

It Ain't



Any more—

Healing Touch Program Does New Orleans!

By Kathy Moreland Layte, RN, MScN, CS, HTCP/I



You just never know when a synchronicity moment will occur. Such is the story of Healing Touch Program's invitation to participate at the Association for Cancer Executives (ACE) annual conference in New Orleans, January 27-29, 2011. Just think of it - a conference full of the decision makers of major cancer centers all over the United States! Here is how it unfolded... I knew Ellen Laffey, HTCP extraordinaire for her work in wound care in Wisconsin. Little did I know that Ellen is the dear wife of William Laffey, incoming president of ACE and the chairperson for their annual conference. A former skeptic, he had learned at the receiving end of a treatment from Ellen, just how wonderful HT is. He apparently wanted something exciting and different at the conference this year...something that would be different from the usual discussions about patient navigation and new documentation systems. He asked Ellen if she could think of someone who could talk about HT for their conference in January 2011. Ellen spoke with Cynthia Hutchison at conference last summer. I just happened to be walking by when I heard Cynthia say in her usually convincing way, "Would you like to go to New Orleans in January to speak to cancer center executives?" My reply was, "Sure, why not?" I realized that I would feel right at home given my 22-year career in cancer care and palliation.

Fall of 2010 was a blur of phone calls and ideas between Bill Laffey and myself. I knew that I was going to have just over an hour to talk about how I felt HT could/should fit into cancer centers all over North America, but I also thought that nothing I said would be as convincing as those decision makers experiencing HT themselves. I asked Bill if he was open to us having a "relaxation station" at the conference. One thing led to another and, before I knew it, we had designated space in the Exhibitors' area. Ellen offered to help and Melanie Trox, a Level 3 HTP volunteer from Louisiana, (found on the HTPA member forum)



offered via email to join us AND bring two tables and a massage chair!!! HTP put together packages to help the ACE members understand how HT could be brought into their centers, and we thought that things couldn't get better...but THEY DID. ACE ended up donating an exhibitor table to us when they had one left over. Lisa Mentgen Gordon was able to join us as well. Ellen, Melanie and I could give our full attention to the conference participants. We TREATED OVER 50% OF THEM over the two days! Many of the directors and chiefs of service said that they had never felt so relaxed and that they were going to look into bringing HT Level 1 to their staff. We were thrilled and can't wait to see how things unfold.

So what did I talk about?

1. My stories of skepticism and my use of HT in my own oncology practice
2. The current best HT research with cancer patients (including Lutgendorf et al's recently published, wonderful, NIH funded study on the impact of HT on immune function for cervical cancer patients):

Lutgendorf, S.K., Mullen-Houser, E., Russell, D., DeGeest, K., Jacobson, G., Hart, L., Bender, D., Anderson, B., Buekers, T.E., Good heart, M.J., Antoni, M.H., Sood, A.K. & Lubaroff, D.M. (2010). **Preservation of immune function in cervical cancer patients during chemoradiation using a novel integrative approach.** *Brain, Behavior and Immunity*, 24 (8), 1231-1240.

This group from the University of Iowa had National Institute of Health funding support to explore the impact of Healing Touch on cellular immunity, mood and quality of life and treatment toxicities/delays. Sixty women with cervical cancer were randomly assigned to one of three groups in this prospective trial: Healing Touch (HT), relaxation training (RT) and usual care (UC). The HT and RT group received four weekly individual sessions of

their respective therapies immediately following their radiation during their six weeks of chemo-radiation. Assessments were conducted at baseline, week 4 and week 6. The investigators found that the HT group had a minimal decrease in natural killer cell cytotoxicity (NKCC) over time compared to the NKCC of the RT and UC patients who declined sharply during their treatment ($p = 0.018$). The HT patients also showed significant decreases in two indicators of depressed mood compared to the RT and UC group over time as well. There were no significant observations on toxicities, treatment delay, quality of life and fatigue.

Cook, C.A., Guerrero, J.F., & Slater, V.E. (2004). **Healing Touch and quality of life in women receiving radiation treatment for cancer: A randomized controlled trial.** *Alternative Therapies in Health and Medicine*, 10(3), 34-41.

This study explored the impact of HT on the quality of life of women receiving HT during radiation treatment for gynecological or breast cancer. The sample consisted of 62 newly diagnosed women who were randomly assigned to receive either HT or a mock (fake) form of the therapy for a total of six weeks immediately after their radiation treatment. The participants were not aware of which treatment they were receiving as it took place behind a screen (blinding). The findings were clear. Those receiving HT reported improvement in all 9 areas of quality of life measured with statistical significance in the area of vitality, pain and physical function (compared to those that received mock therapy).

Although not a study with an oncology population, another well conducted study of interest was one done by MacIntyre et al. (2008).

MacIntyre, B., Hamilton, J., Fricke, T., Ma, W., Mehle, S. & Michel, M. (2008). **The efficacy of healing touch in coronary artery bypass surgery recovery: a randomized clinical trial.** *Alternative Therapies in Health and Medicine*, 14(4), 24-32.

The purpose of this study was to determine if HT improved pain, complication rates and recovery time in patients undergoing elective coronary artery bypass surgery. The investigators randomized 237 subjects into 1/3 treatment groups; no intervention; partial intervention (visitors) or HT group. Postoperative



Above: Kathy Moreland Layte and Lisa Mentgen Gordon (HTP CEO) in New Orleans, LA.

length of stay, incidence of post-op atrial fibrillation, use of anti-nausea meds, amount of narcotic use, functional status and anxiety were the outcomes of interest. Although the investigators found no significant decrease in use of pain medication, anti-nausea meds or incidence of atrial fibrillation, they did find significant differences in anxiety scores and length of stay in the HT group compared to the other 2 groups. The HT group averaged discharge one day earlier than the control group. This amounted to an estimated cost savings of \$500,000 annually! Although the study doesn't center on the oncology population, the potential for decreased lengths of stay and cost savings certainly got the group's attention!

And what managers wouldn't like this study?

Tang, R., Tegeler, C., Larrimore, D., Cowgill, S. & Kemper, K.J. (2010). **Improving the well-being of nursing leaders through Healing Touch training.** *Journal of Alternative and Complementary Medicine*, 16 (8), 1-5.

In this Quasi-experimental single group pre/post-test study, 24 nurse leaders took Level 1 of the HT Program to determine any changes in their subjective measures of stress and heart rate variability 1–2 weeks before and 4 weeks after the training. The investigators found in the 20 who completed the post workshop assessments, there was significant improvement in self-reported stress, depression, anxiety, relaxation, well-being, and sleep. Heart rate variability changes were also significant suggesting improved autonomic function consistent with greater well-being. The investigators concluded that "Training nurse leaders in an

academic health center in Healing Touch is associated with significant improvements in subjective and objective measures of stress."

I also focused on 7 key reasons why I felt HT should be brought into every conventional healthcare setting - I spoke as a former skeptic, researcher, former nurse manager and former stressed out nurse. It was easy to find the reasons. They are now summarized in the Healthcare Package.

Now don't think we didn't have some fun, too. We walked (and walked) and did I mention we walked all over the French quarter and the French Market? We pestered our concierge. We saw lots of masks and other Mardi Gras wear. We sifted through tacky souvenirs! We shared wonderful food, laughs and company (thanks Ellen, Bill and Michael) and got to feel the life force of New Orleans. We had a wonderful time and thank the planning committee of the conference for treating us SO well. We've been invited to next year's conference as well and we can't wait.

Synchronicity...you just never know...

About the author:



Kathy Moreland Layte, RN, MScN, CS, HTCP/I is a professor of nursing in the southern Ontario, Canada. She has been a certified Healing Touch Practitioner since 1997. She is the Co Chair of the Research Advisory Council for Healing Touch Program and an active contributor to many HT related publications. Her oncology-nursing career in Canada and the United States has been in acute care, the community, management, education and as an Acute Care Nurse Practitioner in Hem/Onc and BMT. She is completing her PhD researching Healing Touch. The loves of her life are her children, Alexis and Austin. In her precious spare time, she enjoys reading anything without references and being outdoors!
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