





Design of Research Instruments

This activity was conducted in the initial stage of the research and involved the appropriate design of semi-structured questionnaires as well as focus group facilitation.

Desk Based Research

This was carried out in the initial phase of the research and comprised a review and synthesis of existing documentation examining:

- The strategic context of the group within the Victims/Survivors sector, and in the wider context of addressing healing and recovery;
- The needs of Victims/Survivors of the North of Ireland “conflict”; and
- Secondary data sources which Fírinne have compiled over recent years including in-depth testimonials and case studies from their members.

This phase formed the foundation of the subsequent research, and involved a comprehensive assessment of statistical and qualitative reports, studies and evaluations alongside the policy and legislative framework.

Consultations with Service Users

Pre and Post Quality of Life

The Quality of Life section of the service user questionnaire was adapted from a measurement tool which measures quality of life of MS patients, which incorporated the questions that apply directly to those individuals who have suffered health problems due to a trauma related incident (appendix I). Participants rate their symptoms related to physical, emotional wellbeing and general contentment on a 5-point Likert-type scale. Scores can range from 0 (have many troubles relating to quality of life) to 176 (do not report to having any problems related to quality of life). It involves preliminary fact finding through the use of pre and post assessments of Participants using a quality of life instrument **and involves a 59-item multidimensional index of health-related quality of life questions** (adopted from **The Functional Assessment**). **Participants rated their symptoms on a 5-point Likert-type scale**, which ranged from 0 (Not At All) to 4 (Very Much) inclusively. Results of the pre and post assessments are measured against the following areas:

- Physical symptoms;
- Emotional wellbeing; and
- General contentment.

Pre and Post Indicators of Trauma

Additionally, based on previous research carried out in relation to victims/survivors of the conflict, it is considered useful to generate some indication of the level of psychological trauma suffered by victims/survivors in the estimation of their self-assessment. From this

perspective, service users were asked to identify (on a liker based scale of Often, Sometimes and Seldom/Never) whether they had experienced or displayed any of the key DSM-IV-TR criteria associated with PTSD (appendix II: American Psychiatric Association, 2002).

19 groups¹ participated in this stage of the research
150 service users participated in this stage of the Research

Focus Group Discussions with Service Users

The method of focus groups is advocated by Herbert Blumer as an exemplary technique of grounded theory...

“...a discussion group is more valuable many times over than a representative sample. Such a group discussing collectively their sphere of life and probing as they meet disagreements, will do more to lift the veil covering the sphere of life than any other device that I know off”

(Blumer, 1969:41)

More significantly, focus groups offer complementary advantages when used with other research methods such as interviews. Kreuger (2003) argues, focus groups provide marginalised groups with a platform to express themselves freely. Having the security of being amongst peers with similar views tends to generate a more open discussion. Morgan (1993) asserts, focus groups are especially advantageous when investigating complex situations and attitudes. As each participant prompts other group members into discussing their particular views the dynamics of focus groups stimulate reflection and can produce more perceptive insights from each participant than they might have produced without the benefits of group interaction. The researchers established a rapport with participants, using effective prompts to facilitate group discussion and essentially encouraging group members to *interact with each other*, which Morgan (1988:12) asserts is the hallmark of focus groups. Focus group settings were advantageous to the research as it meant participants benefited from group solidarity.

Kreuger (1993) stresses analysis should start with the central concerns of the study; therefore discussions service users were focused around the three interrelated research themes outlined below:

1. Initial engagement and expectations
2. Impacts
3. Suggestions for Improvement /further development

11 groups² participated in this stage of the research
100 service users participated in this stage of the Research

Consultation with Therapists

Semi-Structured Questionnaires

¹See list of groups who participated in the questionnaire research in appendix III

²See list of groups who participated in the questionnaire research in appendix IV

Semi structured interviews of therapists were undertaken to establish their views and perceptions on the relationship between complementary therapies and health and wellbeing, specifically relating to Victims/Survivors of the Northern Ireland conflict. As stated previously, questionnaires were based on the findings of the literature review, in terms of what patterns, themes and theories emerged.

14 Therapists participated in this stage of the Research

Consultation with Stakeholders

Semi-Structured Questionnaires

Semi structured interviews were carried out with key stakeholders to establish their views and perceptions on the relationship between complementary therapies and health and wellbeing as well as the standard of service being delivered to Victims/Survivors of the Northern Ireland conflict.

10 Stakeholders³ participated in this stage of the Research

Data Analysis

All **quantitative** questionnaire data was analysed using the Statistical Package for Social Services (SPSS), with reliability and validity of reporting measured using the Cronbach Alpha technique as well as appropriate and relevant SPSS testing procedures. SPSS output was reported in relation to frequency of response, and cross-tabulation against key demographics carried out where relevant.

Qualitative findings, gained from in-depth interview transcripts were analysed using a systematic process of capturing and handling data, all electronically recorded to ensure reconstruction was exact. In following a systematic process the researcher adheres to Kreuger (1993). After transcribing the research team identified ideas, themes and phenomena and applied a code as it arose. The researcher was able to identify the percentage of participants who mentioned particular views, perceptions, and relating emotions in relation to their “conflict” related experiences particularly and their pathway towards healing. Therefore all themes emerged directly from participants’ social experiences and followed the principles of Grounded Theory.

Ethical Considerations

Ethical consent was gained from the University of Liverpool’s Ethics Committee (see appendix VI).

Consent of Research Participants

Participants were made aware that they may be contacted for the purposes of research. In this way, consent was agreed at the outset enabling centre staff to release participant details to the researchers. Written consent was gained from each individual partaking in the research. Therefore, recruitment of participants was based on informed consent. Informed consent means:

³See list of stakeholders who participated in the research in appendix VI

“The knowing consent of individuals to participate as an exercise of their choice, free from any element of fraud, deceit, duress, or similar unfair Inducement or manipulation”

(Berg, 1998:47)

Option to Proceed

The researchers explained fully, and in terms meaningful to all potential consultees, the purpose of the research in order to ensure that they were fully informed before deciding whether or not to proceed with the consultation. Consultees were also made aware of their right to refuse participation or withdraw from the consultation process whenever and for whatever reason they wish and without prejudice.

Confidentiality of Responses

Confidentiality and anonymity of all participants and documentation relating to the counselling service was respected throughout the evaluation. In relation to interviews and focus group transcripts, anonymous data i.e. data that does not identify the person to whom it relates, was used throughout the evaluation process and in the final report. No identifying information was recorded on feedback documentation, and contact details for individuals gained by QE⁵ Ltd through the research process were destroyed as soon as the final report was accepted by SEFF and CRC.

Risk Management

Minimal risk is defined as "where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or test". With this above definition in mind, the study will have more beneficial learning outcomes than potential risks. With qualified and experienced staff in Fírinne (counsellor, complementary and alternative therapist) if any issues from the research activities arose (i.e. individual interviews or focus group discussion), then they would be dealt with in a professional manner. What is of particular importance, is that these qualified members of staff within established organisations are also trusted by service users. The event of re-traumatisation is possible for participants but professional help was at immediate hand to deal with this, in a controlled and safe environment.

Best Practice was ensured through the following:

- Participants were anonymous;
- Participants were not deceived;
- Participants were adults, aged 18 years or older;
- The procedure did not involve any experimental manipulation or include the presentation of any stimulus other than question-asking;
- The procedure did not involve access to participants' private records,
- The procedure did not involve any harm, distress or discomfort to the participant.

Results and outcomes of the study were perceived to have benefited others as well as the larger community and society. The learning outcomes of the study in no doubt outweighed potential risks, as it gave an insight into how these research participants

suffered through their individual experiences and identifies ways in which they can move forward, potentially helping them on their journeys towards healing.

Literature Findings

Purpose of Literature Review

The purpose of a literature review is to add depth and accuracy to the research which is necessary for a thorough investigation. By reading what has been written previously, a better understanding of the topic can be achieved. This was beneficial when designing research tools, as it helped identify recurring themes and issues in relation to complementary therapy provision, particularly focusing on Victims/Survivors of the Northern Ireland conflict.

An Introduction to Complementary Therapies

Growing numbers are using complementary and alternative medicine in pursuit of health and wellbeing. Defining Complementary and Alternative Medicine (CAM) is difficult as the field is broad and constantly changing. CAM is often negatively defined, for example:

"A system of health care which lies for the most part outside the mainstream of conventional medicine"

(McCluskey et al, 1994)

Or

"A group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine"

(NCCAM, 2012)

More inclusive definitions are set out below:

"Complementary medicine is diagnosis, treatment, and/or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy, or by diversifying the conceptual frameworks of medicine"

(Mills et al, 1995)

And

"A treatment or therapy that is applied alongside and in support of conventional medical methods. That means, it complements the range of services provided by the NHS"

In contrast Alternative medicine has been described as,

"Treatment used in place of conventional medicine (i.e. orthodox Western medicine)"

Holistic V's Orthodox Medicine

Complementary therapists stress that their work is based on the interaction between the body, the mind and the energy system that combines them. This belief is known as and contrasts with conventional medical views which focus on trauma and illness and medical intervention using surgery and drugs. The truth is that they overlap a lot, with some complementary therapies like acupuncture now being available under NHS. Research has shown that complementary therapies are extremely useful when used in conjunction with traditional medicine.

Reasons for Uptake

Complementary Therapies and Trauma

Minimal research has been carried out with regards to the effectiveness of complementary therapies on trauma patients' health and well-being, despite the high levels of uptake. Emotional trauma contains three common elements: it was unexpected, the person was unprepared and there was nothing the person could do to prevent it from happening (Healing Resources Info, 2009). Trauma involves physical, emotional and

mental symptoms. Thus in fitting with published material, it would appear that complementary therapies would prove greatly beneficial to those service users. Trauma is stored and held in the body and often to access trauma there must also be some therapeutic accessing of the body as well as the mind and emotions.

Safeguarding and Enhancing Effectiveness

Rigorous, well-designed clinical trials for many CAM therapies are often lacking; therefore, the safety and effectiveness of many CAM therapies are uncertain. There is an increasing need for evidence based research in order to fill this knowledge gap about CAM therapies (i.e. whether they are safe, whether they work for the conditions for which people use them and, if so, how they work).

As with any medical treatment, there can be risks with CAM therapies. The following precautions can help minimize risks associated with CAM, practice:

- Select CAM practitioners with care. Find out about the practitioner's training and experience;
- Be aware that some dietary supplements may interact with medications or other supplements, may have side effects of their own, or may contain potentially harmful ingredients not listed on the label. Also keep in mind that most supplements have not been tested in pregnant women, nursing mothers, or children; and
- Tell all your health care providers about any complementary and alternative practices you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care.

Consultation with Service Users

The information documented in this section outlines data gathered from Victims/Survivors who have availed of complementary therapies and has incorporated a total of 250 consultations. This involved the use of individual pre and post measurement questionnaires (measuring indicators of trauma and quality of life) producing quantitative data. This was complemented by the use of open ended questions to allow for elaboration, producing rich descriptive qualitative data. Pre and Post testing was undertaken with two groups i.e. service users who have availed of a course of one complementary therapy type and service users who have availed of more than one type of complementary therapy. Consequent to this, in-depth focus group discussions were facilitated by a number of groups which permitted the research team to zone in on

particular themes or areas of significant interest, captured from the previous research stage.

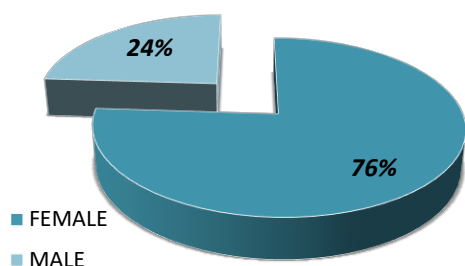
Questionnaire Findings

Demographic Details

Gender

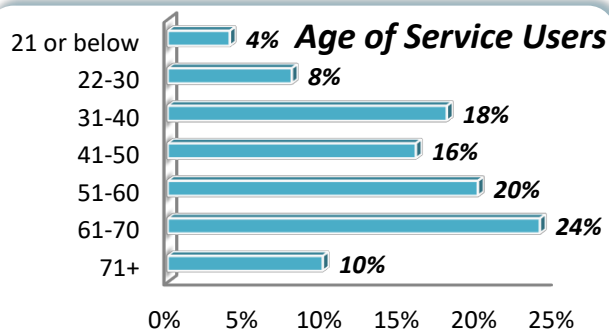
Based on the service users that were consulted, the majority availing of complementary therapies were females (76%). This generally reflects traditional gender perceptions whereby existing literature attributes lower uptake of complementary therapies to the 'macho culture'. Many still view this service provision as female orientated. In saying this, just under one in four (24%) who participated in this research study were males which illustrates that traditional gender divides are diminishing and victims/survivors groups are experiencing

Gender of Service Users



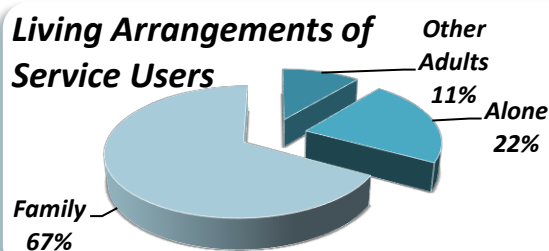
growing numbers of male uptake. Relating to research findings, a focus on awareness raising may result in more males being aware of the benefits. Discussed later in this section, focus group findings conveyed that male service users who experience the benefits of complementary therapies are encouraging other males to avail of the service and therefore eroding traditional female perceptions. Cross tabulation analysis shows that Ashton, SEFF, RAFT, SDA and Aisling had the largest number of males who participated in questionnaire feedback. There has been a slight improvement (1%) in relation to male uptake since the previous research phase carried out 2010.

As illustrated on the diagram below right, the majority of respondents consulted at this stage of the research, were aged between 61 to 70 (24%), followed by 51 to 60 (20%), 31 to 40 (18%) and 41 to 50 (16%). Fewer respondents were aged between 71 or above (10%), 22 to 30 (8%), and 21 or under (4%). The overall range is 16 to 85 showing a broad representation of ages that are experiencing complementary therapies.



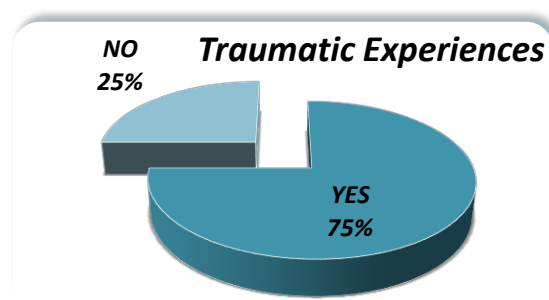
As illustrated on the diagram below, the majority of those consulted at this stage of the research reported living with family (67%). Just under one in four reported that they lived alone (22%). A further (11%) reported their living arrangement status as living with other adults.

Living Arrangements of Service Users



Traumatic Experiences of the Northern Ireland "Conflict"

Over three in four of respondents (75%) outlined that their traumatic experiences has led them to seek help in complementary therapies. Troubles related experiences included bomb/explosion incidents, riots, sectarian attacks and harassment, shooting incidents, bereavement of family members, close friends/neighbours and comrades, injuries sustained from troubles related incidents, overall stress caused by living through the troubles, family impacts of Fathers' employment, and imprisonment and transgenerational issues in relation to vivid childhood memories. What is of particular significance is that alongside these traumatic experiences were additional factors experienced by many of those service users that were consulted, which added to their trauma. Feedback illustrated trauma caused by cancer, grief and bereavement of losing family members (many of which were suicide victims), surgery/medical procedures, stressful work situations, feeling bullied, unemployment related stress and anxiety and family problems (such as marriage break ups, domestic violence, sexual abuse, child abuse).

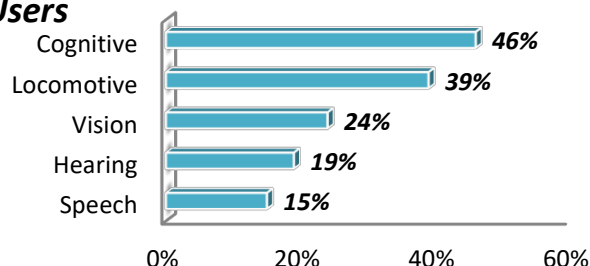


Related Health Problems

Findings illustrated negative impacts on health as a direct/indirect consequence of their

Impairments Suffered by Service

Users



experiences of the Northern Ireland "Troubles". The diagram (left) shows that just under half of consulted service users have cognitive problems (46%). Slightly less experience difficulties regarding mobility (39%). Just under one in five (24%) reported difficulties with vision while just under one in five (19%) expressed difficulties with hearing which most probably is in

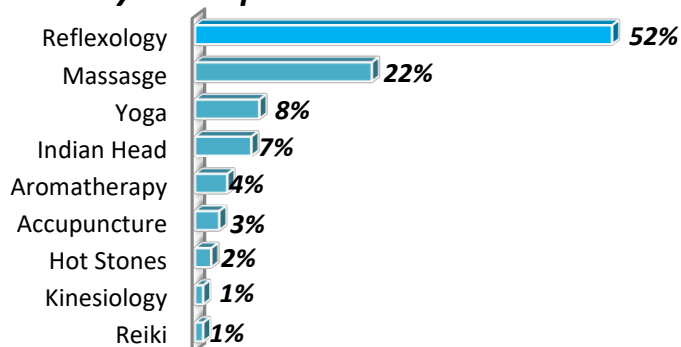
relation to experiences of bomb explosion incidents. A further significant proportion (15%) reported problems with speech. Qualitative findings highlighted further elaboration in relation to illnesses experienced as a result of troubles related experiences. it is evident from findings that service users suffer from various health difficulties: psychological and physical. The most prevalent reported illness was depression (with several service users expressing it as severe depression. Stress and anxiety were also common for those service users who completed a questionnaire. A significant number of service users reported ill-health in relation to mental health and wellbeing with some reporting that they suffered 'mental breakdown'. PTSD was also reported by many service users in their questionnaire responses and related illnesses such as flashbacks, paranoia, fear, mistrust and panic attacks. Other reported problems included limited confidence and self-esteem levels. Service users also displayed a multitude of physical ailments with the most frequent being pains (muscle, joint, spine, knee, headaches). A large majority reported sleep difficulties (poor sleep patterns, insomnia, difficulty falling or staying asleep and fatigue/exhaustion). Arthritis was also common among service users at this stage of the research. Further to the above, responses included diabetes, vertigo, chronic fatigue syndrome, stroke and irritable bowel syndrome.

Pre and Post - One Therapy Feedback

Results in this section are based on pre and post questionnaire responses of a total of 105 service users who (at the time of analysis) had just completed a course of therapy.

As illustrated on the diagram below, the most common complementary therapy used by

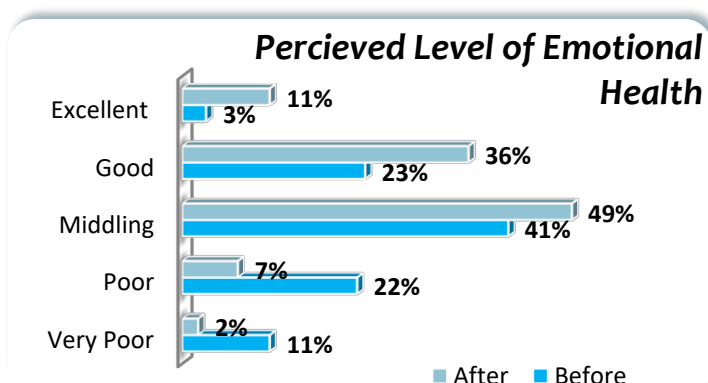
Type of Complementary Therapies Availed by Participants



these research participants is Reflexology which was used by over half (52%). Just under one in four (22%) reported Massage as their complementary therapy.

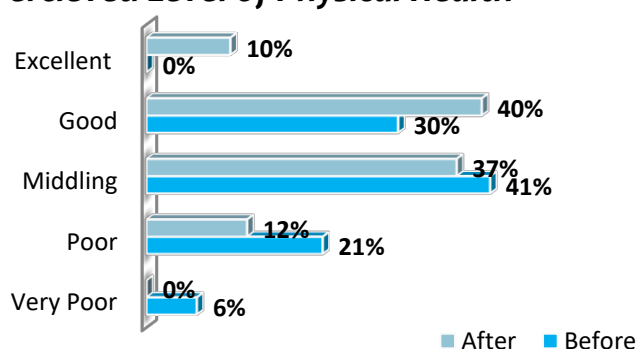
The remaining participants have used yoga (8%), Indian Head Massage (7%), Aromatherapy (4%), Acupuncture (3%), Hot Stones (2%), Kinesiology (1%) and Reiki (1%).

Exceptional improvements are evident in relation to participants' perceptions of their emotional level of health (illustrated on the diagram right). After participation in a course of complementary therapies, 3% of participants described their emotional health as excellent, in comparison to 11% after. There has been a significant improvement in relation to those respondents who rated their emotional health as good (Before: 23%, After: 36%: an improvement of 13%). A remarkable decrease is evident with regards those respondents describing their emotional health as poor (Before: 22%, After: 7%: a decrease of 15%). Additionally, just over one in ten rated their emotional health as very poor (11%), and this decreased to 2% after a course of therapy.



The diagram illustrated below outlines a significant improvement in relation to the self-

Percieved Level of Physical Health



rated perceived level of physical health of participants before using a course of complementary therapies, 6% reported their physical health as very poor and this increased 100% after their course of complementary therapies. Over one in five (21%) reported their pre physical health rating as poor and this changed to just over one in ten (12%) post

therapy. A notable improvement is evident in terms of the number of respondents who described their physical health as good (Before: 30%, After: 40%: an improvement of 10%). Also, an improvement is apparent in relation to those respondents rating their physical health as ‘excellent’ (Before: 0%, after: 10%: an improvement of 10%)

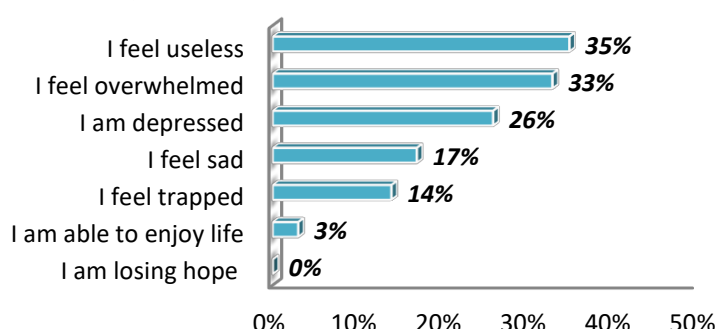
Pre and Post Quality of Life Questionnaire Results – One Therapy

A total of twenty-one items were used in the quality of life scale to assess respondents’ self-perceived emotional wellbeing, physical symptoms and general contentment. These findings are significantly positive results, particularly given that the course of therapy consisted of five/six sessions.

Emotional Wellbeing

The evidence (illustrated on the diagram below) shows that, regarding the self-reported

Self Reported Change in Emotional Wellbeing (%)



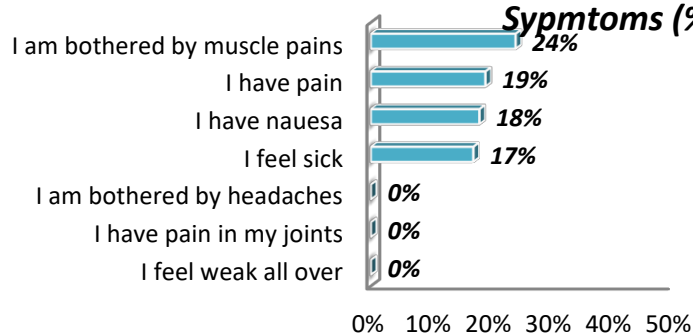
emotional wellbeing of victims/survivors of the Northern Ireland “Conflict” there has been significant improvements across the majority of areas measured (6 out of a possible 7). The most considerable progress noted by service users using the quality of life tool, regarding their emotional wellbeing was a decrease in feeling “useless” by their level of

health (35%), closely followed by feeling “overwhelmed” (33%). There was also a significant improvement (26%) evident in service users’ feeling of depression. There has also been a 17% decrease in service users’ feeling of “sadness” and a 14% decrease in them feeling “trapped” by their level of health. Furthermore a slight improvement is notable Overall, emotional wellbeing amongst service users has improved by 18% pre therapy to post therapy.

Physical Symptoms

As illustrated on the diagram below, the most obvious improvement has been service users’ suffering of muscle pains (24%). Significant progress was noted in relation to experiences of pain (19%), self-reported nausea (18%) and feelings of sickness (17%). Statistical analysis however outlined no change in self-reported headaches, joint pains or “feeling weak all over”. In saying this it must be noted that qualitative feedback obtained from in-depth focus group discussions from service users found that complementary therapies do in fact help with pains associated with joints and headaches. Also response highlighted that complementary therapies heighten

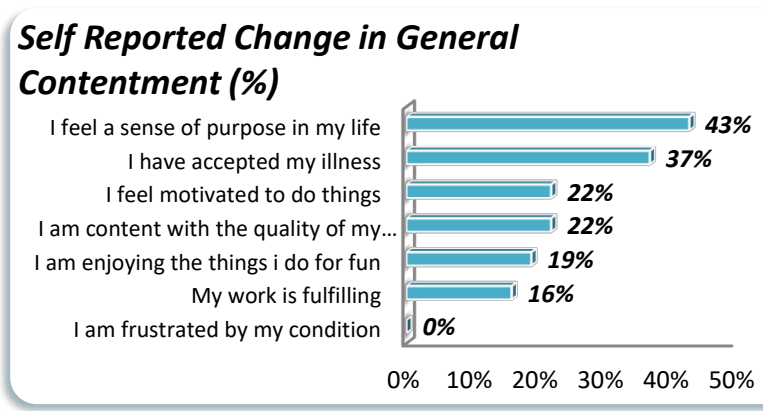
Self Reported Change in Physical Symptoms (%)



energy levels as decrease feelings of lethargic... Overall, negative physical symptoms amongst respondents have improved by 11%.

General Contentment

As demonstrated on the diagram illustrated left, there has been significant progress



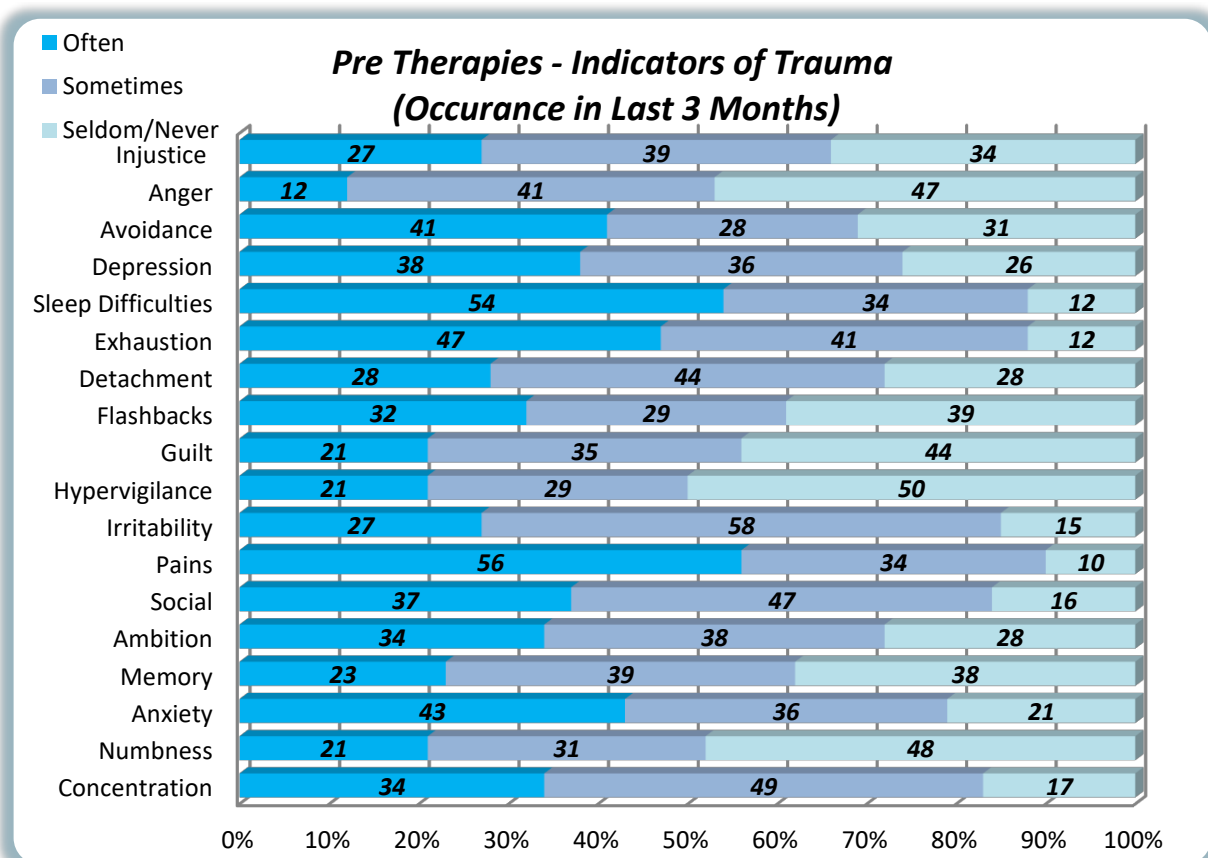
noted in relation to service users’ feeling of general contentment. The most remarkable improvement is in relation to service users’ feeling “a sense of purpose” in their lives (43%). Important to note is that a substantial number of service users (37%) reported that they have “accepted their illness” a lot more since

receiving a session of complementary therapy. Further to the above, service users feel more motivated (22%), contentment with quality of life (22%) and enjoyment in their lives (19%). There has been an overall improvement of (23%) in respondents’ general contentment post therapy.

Pre and Post Trauma Questionnaire Results – One Therapy

As noted in the Methodology, respondents were asked to identify if they had recently experienced any of the DSM-IVTR criteria used in diagnosis of Post-Traumatic Stress Disorder to indicate psychological trauma. Of the eighteen items listed against this area, respondents exhibit on average of FOURTEEN of these on a regular or occasional basis, before embarking set of complementary therapies, as illustrated below.

NB: The results presented here do not represent medical diagnosis, simply the behavioural patterns and conduct of Victims/Survivors whilst the analysis does not purport to be diagnosis of the serious condition which is PTSD, it is nonetheless indicative of the daily battles facing Victims/Survivors in relation to the psychological consequences of trauma suffered.



As evident in the above diagram, the research findings revealed high levels of existence of indicators of trauma, experienced by service users prior to participation in a course of complementary therapy. A large number of service users indicated physical pain (90%: 56% often, 34% sometimes). High numbers also identified difficulties with falling and staying asleep (88%: 54% often, 34% sometimes) as well as exhaustion and constant fatigue (88%: 47% often, 41% sometimes). A significant number experienced feelings of irritability (85%: 27% often, 58% sometimes), lack of social interest (84%: 37% often, 47% sometimes) and poor concentration (83%: 34% often, 49% sometimes). Just under four in five (79%: 42% often, 36% sometimes) identified feeling nervousness and anxiety. A considerable number of service users suffered difficulties arising from depression (74%: 38% often, 36% sometimes). It is also evident from the above responses many service users experience detachment from others (72%: 28% often, 44% sometimes) and experience a lack of ambition (72%: 34% often, 38% sometimes). Over two in three have reported avoidance of anything that may trigger memories (69%: 41% often, 28% sometimes). It is also important to note that a significant number of service users have expressed an overwhelming sense of injustice (66%: 27% often, 39% sometimes). Further

to this just under two in three (62%: 23% often, 39% sometimes) have experienced problems with memory loss (short and long term memories). Adding to the above, similar numbers have experienced flashbacks/intrusive memories (61%: 32% often, 29% sometimes), feelings of guilt (56%: 21% often, 35% sometimes), angry/violent outbursts (53%: 12% often, 41% sometimes), physical numbness (52%: 21% often, 31% sometimes) and Hypervigilance/paranoia (50%: 21% often, 29% sometimes).

The American Psychiatric Association states that PTSD can be identified against evidence of the following symptomatic criteria over a six month preceding period:

Re-experiencing of the Traumatic Event as indicated in at least **ONE** of the following ways:

- Flashbacks, nightmares, intrusive memories
- Nervousness, anxiety
- An overwhelming sense of injustice
- Guilt

Participants who completed the questionnaire identified the existence of an average of THREE of these on a regular/ occasional basis over the last three months.

Avoidance & Numbing of General Responsiveness as indicated in at least **THREE** of the following:

- Avoidance of anything that may trigger memories
- Depression
- Exhaustion/constant fatigue
- Feelings of detachment from others
- Joint pains, muscle pains
- Loss interest or participation in social activities
- Loss of ambition
- Memory loss (short or long term memories)
- Physical numbness

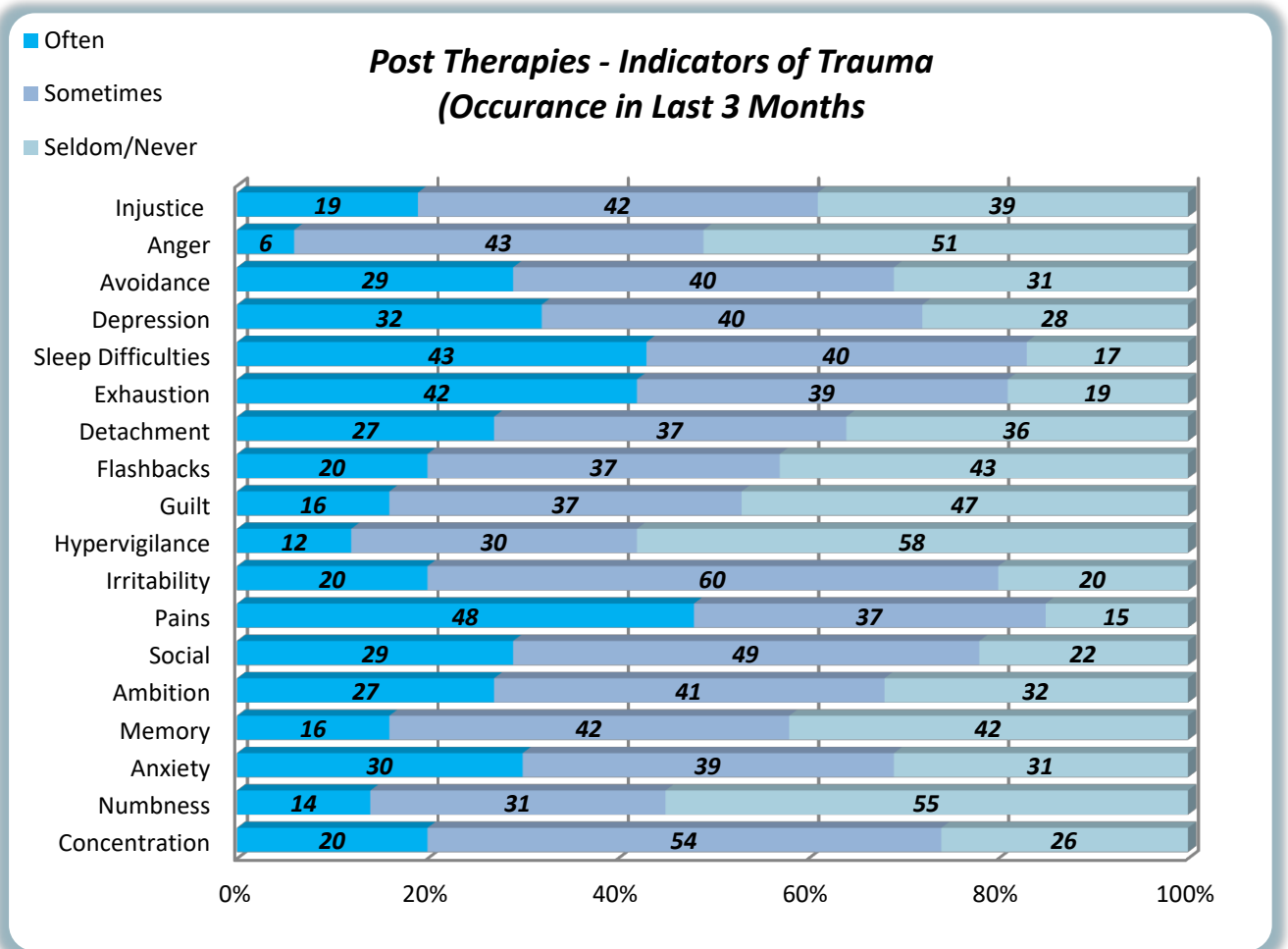
Participants who completed the questionnaire identified the existence of an average of SEVEN of these on a regular/ occasional basis over the last three months.

Symptoms of Increasing Arousal as indicated in at least **TWO** of the following:

- Angry or violent outbursts
- Difficulty falling or staying asleep
- Hypervigilance (feels like but is not paranoia)
- Irritability
- Poor concentration

Participants who completed the questionnaire identified the existence of an average of FOUR of these on a regular/ occasional basis over the last three months.

Of the eighteen items listed against this area, respondents exhibit on average of ELEVEN of these on a regular or occasional basis, post therapies, as illustrated below.



Analysis of pre and post measurement results, in relation to indicators of trauma, out of the eighteen items listed above, service users experienced trauma indicators less often in all areas. This is evident visually on the pre and post diagrams illustrated above (i.e. often decreases while seldom/never increases). The most significant improvement has been a reduction in feelings of nervousness and anxiety (10% improvement). This is closely followed by improvements in ability to concentrate (9% improvement). An improvement of 8% was noted in feelings of hypervigilance (pre 50%, post 42%) and feelings of detachment from others. Similar improvements (7%) are evident in exhaustion/constant fatigue and physical numbness. A further 6% enhancement has been captured in relation to service users' ability to socialise. Service users presented with less problems with physical pain (5% improvement), feelings of irritability (5%), falling/staying asleep (5%) and an overwhelming sense of injustice (5%). Similar improvements were noted in relation to service users' memory (4%), sense of ambition (4%), angry feelings (4%) and flashbacks (4%). Additional progress is evident in feelings of guilt (3%) and self reported depression (2%). It must be noted that based on these findings, no change was apparent in relation to avoidance of anything that may trigger memories.

Re-experiencing of the Traumatic Event as indicated in at least **ONE** of the following ways:

- Flashbacks, nightmares, intrusive memories
- Nervousness, anxiety
- An overwhelming sense of injustice
- Guilt

Post-questionnaires identified the existence of an average of THREE of these on a regular/ occasional basis since participating in the treatments which is a decrease of one.

Avoidance & Numbing of General Responsiveness as indicated in at least **THREE** of the following:

- Avoidance of anything that may trigger memories
- Depression
- Exhaustion/constant fatigue
- Feelings of detachment from others
- Joint pains, muscle pains
- Loss of interest or participation in social activities
- Loss of ambition
- Memory loss (short or long term memories)
- Physical numbness

Post-questionnaires identified the existence of an average of SEVEN of these on a regular/ occasional basis since participating in the treatments which is a decrease of one.

Symptoms of Increasing Arousal as indicated in at least **TWO** of the following:

- Angry or violent outbursts
- Difficulty falling or staying asleep
- Hypervigilance (feels like but is not paranoia)
- Irritability
- Poor concentration

Post-questionnaires identified the existence of an average of FOUR of these on a regular/ occasional basis since participating in the treatments which is a decrease of one.

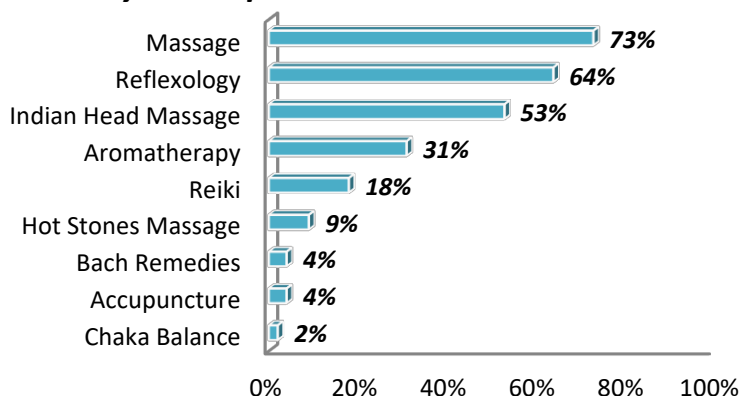
Using the PTSD measurement tool, it is evident that there has been a significant improvement in participants experiencing indicators of trauma post participation in complementary therapies.

Pre and Post – Mixed Therapies Feedback

Results in this section are based on pre and post questionnaire responses of a total of XX service users who (at the time of analysis) had just completed a course of a mixture of complementary therapies.

As illustrated on the diagram below, for those participants to avail for a mixture of

Types of Complementary Therapies Availed by Participants

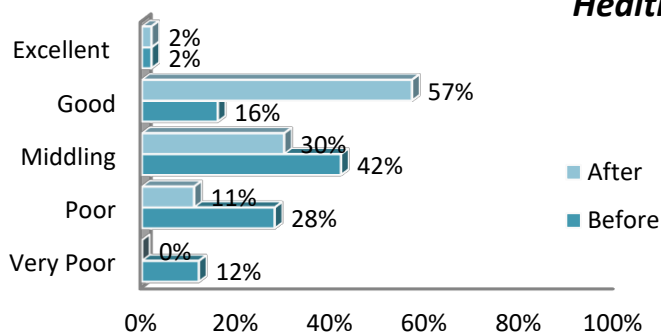


therapies, the most common complementary therapy used is Massage which was used by just under three in four (73%). Just under one in three (64%) reported use Massage in conjunction with other therapies. This finding correlates with those service users to avail of one therapy in terms of reflexology and massage being the most widely used therapies. Over half of

those service users consulted at this stage of the research outlined that they have used Indian Head Massage (53%) while slightly less than one in three (31%) availed of Aromatherapy. The remaining participants have used Reiki (18%), Hot Stones (9%), Bach Remedies (4%), Accupuncture (4%) and Chaka Balance (2%).

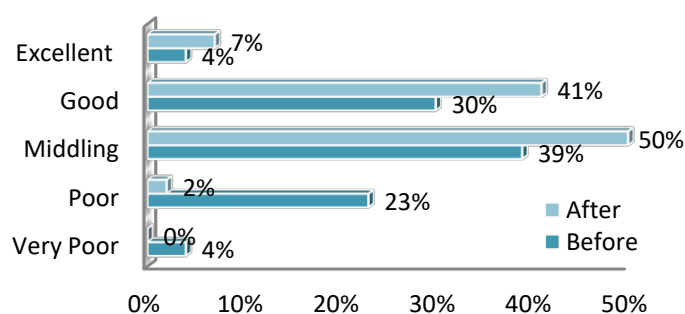
Exceptional improvements are evident in relation to participants' perceptions of their emotional level of health (illustrated on the diagram right). There has been a significant improvement regarding those respondents who rated their emotional health as good (41%). Improvements are also apparent regarding those reporting their mental health as middling (12%). Those describing their mental health as poor has been reduced (17%). Additionally, of significance is that those who described their emotional health as very poor before availing of complementary therapies improved by 100%.

Percieved Level of Emotional Health



The diagram illustrated below outlines a significant improvement in relation to the self-

Perceived Level of Physical Health



rated perceived level of physical health of participants before using a mixture of complementary therapies. A slight improvement is apparent in relation to those service users rating their physical health as 'excellent' (3%). A notable improvement is evident in terms of the number of service users who described their physical

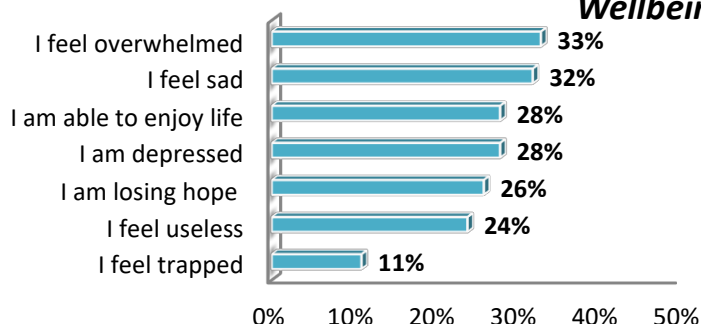
health as good (11%). Just under one in four rated their physical health as poor pre therapies, in comparison to 2% post (improvement of 21%). Further to this, after therapy findings illustrate that none of those service users who participated in this stage of the study, described their physical health as very poor.

Pre and Post Quality of Life Questionnaire Results – Mix Therapies

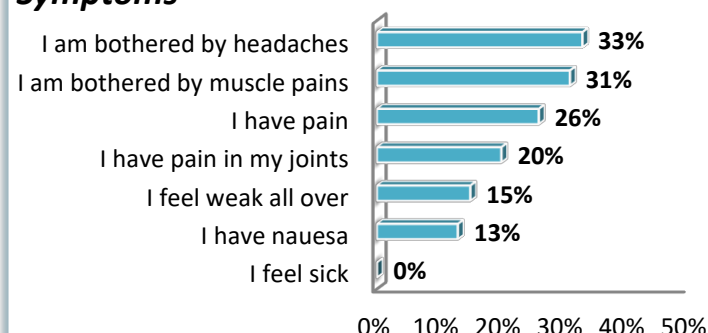
Emotional Wellbeing

The evidence shows that, regarding emotional wellbeing there has been an improvement relating to victims/survivors of the Northern Ireland 'troubles'. The most significant change noted by respondents using the quality of life tool, regarding their emotional wellbeing was that of a decrease in feeling overwhelmed by their condition/level of health (33%) and a decrease in feelings of sadness (32%) as illustrated (left). There have also been considerable improvements in relation to feeling useless (28%), ability to enjoy life, self-reported depression (28%) and hopelessness (26%). Further improvements in emotional wellbeing have been noted in feeling useless (24%) and feeling trapped by their condition (11%). Overall, emotional wellbeing amongst service users that availed of a mixture of complementary therapies has improved by 26%.

Self-Reported Change in Emotional Wellbeing



Self Reported Change in Physical Symptoms



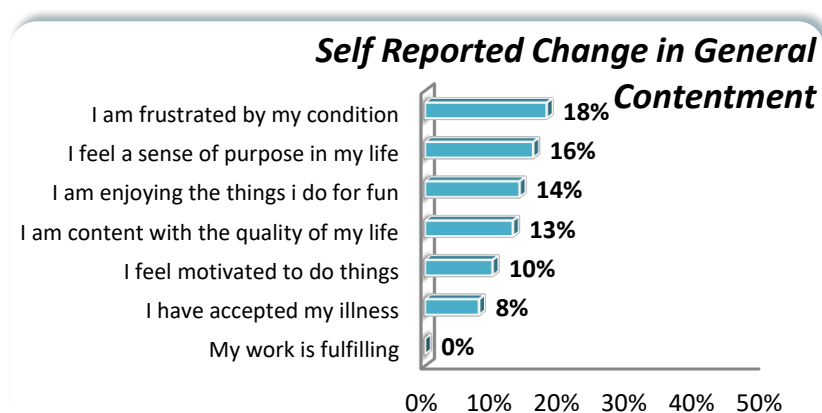
Physical Symptoms

A (33%) decrease was noted when participants were asked if they were bothered by headaches. A similar improvement (31%) was illustrated when they were asked if they were bothered by muscle pains. Significant improvements were also noted in relation to overall pain (26%), pain in joints (20%), feeling weak (15%) and self-

reported nausea (13%). Overall, negative physical symptoms amongst service users at this stage have improved by 20%.

General Contentment

There have been obvious improvements noted in relation to feeling frustrated with level of health (18%), sense of life purpose (16%), enjoyment (14%) and quality of life (13%). Pre and post findings also illustrated an improvement (10%) in motivation and acceptance of illness (8%). It must be noted that no change was evident in relation to

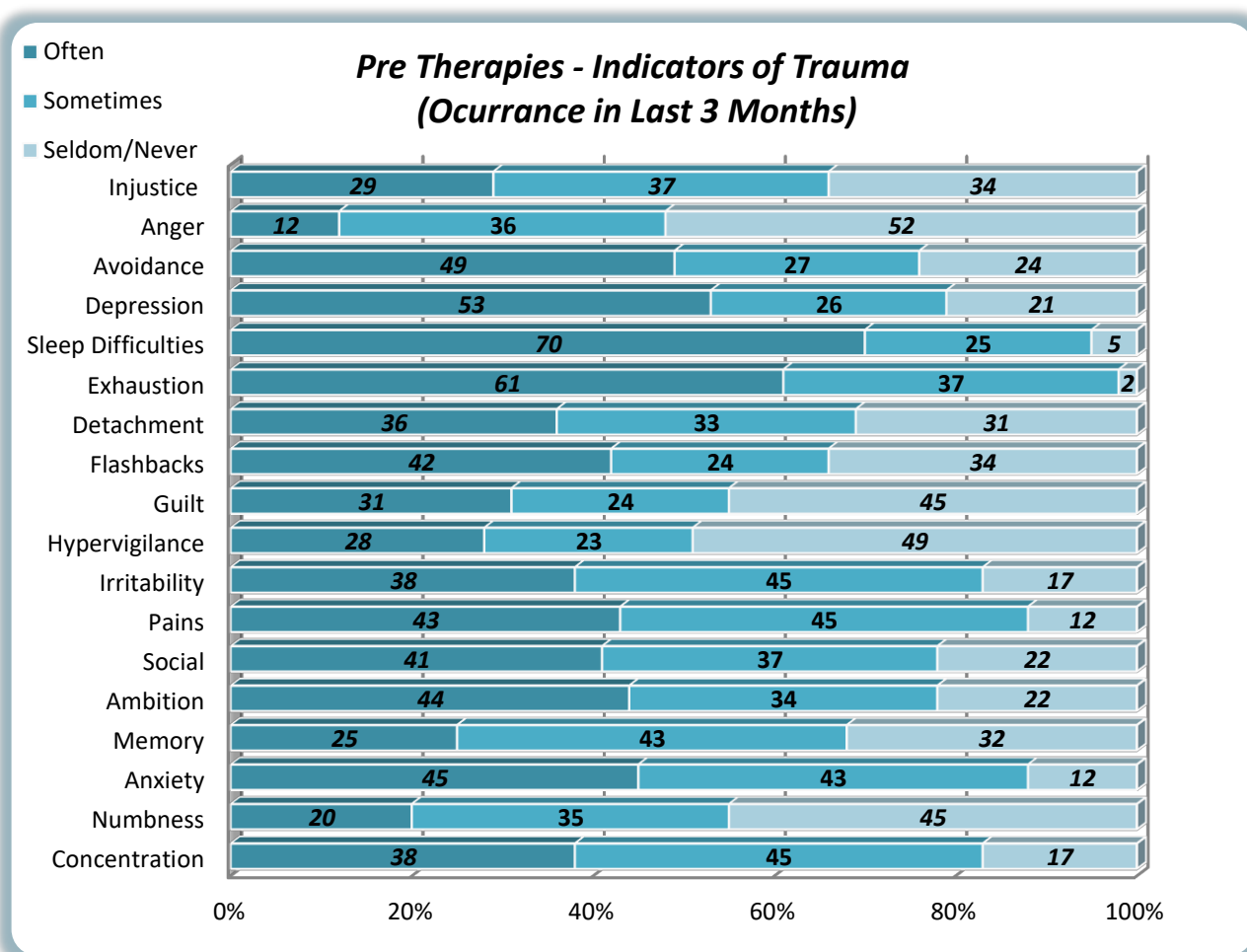


fulfilment from work (including work in the home). There has been an overall improvement of (10%) in service users' general contentment post participation in a mixture of complementary therapies. These findings are significantly positive results, given that the course of therapies consisted of six sessions.

Pre and Post Trauma Questionnaire Results – Mixed Therapies

As noted in the Methodology, respondents were asked to identify if they had recently experienced any of the DSM-IVTR criteria used in diagnosis of Post-Traumatic Stress Disorder to indicate psychological trauma. Of the eighteen items listed against this area, respondents exhibit on average of FOURTEEN of these on a regular or occasional basis, before embarking on a set of complementary therapies, as illustrated below.

NB: The results presented here do not represent medical diagnosis, simply the behavioural patterns and conduct of Victims/Survivors whilst the analysis does not purport to be diagnosis of the serious condition which is PTSD, it is nonetheless indicative of the daily battles facing Victims/Survivors in relation to the psychological consequences of trauma suffered.



As evident in the above diagram, the research findings revealed high levels of existence of indicators of trauma, experienced by service users prior to participation in a course of a 'mixture' of complementary therapies. Nearly all service users indicated difficulties with self-reported exhaustion (98%: 61% often, 37% sometimes) and difficulty falling and staying asleep (95%: 70% often, 25% sometimes). A large number of service users presented issues relating to nervousness/anxiety (88%: 45% often, 43% sometimes) and pains from joints and muscles (88%: 43% often, 45% sometimes). High numbers also reported feelings of irritability (83%: 38% often, 45% sometimes) and problems relating to concentration (83%: 38% often, 45% sometimes). Self-reported depression was identified by a significant number of service users (79%: 53% often, 26% sometimes). A substantial number experienced less interest or participation in social activities (78%: 41% often, 37%

sometimes) and a decrease in ambitious feelings (78%: 44% often, 34% sometimes). A similar proportion have (76%: 49% often, 27% sometimes) have reported avoidance of anything that may trigger memories. It is also evident, from the above responses many service users experience detachment from others (69%: 36% often, 33% sometimes). Further to this several service users (68%: 25% often, 43% sometimes) have experienced problems with memory loss (short and long term memories). It is also important to note that two in three have expressed an overwhelming sense of injustice (66%: 29% often, 37% sometimes). The same number has experienced flashbacks/intrusive memories (66%: 42% often, 24% sometimes). Adding to the above, over half of service users reported feelings of guilt (55%: 31% often, 24% sometimes), physical numbness (55%: 20% often, 35% sometimes) and Hypervigilance/paranoia (51%: 28% often, 23% sometimes). Further to the above findings just under half have experienced angry/violent outbursts (48%: 12% often, 36% sometimes).

The American Psychiatric Association states that PTSD can be identified against evidence of the following symptomatic criteria over a six month preceding period:

Re-experiencing of the Traumatic Event as indicated in at least **ONE** of the following ways:

- Flashbacks, nightmares, intrusive memories
- Nervousness, anxiety
- An overwhelming sense of injustice
- Guilt

Participants who completed the questionnaire identified the existence of an average of THREE of these on a regular/ occasional basis over the last three months.

Avoidance & Numbing of General Responsiveness as indicated in at least **THREE** of the following:

- Avoidance of anything that may trigger memories
- Depression
- Exhaustion/constant fatigue
- Feelings of detachment from others
- Joint pains, muscle pains
- Loss interest or participation in social activities
- Loss of ambition
- Memory loss (short or long term memories)
- Physical numbness

Participants who completed the questionnaire identified the existence of an average of SEVEN of these on a regular/ occasional basis over the last three months.

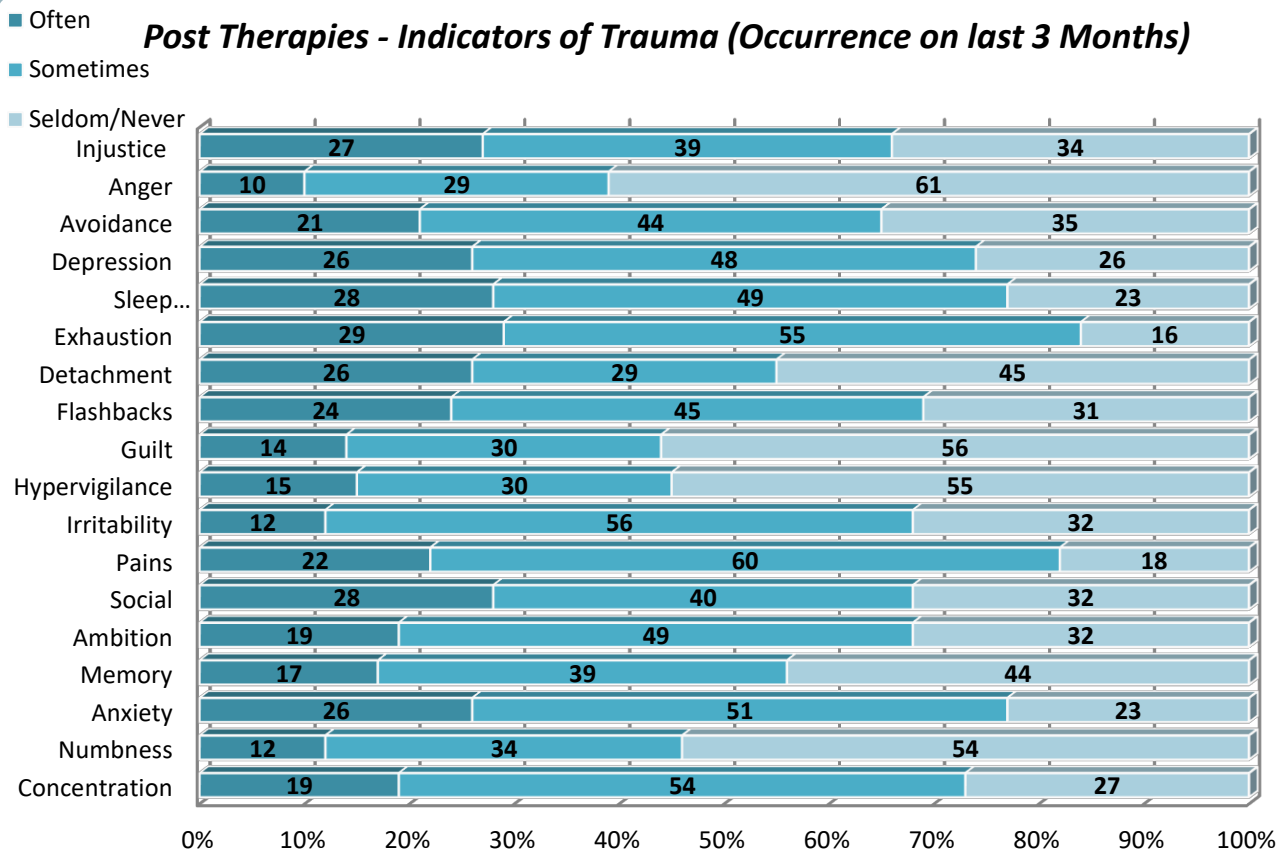
Symptoms of Increasing Arousal as indicated in at least **TWO** of the following:

- Angry or violent outbursts
- Difficulty falling or staying asleep
- Hypervigilance (feels like but is not paranoia)
- Irritability

- Poor concentration

Participants who completed the questionnaire identified the existence of an average of FOUR of these on a regular/ occasional basis over the last three months.

Of the eighteen items listed against this area, respondents exhibit on average of ELEVEN of these on a regular or occasional basis, post treatments, as illustrated below.



Analysis of pre and post measurement results, in relation to indicators of trauma, out of the eighteen items listed above, service users experienced trauma indicators less often in almost all areas. This is evident visually on the pre and post diagrams illustrated above. The most significant improvement has been a notable increase in ambitious feelings (22% improvement). It is evident from pre and post findings, that there has been a considerable improvement in difficulties in falling and staying asleep (18% improvement). There has also been a reduction in feelings of irritability (15% improvement). Similar improvements are evident in feeling detached from others (14% improvement) and exhaustion/constant fatigue (14% improvement). Based on these findings, service users' memory has improved significantly considering the short period of treatment (12% improvement). Considerable improvements have also been noted in relation to feelings of anxiousness/nervousness (11% improvement), feelings of guilt (11% improvement) and avoidance of anything that may trigger memories (11% improvement). More service users present themselves with improved concentration post therapies (10% improvement) and more social interest (10% improvement). Less service users reported issues regarding feelings of anger (9% improvement) and problems with physical numbness (9%

improvement). Although smaller proportions, there has been improvements in relation to physical pain (6% improvement), hyper-vigilance (6% improvement) and self reported depression (5% improvement). However, It must be noted that no change was evident in feelings of injustice and flashbacks. The following additional improvements have been captured:

Re-experiencing of the Traumatic Event as indicated in at least **ONE** of the following ways:

- Flashbacks, nightmares, intrusive memories
- Nervousness, anxiety
- An overwhelming sense of injustice
- Guilt

Post-questionnaires identified the existence of an average of TWO of these on a regular/ occasional basis since participating in the treatments which is a decrease of one.

Avoidance & Numbing of General Responsiveness as indicated in at least **THREE** of the following:

- Avoidance of anything that may trigger memories
- Depression
- Exhaustion/constant fatigue
- Feelings of detachment from others
- Joint pains, muscle pains
- Loss of interest or participation in social activities
- Loss of ambition
- Memory loss (short or long term memories)
- Physical numbness

Post-questionnaires identified the existence of an average of SIX of these on a regular/ occasional basis since participating in the treatments which is a decrease of one.

Symptoms of Increasing Arousal as indicated in at least **TWO** of the following:

- Angry or violent outbursts
- Difficulty falling or staying asleep
- Hyper vigilance (feels like but is not paranoia)
- Irritability
- Poor concentration

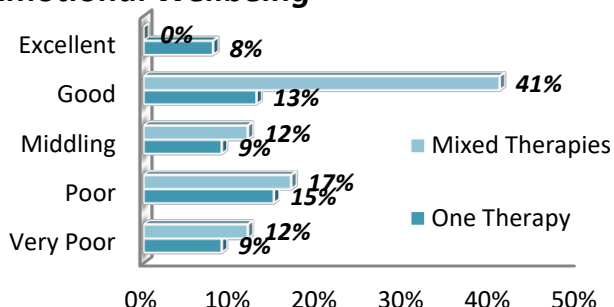
Post-questionnaires identified the existence of an average of THREE of these on a regular/ occasional basis since participating in the treatments which is a decrease of one.

Pre and Post Analysis

Overall Self-Reported Health and Wellbeing

Service users who availed of one therapy and more than one therapy showed

Comparative Analysis for Emotional Wellbeing



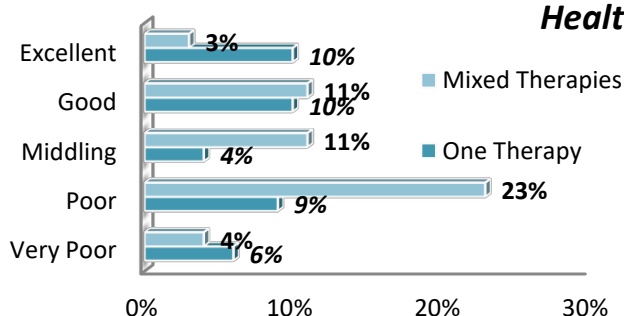
improvements to their emotional wellbeing. For those who used one therapy, an 8% improvement was noted in relation to describing their emotional wellbeing as “excellent”. It is a significant finding considering pre-treatment no participating service users used this top-end scale to describe their emotional wellbeing. It is further significant as the treatment was over a short time frame. In relation to those service

users who labelled their emotional wellbeing as “good”, there has been a remarkable improvement for those who availed of more than one therapy type (41% in comparison to 13% for one therapy users: a difference of 28%). Similarities are evident in terms of service users perceiving their emotional wellbeing at the low-end of the measurement scale. In saying this, those who used more than one therapy have reported slightly higher improvements in relation to describing their emotional wellbeing as “poor” (17% improvement for mixed therapies, 15% one therapy: a difference of 2%) and “very poor” (mixed therapies 12%, one therapy 9%: a difference of 3%). In relation to one therapy users, cross tabulation analysis showed further that Aromatherapy and Reflexology (based on this study) are the most effective complementary therapies for overall mental health and wellbeing.

Again this research has highlighted noteworthy improvements regarding service user’s self-reported physical health.

Similarly those users that were consulted who availed of one therapy over the timeframe of the research reported significantly more at the top-end of the scale. Those who described their physical health as excellent improved by 10% for one therapy service users in comparison to 3% for mixed therapy users. The findings were relatively equivalent in relation to

Comparative Analysis for Physical Health



those who described their physical health as “good” (11% mixed therapies, 10% one therapy: a difference of 1%). A significant improvement is evident in relation to mixed therapies users describing their physical health as “poor” from commencement of therapies to post treatment (23% in comparison to 9% for one therapy: a difference of 14%). One therapy users reported a slightly higher improvement in relation to describing their physical health as “very poor” post treatment (6% in comparison to 4% for mixed therapies: a difference of 2%). In relation to one therapy users, cross tabulation analysis

showed further that Reflexology, Acupuncture, and Indian Head Massage (based on this study) are the most effective complementary therapies for overall physical wellbeing.

Quality of Life Results

Overall in relation to **emotional wellbeing**, service users who used mixed therapies reported more improvements than those who availed of one therapy, over the following areas of emotional wellbeing:

- Sadness (32% improvement in comparison to 17% for one therapy)
- Self-Reported depression (28% improvement in comparison to 26% for one therapy)
- Ability to enjoy life (28% improvement in comparison to 3% for one therapy)
- Hopelessness (26% improvement in comparing to 0% for one therapy)

In saying this, service users who used one therapy reported more improvements over the following areas of emotional wellbeing:

- Feeling useless (35% improvement in comparison to 24% for mixed therapies)
- Feeling trapped (14% improvement in comparison to 11% for mixed therapies)

A further one third improvement (33%) was found for both one therapy and more than one therapy in overwhelming feelings.

Again overall in relation to **Physical Symptoms** service users who used mixed therapies reported more improvements than those who availed of one therapy, over the following areas of emotional wellbeing:

- Headaches (33% improvement in comparison to 0% for one therapy)
- Muscle pains (31% improvement in comparison to 24% for one therapy)
- Overall pain (26% improvement in comparison to 19% for one therapy)
- Joint pains (20% improvement in comparing to 0% for one therapy)
- Weakness (15% improvement in comparison to 0% for one therapy)

In saying this, service users who used one therapy reported more improvements over the following areas of emotional wellbeing:

- Nausea (18% improvement in comparison to 13% for mixed therapies)
- Sickness (17% improvement in comparison to 0% for mixed therapies)

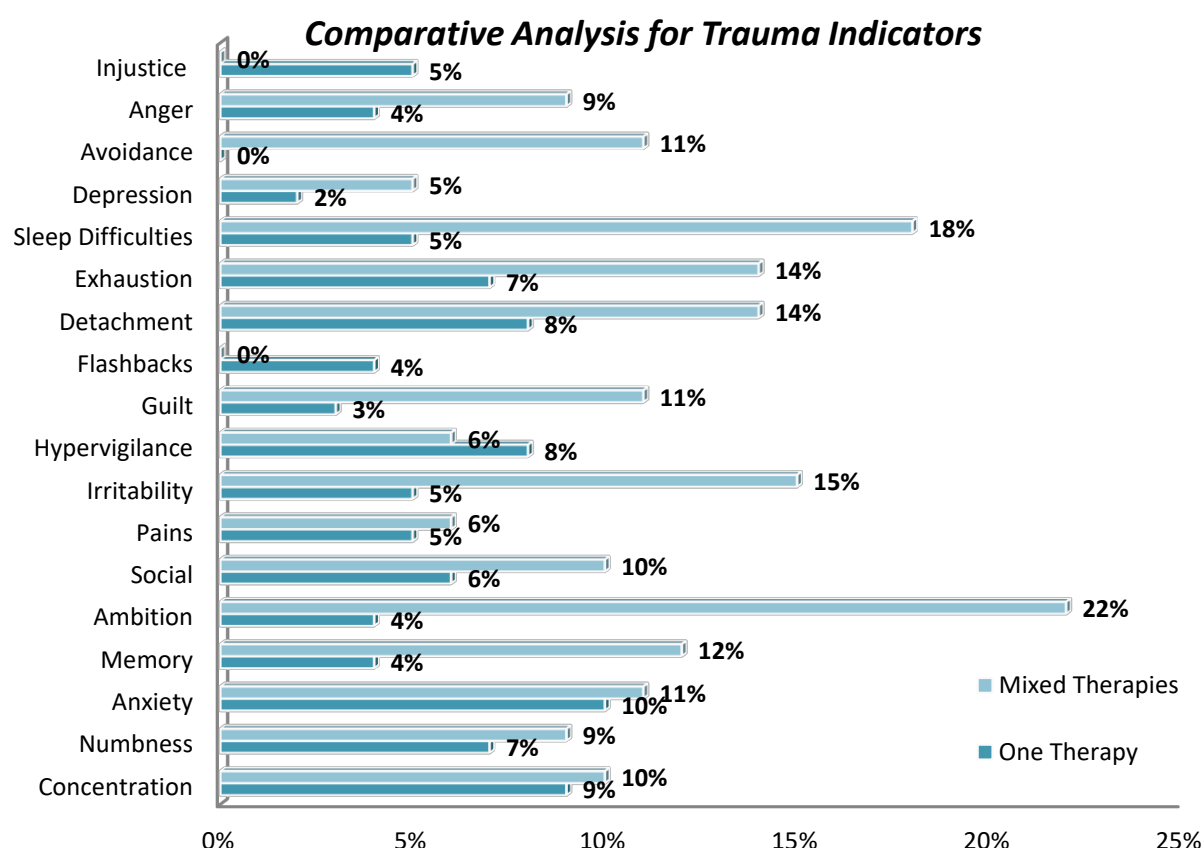
However in relation to **General Contentment** service users who used one therapy illustrated more improvements than those who availed of mixed therapies, over the following areas of general contentment:

- Sense of purpose (43% improvement in comparison to 18% for mixed therapies)
- Acceptance (37% improvement in comparison to 16% for mixed therapies)
- Motivation (22% improvement in comparison to 14% for mixed therapies)
- Quality of life (22% improvement in comparing to 13% for mixed therapies)
- Enjoyment (19% improvement in comparison to 10% for mixed therapies)
- Fulfillment (16% improvement in comparison to 8% for mixed therapies)

No improvement (0%) was found for both one therapy and more than one therapy in relation to feelings of frustration.

Indicators of Trauma Results

Using the PTSD measurement tool, it is evident that there has been a significant improvement in participants experiencing indicators of trauma post participation in complementary therapies. The diagram illustrated below outlines the pre and post results for service users who have embarked on a set of complementary therapy (one type) and those who have availed of a mixture of complementary therapies. The following diagram illustrates the pre and post results in relation to improvements in service users' existence of trauma:



What is evident from the above results is that in almost all cases, those service users who have availed of a mixture of therapies, have reported more improvements in relation to effectiveness of complementary therapies across a number of trauma indicators. The most significant finding for those who availed more than one therapy, has been an improvement (22%) in ambitious feelings. The same target group reported slightly less (18%) improvements in relation to sleep difficulties. Feelings of irritability decreased by 15% for those service users who used more than one therapy. Exhaustion/constant fatigue and feelings of detachment were improved by 14%. Memory was improved by 12%. Avoidance of anything that triggers memories, anxiety, and guilt were lessened by 11%.

In saying this, participating service users who availed of one therapy improved more than mixed therapy users in hypervigilance (8%: in comparison to mixed therapies 6%: a difference of 2%), feelings of injustice (5%: in comparison to mixed therapies 0%: a

difference of 5%) and flashbacks (4%: in comparison to mixed therapies 0% a difference of 4%).

Focus Group Findings

As an integral part of the research study, focus groups were held with a range of individuals who were affected by the Northern Ireland ‘troubles’. Findings from focus group discussions illustrated multiple-benefits from participation in complementary therapies. Qualitative data complements the quantitative information gathered from questionnaires (as discussed previously in the report). What was evident was that physical, psychological and emotional levels of health are closely linked and in some cases are interdependent. Therefore, complementary therapies appear to enhance the overall health and wellbeing of the individual. What was clear also was that each individual experience is unique and should not be treated as the same. In saying this, findings from group discussions highlighted a number of key themes outlined below:

“Physically and emotionally you feel the benefits”

Benefits are Two-Fold

Physical Health Improvements

Participants illustrated how they experienced physical relief from a range of conditions as a result of experiencing trauma through the Northern Ireland ‘Conflict’. Discussions highlighted significant pain relief (back, neck, shoulder, arm, knee and headaches) as well as relieving physical symptoms and

“Therapy provides me with so much relief and I don’t know what I would do without it...for me it is not a luxury...it is a necessity”

“Before massage, I relied heavily on medication – but now massage works better and has alleviated stiffness, tension and pain”

conditions such as asthma, hay-fever, nausea, poor circulation, blood pressure, sleep difficulties, built up tension and an overwhelming positive impact on stress levels. The latter finding is of vital importance as stress

is a direct consequence of the Northern Ireland ‘Conflict’ and has a negative knock-on-effect on the physical health of Victims/Survivors. Visible improvements were expressed by participants regarding one to one physical contact and the related benefits of this ‘holistic touch’.

“Reflexology helped stop a shake in my leg...it helped ease the tension I felt in my body every day”

When looking individually at the different types of complementary therapies available to victims/survivors, one participant reported immense satisfaction with ‘Peat Wraps’ in relieving a serious skin condition in terms of relieving itch and pain. Further discussion illustrated that

“Reflexology is good for everything...Yoga helps in a thousand ways...Indian Head Massage has reduced stress levels...Aromatherapy is good for pain relief”

this condition happened as a direct consequence of a traumatic troubles-related experience and has caused on-going suffering since; majorly affecting his quality of life. Evident from qualitative feedback is that many participants have relieved their

“Before yoga I had difficulty climbing stairs which affected my life greatly – but now thanks to yoga, I fly up and down the stairs without even thinking about it”

reliance on medication and are hugely benefiting from discovering a holistic approach to healthcare.

Responses reported how complementary therapies help with a multitude of physical ailments which have a knock on effect on all other aspects of life. One participant told how they first tried yoga as a means of relieving arthritis pain, particularly in the knee and

“Helps sleep patterns – easier to get to sleep and helps me get a long nights sleep”

their only other alternative was surgery. To their amazement, yoga has helped immensely and surgery was consequently not needed. Other benefits experienced through yoga participation have been; improved flexibility, improved sleep patterns, improved circulation and back pain.

Another reported feeling years younger since their involvement in complementary therapies.

“Before yoga we were all generally sedentary and inactive”

As well as victims/survivors reporting such obvious benefits in relation to their physical health, also of great significance is the longevity of participation in terms of increased exercise, enhanced fitness levels and generally feeling healthier.

Mental Health Improvements

As discussed previously a prevalent theme running throughout focus group discussions was the close link between physical, psychological and emotional health and wellbeing. The

“I’d been suffering from serious panic attacks and had been on medication to help deal with them... the treatment was fantastic. I was finally able to get a good night’s sleep...it allowed me to reduce and finally stop the medication”

physical benefits discussed above have a clear knock on effect on victims/survivors mental health and wellbeing. Participants reported benefiting from feeling relaxed and rejuvenated as a result of complementary therapies. One participant highlighted how she

“Complementary therapies bring me out of myself and give me a purpose to get up in the morning”

didn’t realise she had so many emotional problems until she participated in treatments. She described how she felt like a new person post treatment. Participants stressed the benefits they felt in terms

of relaxing and having ‘me time’; affording them with the opportunity of having their own space to unwind and ‘having an hour to think about nothing’. A major finding has been improvements in feelings of depression. Many participants reported how their depression negatively

“I feel a lot better – I can now get out of bed – it has greatly helped by depression”

impacted on their daily lives and for some they couldn’t get out of bed some days. One participant identified having ‘duvet days’ as she felt unable to get out of bed.

“My brain is like a tape recorder even when asleep – reliving horrible traumatic experiences...it is not about forgetting these experiences but about finding an outlet and trying to move on with my life”

Of particular importance, is that complementary therapies have helped with life experiences of the Northern Ireland ‘Conflict’ in terms of relieving traumatic memories through relaxation, ‘clearing of the mind’ and offering opportunities to develop a

more positive outlook. One participant discussed their experiences of developing a ‘macho’ complex in terms of suppressing

“Complementary therapies help deal with issues, if not forget – anything that calms and takes the pressure away is a positive thing to me”

feelings while serving during the time of the conflict in Northern Ireland. They elaborated further, that inside they were suffering in silence and relied heavily on medication for panic attacks. The participant reported the benefits of their participant in complementary therapies in helping their troubles related trauma and the delight of feeling not reliant on medication.

“It is usually difficult to find time to yourself but therapies is entirely for you with no disturbances and with its relaxed atmosphere – you don’t want it too end”

Notable improvements were evident in relation to mood and general emotions including feeling calmer, increased confidence, general contentment, less stressed improved concentration and overall greater level of

mental health and wellbeing. One participant illustrated how their family noticed improvements since complementary therapy participant and described it as ‘being back to my old self’. One

“Mood improves; you come in in bad form and leave in good form”

“Going to the therapy provided a haven for me”

participant reported the benefits they experienced with ‘peat wraps’ in terms of helping a skin condition and the added benefit of helping

overcome the embarrassment experienced before therapies. For the first time since developing the skin condition, they not feel confident to wear shorts so therapies have transformed his outlook and no longer suffering in silence.

“...allows you to be free from worries and stresses; allows you to switch off from the world”

Experiences Far Exceed Expectations

The consultation process has illustrated that in the majority of cases, actual experiences far exceed initial expectations. For many expectations were limited in terms of not expecting much from the service other than perhaps a period of relaxation. Scepticism was common amongst those who attended the focus groups although the degree of scepticism was across a

“The outcomes ii experienced with the treatments were much greater than expected”

“Complementary therapies are fantastic – much better than I anticipated”

spectrum from those who thought it was nonsense and would not help at all, through to those who thought it might at least ease their worries for a while. Many reported that they never “in a million

years” anticipated any major breakthrough from engaging in the therapies. Some participants expressed their initial scepticism with hopi ear candling but after participation, found they had helped immensely.

“I got more out of them than I expected”

Added Benefits

Additional to physical and emotional benefits expressed through the consultation stage, there have been a number of other benefits as a result of participating in complementary therapies.

Education

A significant theme that emerged from the focus group research was how participation in the complementary

“Improvement in my life in general along with other opportunities to share experiences – they are invaluable in helping people rebuild their lives, relationships and their outlook on life”

therapies enhanced their understanding and awareness of how their body works. It was reported that the therapists' professionalism, knowledge, skills, experience and level of empathy result in service users becoming educated, in terms of health and wellbeing and healthy lifestyle choices. Advice is given for longer term impact. There is an understanding of the therapies which leads to a better understanding of physiology and general health. It improves your self-esteem, which follows into your family. Knowing the reasons behind therapy allows you to take on advice, and take an interest in health. Benefits are two fold – emotionally and practically. **Trauma stops healing.**

Impact on the Wider Community

Also evident is the positive affect complementary therapy provision has on the wider community in relation to a reduction in bitter and angry feelings as a result of the Northern Ireland 'Conflict', acceptance to change and feelings of 'letting go'. One participant outlined how her experiences with complementary therapies have helped them to re-focus and find a way to contribute to society. This has obvious benefits on the wider community as well as Northern Ireland as a whole, as it shows clear steps that victims/survivors of the Northern Ireland 'troubles' are beginning to experience healing which contributes to a shared future.

Impact on Relationships

A view widely expressed was the positive impact participating in complementary therapies has on familial relationships as well as other social relationships. Increased confidence and self-esteem levels enhanced communication skills and therefore resulted in social benefits. Therapy allowed confidence building in relationships outside of group setting.

"My family noticed I was back to my old self – I became less stressed, had a clearer mind and much more positive outlook. This had a positive impact on family life"

Re-integration into Community

Participants have benefited socially from engaging with complementary therapies in terms of decreased social isolation with meeting new members within the groups. Participants expressed further that being part of a groups provides a level of and personalised level of individuality. Participants were experiencing personal and professional development through increased confidence which was helping them get job interviews.

"Really worthwhile service – it gets members out of the house engaging with others"

Breaking Down Traditional Gender Barriers

Throughout this consultation stage, it became apparent that more and more men are discovering the holistic approach to healthcare and extremely enjoying the outcomes. The service was described as male inclusive and many male participants discussed their delight at this transformation in society as they are experiencing so many benefits. Also evident is that many men present at focus groups had been informed about the service by another man in the group who had used it, and encouraged them to try it. This is also enhancing public awareness regarding the effectiveness of complementary therapies.

"Men are being encouraged to look after their health in many realms of life; this provided an opportunity for me to look after my health"

Holistic Medicine V's Conventional Medicine

A significant research finding has been the link to conventional medicine. Many participants expressed their satisfaction with complementary therapies to the point that they feel they no longer rely on medicine. Others spoke of the link between conventional

"If we didn't have therapies, we would visit the doctor more often and be on more medication"

"If we didn't have therapies, we would visit the doctor more often and be on more medication"

medicine and complementary therapies in terms of the therapies enhancing overall health and wellbeing and a reduction in medication intake. Reiterating above,

consultations revealed also that therapists provide advice and refer to G.P's if needed.

Feeling Supported

An essential need for victims/survivors is to feel supported throughout their healing journeys. Accessing therapies through already established groups/centres allows victims/survivors to feel at ease in a supportive and safe environment where trust is already in place. Participants trust the group will provide members with qualified, professional and experienced therapists. If something happens you know where to go – level of healing heightened. Comfortable within group setting – trust already established. It was also identified that therapists are aware of who to signpost to which helps participants feel supported.

"It's like a big family and you feel comfortable in yourself"

Long Term Health

Longer term impact is obvious from focus group findings in terms of ensuring health and wellbeing is not just a 'quick fix' but in actual fact should be maintained in all aspects of life. Participants spoke of feeling healthier and fitter; doing more exercise and re-assessing their diets. Therefore, ensuring longevity.

"The longer term effects outweigh anything else"

Therapists

The vast majority of participants expressed high satisfaction with their complementary therapists in terms of the quality of the service being delivered including their level of expertise, professionalism and skill. Trust is key to the outcome of participants' healing experience. They were extremely vocal in

"The healing experience very much depends on the therapists – important to feel at ease and in safe hand...I am delighted to say I am fully satisfied"

"After 30/40 years of being suspicious it is very hard to drop that; it is important to trust the person you are talking to"

terms of the trust they have built up with their therapists; one participant expressed how their therapist makes them "feel at home with their calming manner and time they invest (in them)".

The professionalism of the therapists was commended which helps build up trust also.

It appears important to strike a balance in relation to personality and a personal grounded approach as well as a high level of professionalism. Experience is very much dependent on the relationship between client and therapist. Many participants reported positively in relation to the calming atmosphere the therapist creates for their

“When I avail of therapies, I don’t be ushered in and out. It is very relaxed and I look forward to it each week”

“The therapist is excellent – explaining the process, I felt totally at ease and had been placed firmly back on the road to recovery as a result of the treatment”

treatments. Participants expressed satisfaction in terms of not been made feel rushed and some described further how they can “sit and have a chat after therapy” if they wished. They described their complementary

experience as being personalised and suited to their needs. Therapy is tailored to suit individual needs. Consultation revealed that participants look forward to their treatments.

“There is a very relaxing atmosphere which is very personable and creates a good ambience”

“Therapists are nice bubbly people who are good at what they do. They are trustworthy and confidential – you felt you could tell them things”

Many spoke of the wealth of knowledge the therapists have in relation to the complementary therapy process and the positive knock on affect this has of them in

terms of improving overall health and wellbeing. Participants expressed that therapists are passionate about holistic health and wellbeing which transcends onto them. Offering advice and

“Therapy is holistic; it about the whole person. Advice is given for general wellbeing”

“Therapists have tremendous personalities – we look forward to them every week as there is a relaxed atmosphere”

aftercare, participants feel able to continue their holistic healing. Participants also stressed how their sessions be confidential which enhances trust and helps to know they

“My therapist is like a friend but is still very professional...knows a lot about the members and I can talk to her about things which I wouldn’t normally talk to others about”

can talk opening and comfortably in a secure environment. Also reported was that therapists are sensitive to physical pain, and give a close examination which

is very in depth and personal. Participants expressed the trust they place on therapists within their groups as they are trained and have experience of working with victims and trauma.

“The therapist was able to tell me things about my body that I didn’t think was possible just by touching my feet”

Upon investigation of the expertise and suitability of therapists, it was extracted that that there was one occasion that they were not within the holistic requirements of the sector. However, appropriate measures and actions have been taken into account and implemented to ensure victims/survivors are being delivered the best possible standard of service.

Suggestions for Improvement/Further Service Development

Service users that were consulted were asked to outline suggestions for improvement with regards the current provision of complementary therapies in the Northern Ireland Victims/Survivors Sector. It must be noted that the vast majority of service users

“Keep therapies running – we would be very disappointed and distressed if our group could not provide these therapies”

reported positively in relation to their complementary experiences. In saying this, the following suggestions for improvement were expressed. There was a general

consensus in relation to the expressed need for this service to continue. As it is a service deemed vital for many of these victims/survivors, they highlighted the benefits they experience on their health should far exceed the costs. A theme

“Therapies should be longer and more often – it is progressive and we should not be cut off mid stream”

“Although yoga helps breathing and sleep patterns, it is thought that once you stop, you fall back into the same rut”

prevalent throughout the research was the need for consistency of complementary therapies in relation to reaping the full

benefits. Many participants illustrated that it can take a few sessions to start feeling the benefits; then it ends which was felt to be unfair and extremely disappointing.

“When 5/6 sessions are done and you have problems with your back, finishing the sessions only slackens it”

Some reported that usually private therapy lasts fourteen sessions which they felt shows

“Open days would be bringing it back to the community, whilst raising awareness, knowledge and recruit more v/s to may not already know of the benefits or what they are entitled to”

that six is not enough. Many conveyed further that they cannot afford to avail therapies privately. Several service users that were consulted expressed to the research

team that they prefer to avail of therapies within their groups' premises where trust is already established and they feel more at ease accessing. However some groups reported that it would be helpful if their group made more room for therapies as they prefer availing on site. Some groups reported that they would like to be able to access the service within their premises, but would need equipment to be able to do so. A suggestion put forward by one group was to set up open days within local communities involving Complementary Therapists and past service users (and any other relevant people) presenting and creating awareness with regards the benefits as well as the overall process.

Relating to monitoring and evaluation of service delivery, it was noted that it is important that people are aware that it is unfair, wrong and wasteful for people to not attend their sessions without following cancellation protocol. Similarly it was suggested that the service would benefit

“People should have the courtesy to ring up and cancel so that someone else can be offered a place”

from a backup therapist so service users are not disappointed if therapist is unavailable or if clients cannot be offered an appointment. Also it was reported that the overall

“Due to large numbers it is very hard to help everyone – it can be often years between therapies”

service would be enhanced with the development of a database/register to ensure all resources are being distributed equally and people are not availing of more than others.

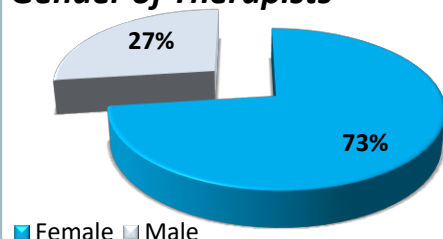
Although post evaluation forms are an essential part of service delivery, some consulted service users reported that they did not have the opportunity to complete this. Therefore it was stressed through consultation that every service users should have the opportunity to complete post evaluation forms to ascertain views and opinions and possible suggestions for improvement of the service. Despite demonstrating gratefulness regarding entitled to complementary therapies, some participants from more geographically rural locations outlined that it can be difficult to access facilities/therapists, particularly in winter when weather conditions create barriers. It was also suggested that consideration should be given to the provision of ‘top up sessions’, which may be beneficial in maintaining improvements in physical and psychological well-being. A significant suggestion proposed by one participant was that awareness should be raised in relation to ensuring victims/survivors do not get dependent on therapies. Finally one participant described the usefulness of herbal remedies and that using these could mean that there does not have to be as many therapies at one time. It was felt that this would result in therapies could be shared out within the sector more effectively. Adding to this, several service users that were consulted outlined how follow up sessions would help prolong the benefits experienced. Having these every few months it was believed would help them remain focused and overall contribute to their health and wellbeing.

Consultation with Therapists

The information documented in this section outlines data gathered from therapists who have delivered therapies to Victims/Survivors throughout Northern Ireland (see Appendix XX for participating groups). Fifteen therapists in total participated, throughout Northern Ireland, enabling urban/rural comparative research to be conducted. The interviews followed a semi-structured format and the following information was captured:

About the Therapist

Gender of Therapists



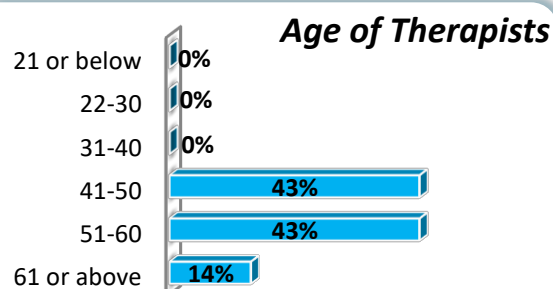
Gender

The therapists who participated in this research were predominately female (Female: 73% Male: 27%). In saying this, more male therapists have been consulted than the first phase of this research which shows traditional gender perceptions are shifting. This collaborates with service user feedback, in terms of more males

availing complementary therapies and the breakdown of traditional 'macho cultures'.

Age

As illustrated on the diagram below, those therapists that participated in the research were older in age. The majority of participants were between 41 and 60 (86%) and the remaining participants reported their age as 61 and above. Out of those participated, none were aged 40 or below.



Role/Interest in relation to Complementary Therapies in relation to V/S

All therapists expressed their role as using their skills, knowledge and expertise in their field to bring relief and comfort to many Victims/Survivors of the Northern Ireland "Conflict", helping them overcome their adversities and deal with their physical and emotional scars. A key role expressed by many therapists was providing service users with a safe environment where they can

"My role is to listen to the clients needs, ensure they feel safe and secure and provide a range of individual therapies for their mental and physical distress"

"My role has been to provide mind/body/spirit holistic treatments ...enabling clients to rebalance, rejuvenate and heal, mentally, emotionally and physically"

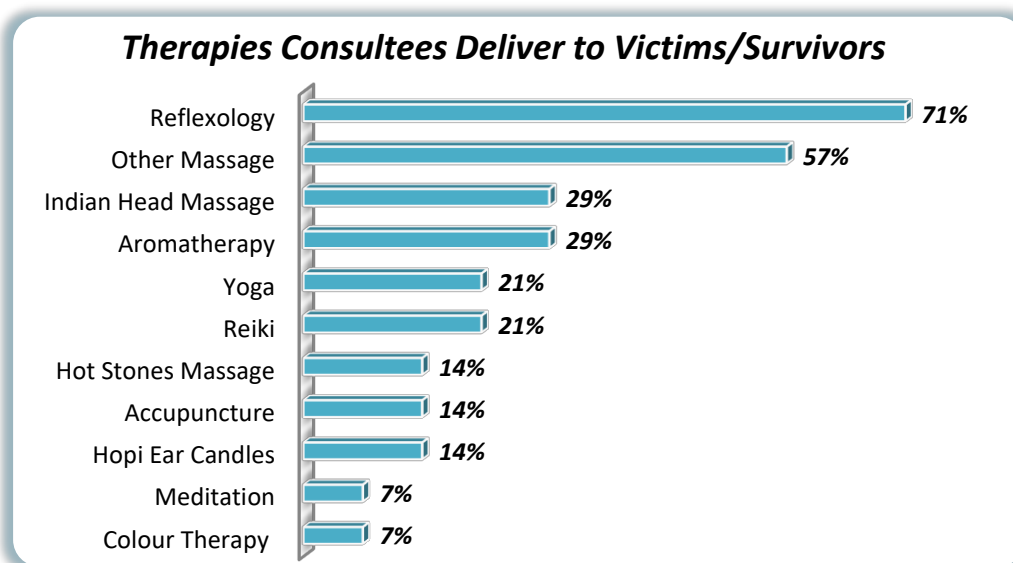
relax, unwind and truly experience the potential benefits of the various therapies available. One particular therapist expressed their personal experiences with the Northern Ireland conflict and how that has increased

ability to emphasise with victims/survivors as well as increasing their passion in the holistic field. What is clear from therapist feedback; is that they show passion regarding the purpose of therapies and the benefits to

"I have experienced awful trauma in my own life and can fully emphasise with people who have lost loved ones"

health and wellbeing of service users, specifically those who have been affected by the trauma.

Complementary Therapies Consulted Therapists Provided to V/S



As illustrated on the diagram above, based on the fourteen therapists who participated in the research, the most widespread therapy delivered to victims/survivors is Reflexology (71%). Over half of consultees practice massage (57%: this includes massage (38%), Back and Neck Massage (25%), Swedish Body Massage (25%), Sports Massage (12%). Just under one in three therapists deliver Indian Head Massage and Aromatherapy (29%) to victims/survivors (29%). More than two in five practice Yoga (21%) and Reiki (21%) within the sector. Smaller numbers deliver Hot Stone Therapy, Acupuncture and Hopi Ear Candles (14%). The remaining therapies delivered to victims/survivors are Medication (7%) and Colour (7%).

Standards of Complementary Therapy Practice

Qualifications of Therapists

Although all therapists that were consulted with reported qualification attainment in relation to complementary therapies, qualifications varied among therapists (see details in appendix XX). From therapist feedback there appear to be different levels of training and certified qualifications with regards their profession as holistic therapists.

Registration with Professional Bodies

All but one therapist reported that they are registered with professional complementary therapy bodies (see details in appendix XX). For the one therapist who reported no membership of any professional bodies, it was expressed that they are not required to be part of a professional body and keep up to date with courses in other ways.

Gaps in Training and Regulation

Therapists were asked if they felt there were currently any gaps in training and regulation

"I am passionate about holistic health and attend update courses and conferences every year. I am at the cutting edge of medical breakthrough and holistic theory"

52 *Research Exploring the Effectiveness of Complementary*

I have personally kept my training ongoing, adding to my experience and skills. This is regulated by the awarding bodies IRI, FHT and IHHHT"

in relation to their profession. The vast majority (86%) displayed confidently that they believed there were no gaps in relation to training and regulation of delivering complementary therapies. The view was expressed that being trained by a professional body ensures a high standard of training and expertise. Additional to this, it was reported that keeps being registered with a professional body keeps therapists up to date regarding new policies and regulation as well as additional training requirements. Several of those therapists consulted outlined that they were fully qualified in their chosen therapies and therefore felt there were no gaps in training and regulation. Another therapist emphasised how their Continuous Personal development (CPD) and annual registrations mean there are no gaps in training and regulation. Responses also illustrated that several therapists attend refresher training and keep up to date with policies and procedures relation to complementary therapies. Also as all therapists reported having insurance for their deliverance of therapies, they felt that this ensured regulation was being upheld. What is of particular significance is the passion and enthuse that therapists convey in relation to complementary therapies. Some reported travelling to different parts of the world to gain greater insight, understanding and training in order for them to deliver to their clients.

In saying this some therapists put forward suggestions in relation to furthering training and regulation. One therapist suggested that more specialised training should be offered to therapists dealing with victims/survivors of the Northern Ireland 'Conflict'. Another discussed how every individual can improve their own personal training in whatever field they work in.

"Dealing with V/S is an evolving process and therefore keeping up to date with new methods and benefits/research is always worthwhile as is any additional trauma training"

Insurance for Deliverance of Therapies

All therapists reported that they currently have indemnity insurance for delivering complementary therapies to their clients. (Specific details are outlined in appendix XX). It must be noted that one therapist did not specify details of insurance.

Assessment, Treatment and Measurement Techniques

Assessment

"Once a clear picture has been ascertained, I determine what therapy is appropriate and explain it to the client to gain permission and agreement"

Therapists were asked to report the processes they use for assessing clients and what assessment tools they use. It appears to be the case that service users are introduced through the different groups who have identify with a criteria of reference. Primarily, there was a general consensus in terms of those consulted, reporting that they initially carry out detailed initial consultation prior to first treatment to ascertain symptoms, past history, diet, lifestyle, personal circumstances, client expectations, medical problems, psychiatric history, exercise tolerance, allergies and any other problems. This is carried out on a one-to-one basis and all details are recorded in a confidential consultation form. It was reported that this allows therapists to gain an insight into a history of service users' health and wellbeing, any problems affecting them, any trauma

"A treatment plan is prepared and agreed with each client. All findings are documented in confidentially"

"On every successive appointment a quick assessment is done to document any change in the condition and fine tune the

experienced and prescribed medication that they are currently taking. Therapists also explore the reasons as to why they decided to use therapies as a way of healing. Following this, the most suitable treatment for their improvement and progress would be chosen and carried out. Some therapists conveyed that they then carry out a full physical assessment with the client which involves a hands-on approach, assessing areas such as limits of mobility and spinal alignment, joint range, muscle strength, pulse diagnosis, tongue diagnosis and flexibility to assess limitations. Others noted that they undertake visual assessments. Also it was reported that therapists make continuous assessment before and during each successive treatment both verbally and through process of treatment. One therapist reported how they ensure clients are fully and accurately advised of assessment conclusions and contradictions and where contradictions are established the client is advised to ask physician if there is any reason why treatment may not be carried out.

Referral Procedures

All therapists reported that they had an onward referral system in place if services are not appropriate for the service user. When asked to further elaborate on the type of referral procedure they use, the majority of respondents outlined that they provide a written referral to a GP, clinician or other appropriate practitioner. Others illustrated that they offer advice to their clients as to the reason a particular therapy is not appropriate. Other responses included, they refer back to organisation director outlining to them that a particular client has other needs which need to be addressed in the first instance.

Awareness of Client Attitudes

All therapists that were consulted reported awareness of their clients' attitudes to complementary therapies. This is gained through discussion and interaction. It was revealed, from the outset that at the initial consultation stage therapists are aware of clients' attitudes. Therapists gain information in relation to what clients knew about therapies, what they were unsure/apprehensive about and they fully explain therapies so that the service users are fully aware of procedures. This feedback shows the importance of forming a treatment plan for each service user to ensure they are getting the best possible experience. However, one therapist did outline that they were unsure initially about service users' attitudes but once the treatments progressed they began to become fully aware of the attitudes. Thus there would appear to be a slight anomaly in this respect amongst therapists.

“Visual and physical assessment made at each treatment as to how client progresses”

Measurement

Therapists mainly rely on feedback from the client at the end of each session as a tool measuring the clients' rate of recovery. It was outlined that it is important to gain feedback regarding the description of how clients are feeling, what has changed and any improvement felt. By keeping detailed notes in relation to the progress of each client during the course of their treatment, therapists can tailor treatment to findings. If little progress is made, they discuss with other self-help measures what they can do to facilitate healing i.e. diet, posture, exercise, breathing

“Visual and physical assessment made at each treatment as to how client progresses”

techniques, relation classes, counselling. By keeping details notes on the clients physical, mental and emotional state before a treatment obtained using consultation questionnaires and observing clients body language and then noting down after each treatment the outcomes of the treatment obtained by own observations on the feet by discussion with client. Can ascertain the objectives of the treatment and the client expectations have been fulfilled. Before and after each treatment, verbal discussion with service users is carried out to establish how they feel, how they felt since their last treatment & any notable progress they feel they have experienced. Adding to this, respondents outlined how they carry continuous assessment/reviews and evaluations in terms of assessing the progress of the service users. Improvements are noted in relation to fitness, mobility, sleep patterns and pain. Information is recorded in service users' record sheets and treatments may be adjusted accordingly in order to make sure that the clients are receiving the most appropriate treatments for their conditions. They believe that in this way, they can be certain, that they are addressing the needs of the service users. It was also reported, that with the bond that therapists build up with their clients, they begin to notice changes in their clients. One therapist outlined further how evaluations are carried out (in which she does not participate) to obtain objectivity. One therapist reported how throughout treatment sessions, they ask clients how they feel as work on particular areas. Therefore the pressure during therapy can be varied to suit the client. All therapists expressed the view that the measurement process is continuous. Comparative assessment based on initial consultation and verbal assessment on each treatment. A Reflexologist illustrated that they can measure benefits by change of appearance in feet.

Evaluation and Monitoring Procedures

Therapists outlined how they undertake monthly evaluations to assess effectiveness of treatments on each of their clients. Also reported was that therapists use personal client files and record sheets for each session.

Management and Supervision

Dealing with Traumatised Individuals

The vast majority of therapists consulted feel that they are fully equipped to deal with traumatised victims/survivors. It was acknowledged that during some consultations, clients may re-visit conflict related traumatic events but the opinion was expressed that through discussion and treatment the client can overcome this. Some therapists illustrated that their personal experiences of the 'Troubles' has enabled them to deal with victims/survivors who have experienced trauma in a personal and empathetic way.

"...help clients relax and overcome memories from the past in a safe environment"

Support and Supervision

The majority of those therapists consulted (57%) reported that they did not require additional support/supervision as they expressed confidence in relation to their skills, training, knowledge as well life experiences. Feedback illustrated that

"We have an open door policy and I can discuss any difficulties or concerns at any time by following proper procedures"

"Yes everyone benefits from support – particularly in dealing with some extremely traumatised individuals"

some therapists feel sufficiently supported within their organisations and therefore do not need external supervision. In saying this, 43% therapists conveyed that they would benefit and indeed are benefiting from support/supervision. The view was expressed that having a network of professional, supervisory therapists is a requirement in terms of CPD. Also highlighted through consultation with therapists is that external supervision may be helpful in relation to dealing with traumatised victims/survivors. Additionally, the view was expressed that it is important for the service users themselves to have external support, away from the service i.e. counselling support to help them through their traumatic experiences.

Perceptions of Complementary Therapy Practice

Therapists were asked to describe the effectiveness and limitations in relation to a number of areas. These are discussed under the following sub-headings:

Addressing the Physical Symptoms of Victims/Survivors

Referring to the tactile nature of the therapies, therapists outlined how clients enjoy the physical contact / holistic touch. Reported benefits include, pain relief (frozen shoulder, headaches, back, neck, knee) insomnia, sleep difficulties, circulation, mobility, fatigue, tension, skin tone, flexibility, overweight issues and poor appetite. It was felt that

“I feel that through experience of providing these therapies that they help the client with ease of physical symptoms”

“Complementary therapies strengthen self-healing mechanisms”

massage is extremely effective for physical symptoms suffered by victims/survivors and reflexology can help sleep difficulties. It is believed that improved health can have a positive knock on effect on helping emotions.

The view was expressed that yoga encourages the body to move to its full range of movement and postures chosen to best suit their needs. In saying this it was also reported that movements/postures that do not suit the injury/symptom will either be left out or modified.

One therapist practising Reflexology reported how the soothing and comforting oils help a range of physical conditions. Despite this it was also outlined that some oils are toxic and therefore can have an allergy to the oils. Another reported that although therapies like massage and reflexology do not claim to cure, diagnose or prescribe, it is evident that

when service users maintain regular treatments and adhere to advice given they can be extremely effective in addressing physical symptoms.

However, the limited nature of sessions due to funding was reported as a problem. The view was expressed that Victims/Survivors would benefit even further if they could avail of treatments on a more continuous basis as it takes time for full benefits of therapies to emerge.

Also regarded a significant drawback is that the limited nature of treatments means clients may only be beginning to feel the benefits on their physical health, when the service comes to an end due to their course being complete.

The speed of client recovery was felt to be influenced and determined by commitment to lifestyle changes.

It was reported that because some service users suffer from permanent disabilities, they cannot fully be repaired.

Addressing the Psychological and Emotional Symptoms of Victims/Survivors

“Relaxation through treatments can help instil a sense of wellbeing that empowers the victim to take control of their thoughts and move forward”

Therapists highlighted the effectiveness of complementary therapies on trauma related illnesses. Consultation with therapists also outlined how during

treatment sessions they can provide a listening ear, which can often help unburden victims/survivors' stress. They further report that sessions provide a relaxed environment which helps facilitate the release of mental pressure. Reported benefits include, feelings of hopelessness, guilt, shame, grief, PTSD, anger, promotes a sense of calmness and sense of wellbeing, concentration, emotional distress, self-esteem, confidence, social skills, releasing deep rooted phobias as a result of trauma, attitude, outlook, anxiety, stress, frustration, depression, stress, mental alertness, happiness, contentment less tearful, balanced moods, OCD, panic attacks, flashbacks, nightmares as well as alcohol/drug and gambling misuse.

Feedback illustrated how therapies can provide an effective 'comfort blanket' for many emotional problems especially bereavement, sense of loss, lack of confidence, anguish and isolation. Despite advantages, therapists outlined how they cannot get too attached to the problems personally but provide a professional attitude and service to the clients. Therapists reported notable improvements in relation to anxiety and stress as well as reduction in feelings of guilt. Therefore the view was expressed that service users can then begin to show a sense of trust and hope in the healing process.

“Yoga addresses the mind and body as a whole unit so all benefit each together”

Reported through consultation with therapists was that the relaxation experienced by service users provides them with a safe and controlled space where they can 'unwind' and this has obvious knock on affects for mental health and wellbeing.

Feedback conveyed that therapies assist victims/survivors with emotional symptoms by enhancing their coping abilities by teaching them relaxation techniques and coping skills.

Therapists believe that service users benefit from physical contact and refer to it as ‘the holistic touch’ as it can release locked in emotions. Adding to this it was reported that service users have opportunities to express their emotions knowing they can do so in a confidential atmosphere.

However therapist feedback revealed that it is important that service users take responsibility for their own healing and do not totally rely on the actual therapies.

It was disclosed through the research, a limitation may be in relation to therapists not being in a position to diagnose psychological problems. However, it was assured, they can refer to appropriate support such as GP or Support Groups.

Another reported disadvantage was that the time restriction on their sessions can mean that maximum benefits cannot be gained, particularly for victims/survivors who feel high levels of stress or anxiety. Additionally, therapists believe that they are only able to help within their sessions and cannot guarantee that clients uphold home exercise and techniques.

One therapist reported that complementary therapies in relation to mental health and wellbeing work well with cognitive therapies.

As many victims/survivors have experienced major stress and trauma throughout their lives, the view was expressed that this has left deep emotional scars which compound feelings of anxiety, stress and self-helplessness. Some therapists expressed the opinion that clients may confuse the therapist role which in some victims/survivors’ cases would require counselling expertise. Also creating barriers for healing is an overwhelming sense of justice, relating to past events. Therapist feedback revealed that the healing process can be slow because many service users have severe emotional difficulties and have to be constantly reassured and nurtured to break down the barriers before healing can be effective. Also expressed through consultation, service users can be uptight and ‘refuse to let go’ creating barriers to healing. Funding constraints were felt to limit the mental health and wellbeing benefits to service users as continual treatments are required to keep painful and traumatic memories at bay.

“It is important not to stray into too painful areas”

The Overall Standard of Service being Delivered to Victims/Survivors

Personally respondents feel confident that they have appropriate training and knowledge, experience and a caring attitude to practice a service that brings life changing benefits to many traumatised victims of past conflict in Northern Ireland. Therapists reported that client/family testimonials illustrate noticeable changes since using complementary therapies. Therapist feedback highlighted that the service is needs based which can be demonstrated on feedback on-going obtained from service users.

“Management and supervision are in place to ensure a high level of service is provided to the clients”

The effectiveness of complementary therapies was also credited as the ‘feel good mood’ obtained from relaxation and stress relief cause a domino effect on close relationships as well as the wider

“Therapies help create positive attitudes benefiting the whole community”

community.

‘Continuity of service is compromised by continuous breaks in funding and this does not help the healing process’

However the view was expressed that this service may be threatened by the restrictive nature of funding in terms of limited number and length of sessions as well as it being difficult to reach out to all those in need. Also in relation to funding, it was felt that implementation of recommendations are not always feasible due to available facilities as well as insufficient funding for additional therapies to be trained and delivered.

Also reported as a potential limitation of the service delivery is that for those victims/survivors who are not affiliated with a groups, may be unaware that the service exists and have a general lack of awareness of the benefits.

It was felt that if the service is not regulated then this opens up possibilities for unskilled, inexperienced and unsuitable people delivering therapies to victims/survivors.

Management and Supervision

All therapists reported positively in relation to management and supervision of the overall service. They praised the structure and organisation of the service. The majority of therapists reported that they feel supported and adequately supervised.

‘The staff are always helpful and accommodating to ensure the smooth running of the service’

In saying this one therapist illustrated they because of confidentiality policies and procedures, any major issues that arise have to be dealt with alone.

Cost Effectiveness

“The treatments are very cost effective, compared with the long term costs of lengthy treatments within the health service”

Therapists were vocal regarding the complexity of measuring complementary therapies and value for money. When examining therapies against the cost and usefulness of medication, it was reported that clients express their satisfaction with therapies in terms of outcomes, in many cases, much more than their experiences with medication. It was felt that key to this is the victims/survivors in need and therefore being a free service to them, this is cost effective. This is particularly advantageous for families financially struggling in the current economic climate. Therefore extremely cost effective to service users in receipt of therapies. In some cases therapist have outlined that some of their clients have reduced or stopped their medication as a result of the outcomes of participating in complementary therapies and thus proving cost effective. Therapist feedback illustrated that they keep costs to a minimum for the groups they work with.

“Therapies have a profound effect on health and wellbeing and so are cost effective”

Also the term complementary was thought to alone show cost effectiveness as it describes how a process can enhance the wellbeing of a client and bring about a healthier lifestyle.

In saying this current nature of funding was reported as a major limitation in terms of it being too expensive to reach all victims and survivors and provide them with on-going sessions. It was suggested more beneficial to provide more long term continual treatments (i.e. on-going on a monthly basis) rather than a fixed number of sessions at one time. Also relating to funding constraints, the view was expressed that further funding is needed in relation to working with victims/survivors in the absence of truth recovery for all those who have suffered murder and violent bereavement.

Suggestions for Improvement

Marketing and Public Awareness

Therapists were invited to comment on any suggestions for improvement which they felt could help the deliverance and practice of complementary therapies to victims/survivors. Therapists were generally in agreement (85%) that there needs to be a greater public awareness strategy to increase awareness and understanding of the benefit of complementary therapies and victims/survivors' entitlement. Suggestions were expressed in relation to how this could be addressed; sending out flyers educating potential service users on complementary therapies and inviting members to open nights/information days to explain and demonstrate therapies and their effectiveness. One therapist put forward the view that when recruiting service users for therapies it might be useful to list the benefits of each as a lot of people have insufficient knowledge.

"It is essential that all victims/survivors are aware of the benefits associated with complementary therapies"

"The public should know that therapies are an empowering tool and medium to enhance mainstream healthcare"

State also was that it is important to make people aware that therapies are free and that confidentiality is assured as this lack uncertainty could be

creating barriers in relation to engaging with all victims/survivors. In addition to this, it was reported that it important to stress the need for a course of therapies to be undertaken on a regular basis (i.e. weekly or at least fortnightly) in order to achieve maximum affect.

Attitudinal Change

Another prevalent suggestion held by many therapists, was in relation to the need for a change on societal attitudes on complementary therapies as a form of healthcare. It was felt, that a change in attitudes from health professionals and religious organisations could help ease public perceptions of complementary therapies and encourage more people to engage. The view was also expressed that there needs to be a focus on attitudinal change through education in relation to taking responsibility for healing and personal wellbeing.

"There is a misguided belief that pharmaceutical drugs heal all"

Funding

Some therapists suggested that continued training would be helpful in relation to maintaining the existing high standard of service being delivered to victims/survivors and it would ensure therapists are kept up to date.

Collaborating with service user feedback there was a general consensus in relation to putting forward the recommend that service users would benefit from follow up treatments

"Therapies are not like anti-biotics. One treatment does not automatically cure as it takes time and also the body may revert back making further treatment necessary"

or top up sessions. It was felt that this would enhance longevity and ensure continued progress.

Consultation with Stakeholders

The information documented in this section outlines data gathered from stakeholders who have an interest in the provision of complementary therapies in the Victims/Survivors sector in Northern Ireland. Stakeholders in this instance included representatives from funding body (CRC), health professionals, lead partner organisation in the research (SEFF), Northern Ireland Trauma Advisory Panel (TAP), Western Health and Social Care Trust (WHSCT), a Doctor of Psychotherapy, a qualified Art and Drama Therapist (external to the research).

Role/Interest in Complementary Therapy Provision

From the funding perspective (CRC), their role is the provision of funding to Victims groups to enable them to deliver therapies. They place significant importance on evidence based research.

Stakeholder responses credit complementary therapies in providing a holistic healing option for many victims/survivors. Responses outlined that as complementary therapy provision is a core service for many groups, for many it is

“I am unsure about the link between trauma and therapies: this and consequently have funded the research in the hope that it will provide enlightenment in this regard”

“I have a keen interest in seeing how complementary therapy support can help support the physical, psychological needs of victims/survivors who access the service”

regarded as an integral part of the holistic healing of victims/survivors of the Troubles.

Perceptions of Complementary Therapies

Effectiveness and Limitations of Complementary Therapy Provision

Addressing the physical symptoms of victims/survivors

Stakeholder feedback illustrated that it is their opinion that physical health will be improved with using complementary therapies.

Reported also through stakeholder feedback was that there have been significant numbers

“Physical Pain relief from injury”

of service users who have received therapies who have undergone a transformation in terms of their agility and ease of movement. Also revealed was that many groups offer other active and healthy lifestyle choices that complement the complementary service (i.e. Dancing, Swimming, Keep fit classes etc.)

However, they emphasised the importance in producing evidence based research. An expressed limitation was in relation to the perceived lack of coordination with primary care teams to understand the problems facing individuals and what treatment is offered if any through G.P'S. Also reported was that the length of the treatment cycle on occasion can compromise or diminish the overall benefit to service users overall outcomes.

Addressing the psychological/emotional symptoms of victims/survivors

“There is strong evidence to suggest therapies address issues such as trauma, anxiety, diminished confidence levels and mental health issues arising out of “Troubles” experiences”

Stakeholder responses conveyed a feeling of hope in relation to therapies improving mental health and wellbeing, particularly their link with trauma related illness. It was believed that there is strong evidence

to suggest that the therapies when used as a complementary support to mainstream health service provision can have tangible benefits for users in addressing issues of deep rooted depression, anxiety, diminished confidence levels and also; mental health conditions arising out of “Troubles” experiences e.g. PTSD. Feedback illustrated that post service evaluation forms for groups reveal that participants embark on an individual journey of healing and recovery when receiving therapies where trust is built up through one to one interaction between service users and clients, allowing service users to be more willing to address issues surrounding their psychological health. An additional advantage expressed by one stakeholder was that complementary therapies can act like a “gateway service” in terms introducing victims/survivors to the group. When trust and confidence builds over the course of the sessions, this then enables them to seek additional help (e.g. befriending or counselling services or onward referral).

The view was expressed that the service is limited in terms of lack of coordination with primary care teams. It was reported that there is a need to develop mechanisms to understand how medication and therapies can work together effectively. Feedback revealed that the psychological outcomes are very much dependent on upon the relationship/bond between the therapist and the client. Another perceived limitation was

that therapies in themselves (held over a mere 5/6 sessions) will not in themselves transform the victim/survivor's psychological health. In saying this it was felt that the feel good factor created through treatments encourages a positive outlook. Concern was also expressed in relation to complex cases where external referral is made, in that it is crucial that the client is prepared to follow this support up and accept the support they need.

The overall standard of service being delivered to victims/survivors

Feedback from stakeholders illustrated that the standard of service delivered to victims/survivors is of a high standard because the groups are required to adhere

"All our therapists are appropriately accredited and are considered professionals within their respective field"

to newly released minimum standards policy framework for complementary therapies delivered within the sector. Infact it was emphasised that many groups believe their service delivery is to the 'optimum' and not just 'minimum' standards. Responses also illustrated that groups rigorously monitor therapists in terms of qualifications, insurances, experience and empathy with victims/survivors.

In saying this perceived limitation was in relation to some groups being limited in the therapies they can access due to lack of provision in some geographical areas. Another limitation discussed was that on occasions service users have demonstrated reluctance in availing of therapies on the basis of the gender of the therapist. Also deemed significant was that all clients should be aware that it is imperative that service users complete pre and post service evaluation forms so that potential problems/concerns/issues can be identified and addressed.

Cost effectiveness

Responses demonstrated the view that there needs to be a clearer understanding regarding the benefits of therapies before determining if they are cost effective. In saying this, with the belief that therapies do have a positive effect on health, the capped rate of £25 for therapies was deemed cost effective in terms of the substantial benefits experienced for service users. Feedback obtained from post evaluation forms was described as being extremely positive.

However, perceived limitations were also discussed. In relation to affordability for service users, it was reported that therapy sessions can often exceed the capped rate (offered through CRC funding). Similarly, responses highlighted that the funding cap in relation to the maximum number of service users offered the service has been a dramatic decrease since the previous year. Although, this year allows six sessions for per client as opposed to five which is most definitely of significant benefit to service users in relation to heightening their healing journeys.

Added Benefits

- Social interaction.
- Can identify more serious problems which require addressing.
- Enjoyment and Relaxation.
- Enabling people to assume responsibility for their health, informing them of options and giving them back control of their life – empowerment.

- Gateway service which unlocks access to other support measures.

Suggestions for Improvement for Provision within the Sector

Stakeholders were invited to express to the research team their suggestions (if any) for improvement for service provision within the sector and their responses are summarised below:

- To develop practice following completion of research to take account of findings with aim of developing a policy;
- Some mechanism for group to liaise with primary care team to ensure that traditional and therapies complement each other;
- Assessment of individuals to provide appropriate therapies to meet need and collection of effectiveness after treatment
- On occasions a client is beginning to feel the benefits of a Therapy at session 3 or 4 and then before you know it, they've come to the end of the treatment cycle. Ideally a number of the Therapies could and perhaps should be run over a longer period (i.e. 8 sessions) although we equally appreciate that with funding cuts that this argument will prove difficult to win out.
- An on-going and improved pre and post evaluative framework.
- Accreditation for the Centre in offering such services.

Additional comments

Nothing, except to say that the key in delivering quality Complementary therapy is the personnel recruited and their empathy with victims. Having in place a suitable confidential room/resource is also key to enabling the trust building process to take root between the therapist and client.

SEFF very much appreciates the opportunity to lead out on this piece of sectoral research and hope and trust that it will make a significant contribution in the wider debate around prioritisation of key services to be offered to victims/survivors of the Troubles.

Overall SWOT Analysis

Strengths and Weaknesses of Complementary Therapy Provision

Key strengths were identified as follows:

- *Support for victims/survivors;*
- *Relief of symptoms of physical, emotional and/or psychological pain as a result from experiences with the Northern Ireland “Conflict”;*
- *The safeguarding of victims/survivors in relation to confidentiality and regulation;*
- *Improvement in general wellbeing*
- *Restoration of a sense of self-worth and general wellbeing;*
- *Prevention of the downward spiral into depression, isolation and even suicidal ideation;*
- *Feedback from groups is extremely positive in relation to the effectiveness of the service provision;*
- *High standard of therapists in terms of professionalism, expertise, skills as well as having empathy with service users and passion for holistic healthcare;*
- *Affordability for the beneficiaries;*
- *Enhancing the confidence and reducing social isolation experienced by many victims/survivors of the Northern Ireland ‘troubles’;*
- *Relaxation;*
- *Person centered approach and the supportive relationship between service user & therapist;*
- *Providing a service which offers listening and help with emotional support*
- *Safe environment for victims/survivors to heal;*

- Helps service users to learn how to help themselves by teaching them self-help strategies for example breathing techniques to help them relax and alleviate panic attacks ;
- Can be used alongside prescribed medication hence complementary therapies
- It would not be readily available for Victims/Survivors outside of the sector and if it was; it would be a service in isolation from everything else.
- Local access.

The weaknesses are summarised as:

- Too many providers without reference to effectiveness;
- In the hands of incompetent practitioners, an unhealthy disposition in the part of the client to believe that some outside agent could/should carry responsibility for the quality of their recovery;
- Uncertainty of funding and long term sustainability;
- Short cycle of treatment and time limitations, and benefits not long term as requires consistency;
- Client reliability;
- Not all victims/survivors aware of benefits involved;
- Accessibility difficulties in rural areas;
- May not address all underlying medical issues – medical treatment may still be required;
- Affordability for the beneficiary: therapy sessions being capped at £25 and many therapies costing well in excess of this
- Tendering/Procurement requirements can interrupt continuity i.e. Therapist who has built up the trust/confidence of victims/survivors.

Opportunities and Threats of Complementary Therapy Provision

Key opportunities were identified as follows:

- Through this research and other initiatives there is an opportunity to embed a sound academic footprint and this can be a guide with regards the efficiency of complementary therapies and addressing the needs of victims/survivors;
- A growing number of practitioners seeking higher standards of professional qualification;
- Standardisation of service across Northern Ireland;
- Reaching areas where there has been little or no previous uptake;
- In complementing conventional medicine techniques, there is an opportunity to improve the health and well-being of victims/survivors of the Northern Ireland 'troubles';
- Greater public awareness and recognition of complementary therapies ;
- Reducing over reliance on prescribed medication
- Positive outcomes will encourage over v/s to avail and therefore enhance healing;
- Service users benefit personally and professionally;
- Uncovering and dealing with underlying problems in a supportive and safe manner
- Helping victims/survivors regain their lives, their confidence and trust in others as well as empowering them to take control of their lives and emotions which they may have lost;

- *Giving v/s time, validation, understanding and appropriate help rather than medication to suppress the symptoms;*
- *v/s learning to become stronger as a result of their trauma;*
- *Through this evidence based research, be able to determine benefits ;*
- *Wider work carried out with families.*

However, the significant issues are summarised as:

- *Lack of understanding an recognition of the benefits of holistic healing from health professionals*
- *Insufficient funding to pay a just wage to highly qualified professionals whose professionalism is essential to acquiring the benefits and avoiding the limitations of service provision;*
- *Uncertainty around funding and long term sustainability;*
- *Shortcomings with regards monitoring and evaluation;*
- *Requirement that all organisations work to consistence protocol/governance;*
- *Duplication of service provision;*
- *Underlying problems uncovered and become overwhelming for the user, family and wider community;*
- *Lack of regulation ; poor and even dangerous advice given by well-meaning but undereducated therapists;*
- *Therapists reluctance to involve conventional medicine ;*
- *Lack of information/publication on the benefits of complementary therapies ;*
- *Providing a great quality of life for victims/survivors*

Conclusion & Recommendations

The research study has been a positive and beneficial tool in developing a clear analysis of complementary therapy provision within the victim/survivor sector in Northern Ireland and assessing the impact on health, specifically trauma related illnesses. Findings from the study clearly outline the positive impact treatments such as aromatherapy, reflexology, massage and acupuncture have on the health and wellbeing of victims/survivors. The research has strengthened existing evidence based research (launched September 2011) by providing a much more detailed exploration and examination of the benefits of individual types of therapies, standards and regulation of deliverance within the sector and using a significantly larger sample of consultees.

The literature illustrates definite uses in complementary therapies on people's physical and psychological health. Nonetheless, the research carried in this field is insufficient and under developed to generalise findings. Therefore this very fact highlights the importance and significant timing of this research study. The primary data gathered through this research has collaborated with the available literature findings in terms of the positive affect complementary therapies have on trauma related illnesses.

Upon investigation of the professionalism of therapists, it was extracted that that there were two occasions that were not within the holistic requirements of the sector. However, appropriate measures and actions have been taken into account and

implemented to ensure victims/survivors are being delivered the best standard of service.

Members noted the physical and emotional benefits of therapy

Qualitative analysis highlighted exceptional satisfaction levels with complementary therapies and notable improvements on health: psychological, emotional, and physical. Statistical analysis illustrated improvements in relation to overall mental health and wellbeing, physical health, quality of life and trauma. In saying this, in some cases, gains were quite small and there still remains levels of trauma. It cannot be denied that this research study has illustrated substantial improvements in the health of victims/survivors of the Northern Ireland 'troubles' and that this is a service that needs to continue on a consistent basis so that service users can experience optimum advantages of their holistic journey.

Recommendations

The following recommendations are directly based on the research findings and have been set out as follows:

9. **There is a need to ensure that detailed pre and post questionnaires are completed by all service users** when embarking and completing a set of therapies to assist in future research and to ensure value for money;
10. **Funding procedures should adopt a more in-depth assessment of need** and provision of funding should be based on where it is proven that a therapy is effective in the treatment of trauma;
11. It is recommended that consideration is given to a **more mainstream approach** through a primary/community care assessment process with the emphasis on the overall health and wellbeing of the individual. This will require a more integrative approach to health and wellbeing by funding bodies, namely The Department of Health and OFMDFM. The issue of who is responsible for funding also needs to be addressed at this level;
12. **Consideration should be given to the provision of 'top up sessions'**, which may be beneficial in maintaining improvements in physical and psychological well-being, these should be regularly evaluated to ensure effectiveness and efficiency;

13. **There is need for the development of an awareness raising strategy** to ensure that victims/survivors of Northern Ireland 'Troubles' are aware in terms of availability of service provision as well as the benefits involved. This could be achieved through targeting GP practices and primary care commissioning groups, open days/nights and brochures/flyers;
14. It is recommended that there should be an **umbrella database/register** capturing information relation to service users availing of therapies to ensure resources are being used in the most effective and equal way within the victims/survivor sector;
15. **Continued funding** for this invaluable service to continue. This research has highlighted notable improvements of complementary therapies on the health and wellbeing of victims/survivors of the Northern Ireland 'Troubles'. In saying this as the treatment phase was over a maximum of three months and levels of trauma still remain for many service users. Although there has been an overall improvement in service users' health, some gains were notably small. If the service was availed over a consistent basis, the gains would be undoubtedly much larger.
16. **Standardised practice** so that all service users are availing of therapies using the same approach i.e. a set of one therapy at a time or a mixture of therapies

References

Downer SM, Cody MM, McCluskey P, Wilson PD, Arnott SJ, Lister TA, Slevin ML. Pursuit and practice of complementary therapies by cancer patients receiving conventional treatment. *BMJ*. 1994;30986- 89

Ernst E, ed Resch KL, Mills S, Hill R, Mitchell A, Willoughby M, White A. Complementary medicine: a definition [letter]. *Br J Gen Pract*. 1995;45506

Appendices

Appendix I

-Quality of Life Questionnaire-

- . Emotional Wellbeing*
- . Physical Symptoms*
- . General Contentment*

Diagnostic Criteria for PTSD Assessment

Re-experiencing of the traumatic event

- Flashbacks, nightmares, intrusive memories;
- Nervousness, anxiety;
- An overwhelming sense of injustice;
- Guilt

Avoidance & Numbing of General Responsiveness

- Avoidance of anything that may trigger memories;
- Depression;
- Fatigue;
- Feelings of detachment from others;
- Joint pains, muscle pains;
- Less interest or participation in social activities;
- Loss of ambition;
- Memory
- Physical numbness

Symptoms of Increasing Arousal

- Angry or violent outbursts;
- Difficulty falling or staying asleep;
- Hypervigilance (feels like, but is not paranoia);
- Poor concentration

Appendix II

-Trauma Questionnaire-

Appendix III

-Groups Participating in Questionnaire Research-

- 1. SEFF**
- 2. The Ely Centre**
- 3. Firinne**
- 4. Families Moving On**
- 5. The Ashton Centre**
- 6. The Aisling Centre**
- 7. CUNUMH**
- 8. West Tyrone Voice**
- 9. MAST**
- 10. VAST**
- 11. HAVEN**
- 12. Derry WellWoman**
- 13. Teach Na Failte**
- 14. South Down Action**
- 15. Relatives for Justice**
- 16. Centre for Health and Wellbeing**
- 17. Springhill Community House**
- 18. The Peace Factory**
- 19. RAFT**

Appendix IV

-Groups Participating in Focus Group Research-

1. SEFF
2. The Ely Centre
3. Firinne
4. Families Moving On
5. West Tyrone Voice
6. MAST
7. VAST
8. HAVEN
9. Derry WellWoman
10. Teach Na Failte
11. South Down Action

Appendix V

-List of Stakeholders -

1. CRC
2. Western Health and Social Care Trust
3. Northern Ireland Trauma Advisory Panel
4. SEFF (Lead Partner)
5. Practicing Therapists (external to V/S sector and research)
6. Doctor of Psychotherapy
7. International Complementary Therapy Users for Trauma

Appendix VI

-Ethical Consent-



School of Sociology & Social Policy Research Ethics Committee
School of Sociology and Social Policy
Eleanor Rathbone Building
Bedford Street South
Liverpool, L69 72A
England
UK

Telephone: 0151 794 2972 or 01521 7943021

10/06/2009

Dear Professor Elizabeth Ettore,

Full title of study: **AN EVALUATION OF THE EFFECTIVENESS OF
COMPLEMENTARY THERAPIES ON TRAUMA
RELATED ILLNESSES**

**SSSPREC reference
number:** **MA/9/2008-9**

Thank you for your application for ethical review, which was reviewed by
SSSPREC.

Ethical opinion

The reviewers gave a favourable ethical opinion of the above research
proposal.

Conditions of approval

Your study has ethical approval provided that you comply with the University
Policy on Research Ethics involving Human Participation which can be found
on <http://www.liv.ac.uk/researchethics/localpolicy.htm>.

With the Committee's best wishes for the success of your project

Yours sincerely

Dr. Matthew David
Vice Chair of SSSPREC
Email: M.David@liverpool.ac.uk
Sent by email on Wednesday, 10 June 2009

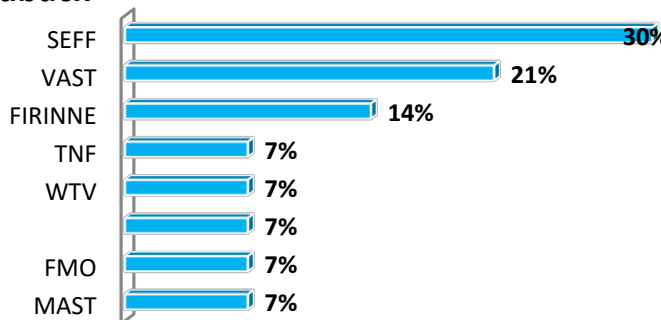
Appendix VII

-Participating Groups-

Organisation

Evident on the diagram illustrated left, the majority of feedback came from therapist delivering complementary therapies to victims/survivors affiliated with SEFF (30%), followed by VAST (21%) and Firinne (14%).

Groups Participating in Therapist Feedback



The remaining therapist responses were from Teach Na Failte, West Tyrone Voice, XXXXXXXXXX Families Moving On and MAST (7% each).

Appendix VIII

-Therapist Qualifications-

- YTTC x 2
- Chartered society of Physiotherapy
- American NLP Assoc
- British College of Acupuncture
- Federation of holistic therapists x 7
- Complementary and natural healthcare council x 3
- International institute for holistic healing therapists
- Irish reflexology institute
- Open college network
- Yoga fellowship of northern Ireland
- The guild of holistic therapist
- The guild of beauty therapist
- Association of reflexologists
- General Regulatory Council for Complementary Therapies

Appendix VI


-Therapist Registration with Professional Bodies-

- YTTC x 2
- Chartered society of Physiotherapy
- American NLP Assoc
- British College of Acupuncture
- Federation of holistic therapists x 7
- Complementary and natural healthcare council x 3
- International institute for holistic healing therapists
- Irish reflexology institute
- Open college network
- Yoga fellowship of northern Ireland
- The guild of holistic therapist
- The guild of beauty therapist
- Association of reflexologists
- General Regulatory Council for Complementary Therapies

Appendix VV

-Therapist Insurance-

- **Personal indemnity insurance through the Federation of Holistic Therapists**
- **Treatment and public liability insurance from Federation of Holistic Therapists**
- **COMPLEMENTARY AND NATURAL HEALTHCARE COUNCIL**
- **PROFESSIONAL BEAUTY DIRECT AND INDEMNITY LIMIT OF 2 MILL**
- **Combined medical malpractice, Public & Products Liability;**
- **Personal and professional liability with CSP and Physio First and public liability**
- **Towergate professional insurance**
- **European College of Bowen Studies Policy. Devised and arranged by Balens. This covers all my therapies and is up to date.**

A photograph of a row of smooth, dark, rounded stones in shallow water. The stones are arranged in a diagonal line from the bottom left towards the center of the frame. The water is clear and reflects the bright blue sky and white clouds above. The sky is filled with soft, white clouds, and the overall scene is peaceful and serene.

“This publication has received support from the Strategic Support Fund for Groups Working with Victims and Survivors of the Troubles, which is administered by NICRC on behalf of the Office of the First and Deputy First Minister. NICRC promotes a pluralist society characterised by equity, respect for diversity and interdependence. The views expressed do not necessarily reflect those of the Community Relations Council.”